XI-B.   **Selecting and Matching Families and Children**

Conceptual Framework

The matching of children to adoptive families has changed dramatically in the past several decades. In the years that preceded special needs adoption, infants and families were normally matched on criteria that included ethnicity, physical characteristics, and traits of the infant's biological parents, such as level of education, interests, and skills. Matching decisions were usually made by adoption caseworkers and supervisors to assure that the adopted child would resemble, as much as possible, a child that could have been born to the family. This was not simply to assure compatibility; it was also intended to help adoptive families maintain the secrecy of the adoption.

At other times, matching decisions were made solely by adoptive families. During the late 1800s and early 1900s, "orphan trains" transported orphaned and dependent children from east coast inner cities to be adopted by families in the Midwest and Far West. The children were dressed in their best clothing and displayed on the train platform. Prospective parents selected a child who, they believed, would best fit into their families. Often, their choices were based on pragmatic and immediately visible criteria. Farming families might select a strong, healthy boy to help with the farm work. Or, a family with all boys might select a girl to help the mother with household chores or to provide her with companionship. Personality traits, other personal attributes, and the child's needs were not generally considered.

As adoption professionals began to understand the critical relationship between a "poor match" and the increased likelihood of disruption, matching strategies became more selective and planful. Physical attributes were often found to be of less importance than personality traits, strengths, lifestyles, special needs of the child, family expectations, and the extent of a child's developmental problems. The importance of placing children in families who could meet both their short term and long-term needs was also recognized. Consequently, selecting an adoptive family for a child evolved into a thoughtful decision-making process, requiring considerable insight and foresight by both professionals and adoptive families.

Who Should Be Responsible For Matching?

Successful matching depends upon a thorough and accurate assessment of the adopted child's needs, and of an applicant family's ability to address them. Many people contribute to this assessment. During the home study, the applicant family and their assessment worker will have identified the family's strengths and vulnerabilities, and will have determined the types of children the family is best suited to parent. The child's caseworker, the child's current caregivers, members of the child's immediate or extended biological family, and other professionals who have worked closely with the child, such as teachers or mental health counselors, provide essential information about the child's history, needs, and strengths. Collaboration by these persons greatly enhances the depth and accuracy of the information on which the matching decision will be based. In most cases, the final selection will be made collaboratively by the child's caseworker, the family's assessment caseworker, and the applicant family. At

times, the child's biological family or current caregivers may also be directly involved in the selection process, particularly in open adoption.

In order to identify potential families who can best meet a child's individual needs, the caseworker must gather and assess comprehensive information about the child. This information can be obtained from the child's current and past caregivers, including members of the child's biological family; from the child's case record; from the child's teachers and others who know or work with the child; and from the caseworker's own experiences with the child. There are several areas that must be addressed in the assessment:

- The child's current level of functioning and special needs must be fully assessed. This includes the child's present cognitive, social, emotional and physical development; the child's prominent personality traits; the child's typical behaviors; and the child's immediate and long-term academic, mental health, medical, social, and parenting needs.

- The long-term impact of abuse, neglect, sexual victimization, and/or separation on the child's development and behavior must be understood. Based upon the child's history and past behaviors, the worker must be able to predict, with some degree of accuracy, expected problems and needs throughout the course of the child's development. Adoptive parents must be chosen who are able to make a commitment to meeting the child's needs at least until, and sometimes after, the child emancipates.

- The child's particular strengths and limitations must be assessed. The worker must identify those attributes that could facilitate the child's adjustment in a new family, as well as traits that may present barriers to successful adoption. For example, an ability to enter into close, affectionate relationships with adults would be a strength, whereas fear of attachment could represent a potential barrier.

The worker must use information about the child's history, development, and immediate and long-term needs to identify the family structure and parental characteristics that would most likely promote adoption success. The worker must also identify the family structures and characteristics that would not be recommended for the child. Ultimately, the worker must identify potential families whose structure, lifestyle, traits, expectations, and strengths are well suited to meet the child's individual needs.

However, while a careful consideration of the needs and strengths of applicant families and children is necessary, it is not always sufficient to assure a successful adoption. Intangible emotional factors play a critical role in determining whether close interpersonal relationships and commitments will develop in a newly formed adoptive family. Therefore, only the adoptive family can ultimately determine whether a particular child is "right" for them. For this reason, the adoptive family must make the final matching decision in collaboration with a skilled adoption professional. If an applicant family expresses ambivalence or chooses not to pursue placement of a particular child, the agency must respect their decision, whether or not the agency agrees. If a

placement is made in spite of a family's ambivalence about the "rightness" of the child for them, this greatly increases the risk of disruption.

At times, the agency may elect not to pursue placement of a particular child with an applicant family, even though the family would like to continue. Such decisions should be based on evidence that the child is likely to be at risk of short or long-term physical or emotional harm in the family. However, while the agency must retain final matching responsibility, caution is warranted. Caseworkers must be vigilant to prevent ungrounded subjective biases from affecting matching decisions. For example, if workers over identify with either a child or an applicant family, it can limit their objectivity. An adoptive family's worker may have difficulty selecting a child for "her" family that she, herself, finds unappealing and would not want to parent. Similarly, a worker who has a strong investment in a child might resist placing the child in a family in which she, herself, would not want to be raised. Such biases may also prevent workers from objectively considering potential adoptive families suggested by the child's biological family. While a worker's emotional responses to a family or a child can, at times, provide clues about important diagnostic information, these "gut feelings" should always be translated into concrete issues or concerns so their accuracy can be tested. The worker must not allow inappropriate personal biases and preferences to drive matching decisions.

Criteria On Which to Match Children to Families

While there are no definitive rules in matching, understanding the importance of several factors can help families and workers assess the compatibility of a particular child and family. The list below presents some of the more critical factors to be considered in a match. However, the list is by no means comprehensive, and it should be used <u>only</u> to raise appropriate questions and to generate discussion. Each family and child must be assessed individually. Children in the adoptive family, extended family members, and the community in which the family lives should also be considered in matching decisions.

It must also be remembered that the family characteristics represented in the "good match" and "poor match" categories below represent the ends of a continuum. In practice, most families' traits will fall somewhere between the two polarities. Further, the parents or caregivers in an adoptive family will usually not be equivalent in their strengths and limitations. Each parent must be assessed individually. The matching process becomes further complicated when placing sibling groups, in which the children's needs and personalities may be very different, requiring different parenting skills. Ultimately, a family must be identified whose primary strengths best match the children's most critical needs, while minimizing the impact of areas of incompatibility.

In all the descriptions below, the terms "parent" or "parents" refer to the adult caregiver or caregivers in the prospective adoptive family. This may be a single parent, a married couple, a single parent and an extended family member, or another combination of parenting adults.

Child's Trait	"Good" Match	"Poor" Match
Child's physical appearance; gender, size, weight, skin color, features.	Parents find child to be appealing; describe child's traits in positive terms; are comfortable with child; or, see child's appearance as irrelevant.	Parents find child un- attractive; are bothered by certain traits; don't feel that the child "fits" into their family or meets their expectations, or have reservations that cannot be put into words.

A child's physical appearance, more than any other factor, relates to the elusive and subtle influence of intangible emotional factors on the development of human relationships. For people to develop close emotional bonds, they must, at a very fundamental level, find each other appealing. It must be remembered, however, that "attractiveness" must be evaluated through the eyes of the beholder. For some parents, physical traits may be of significant importance. For other parents, they may be of no importance at all. Similarly, characteristics or traits that would appear, to an objective observer, to be minor or even irrelevant may be very important to an adoptive family. Parents must be encouraged to communicate those characteristics and traits they find to be unattractive in other people. These might include body shape and size; weight; skin color; body odors; specific features; or general demeanor. It is always in the child's best interests to be adopted by a family whose members describe the child in positive and complimentary terms. Conversely, the

presence of certain visible traits in a child, no matter how subtle, that "push the parents' buttons," can significantly interfere with the development of attachment.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child lacks trust; has attachment problems. Is emotionally remote and unresponsive.	Parents can meet own emotional needs; they do not interpret the child's detachment as a rejection of them.	Parents derive self-esteem from their children's affection; have difficulty tolerating rejection. Are put off by child's distance.

All healthy parents derive satisfaction from emotional closeness to their children. The issue is whether the parents can tolerate emotional distance, and continue to promote the development of attachment, without expecting the child to reciprocate in kind. Parents who have already raised children, who have had positive nurturing experiences, and who have strong self-esteem as parents may be better able to work with children who lack strong attachments.   A child with attachment problems should never be placed in a family that has strong needs for emotional reciprocity. Neither the child nor the family will benefit.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child's behaviors are likely to create high	Parents have dealt well with stress and	Parents do not deal well with stress or crisis;

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

| levels of family stress. | crisis in the past; they can articulate what they can and cannot handle. | they have not had to deal with crises; they do not know what they would find stressful. |

All adoptions of older children or children with special needs create some level of stress for families, particularly during the initial adjustment phase. However, some children are significantly more challenging than others. It is important to determine which of the child's behaviors and attributes the <u>parents perceive</u> to be stressful, and whether they have the strengths and emotional resilience to handle these challenges. If the parent does not perceive a child's behaviors to be stressful, the level of emotional distress they experience is lessened.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child is dependent; needs constant care, attention, nurturance, and reassurance.	Parents are comfortable in a nurturing role; enjoy nurturing and caregiving.	Parents prefer children to be independent and self-sufficient; parents have little extra time to spare.
Child is independent, self-sufficient; does not often turn to parents for help; is emotionally remote at times.	Parents can accept child's "distance" and do not interpret this as rejection.	Parents "need to be needed," thrive on emotional closeness, and expect to nurture children.

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

Parents should consider the types of children with whom they are the most and least comfortable. While some parents enjoy all stages of their children's development equally, most have their "most and least favorite" stages. Parents who loved the infancy and preschool periods may be more comfortable in a nurturing role with a dependent child. They are often better able to comfort a crying child; to physically hug, cuddle, and rock a child; to respond positively when a child is clingy, whiny, or needy; and to initiate nurturing interpersonal exchanges. The parent who didn't mind changing diapers might also be more tolerant of an eneuretic or encopretic child. Conversely, parents who were thrilled when their children were toilet trained, went to school, and began extracurricular activities, which freed the parents to do other things, may resent a whiny, demanding, or needy child. A parent who had difficulty with a three-year-old's stubbornness, autonomy, and tantrums, or an adolescent's push for independence may do better with a child who will need long-term nurturance, such as a child with a moderate to severe disability who will always need some degree of parental support.

Child's Trait	"Good" Match	"Poor" Match
Child is confrontive and oppositional.	Parents are not bothered by confrontation; can be appropriately directive and controlling with child; will not be engaged in power struggle.	Parents expect children to be appropriately respectful and compliant. Cannot tolerate "mouthy kids." OR, parents are afraid of confrontation, and avoid struggles by abdicating control.

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

The primary issue is how much direct conflict and confrontation the parents can tolerate without feeling personally threatened. Parents of children with special needs must often be strong and appropriately directive and confrontive. Such confrontation needs to be constructive for the child, however, not simply an attempt to reassert the parent's own authority or power. The worker should avoid matching a child with a family that is likely to become engaged in a power struggle with the child.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child has particular interests and skills.	Family's interests and activities are similar to those of the child.	Family and child have few, if any, common interests.

Common interests are not essential to a successful adoption. Families and children will always have to adapt to one another's interests, and, hopefully, will share them, as well as develop new ones together. However, common interests can help facilitate the initial bonding process. If an applicant family is greatly interested in sports, placing a child who loves soccer can provide the family and the child with many hours of pleasure. Examples of other common interests might be: a love of animals; enjoyment of music; playing, hiking, or camping outdoors; large family gatherings; church related activities; family group activities; abilities in arts or crafts; interest in cooking; or a love of books and reading.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child has mental retardation and/or a developmental disability.	Academic achievement and intelligence are not as important as other factors in determining a person's worth. Can "love the child for what he or she is." Parents have prior experience parenting a child with retardation.	Parents value high levels of academic achievement and take great pride in their children's performance. Child with retardation would be viewed as significantly "different" from other family members.
	Parents can be satisfied with small gains in ability. Parents are able to commit to assuring supportive services for the child, perhaps for the child's lifetime.	Parents have rigid expecta-tions for children's growth and performance; would be frustrated by slow progress. Parents cannot commit large amounts of time to direct caregiving and providing necessary services.

Many prospective adoptive parents can communicate whether they can manage a child with mental retardation or other developmental disabilities.   However, it is important to determine whether their preconceptions about the child's characteristics, needs, and prognosis are accurate, not derived from myths and

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

stereotypes. Parents who have had previous experience with children with disabilities are often more able to make appropriate decisions. While such prior experience is helpful, it is not essential. If parents are adamant about not wanting a child with a developmental problem, the worker should respect this wish. However, if parents are ambivalent, further knowledge and experience, including meeting and talking with parents of children with disabilities, can help them make an informed decision. The caseworker should help such families consider new parenting challenges without making them feel guilty, if they ultimately choose not to parent a child with a disability.

Child's Trait	*"Good" Match*	*"Poor" Match*
The child behaves in ways that are socially inappropriate; steals, lies, sexually acts out, or hurts others.	Parents view child's behavior as symptoms of underlying problems; are not offended or seriously distressed by child's behaviors. See themselves as contributing to the child's treatment in the family context. Are comfortable with therapy to deal with these problems.	Parents have personal values or religious beliefs that strongly condemn child's behaviors; child is likely to be perceived as deviant, sinful, or in an otherwise negative light. Not tolerant of psychological problems; unconvinced of the legitimacy of therapeutic interventions. Expect child to "right the wrong" because "it's the right thing to do."

No family is immune to a child's negative behaviors, particularly when they involve intrusion on other people's rights and safety, or when they involve inappropriate sexual behavior. The issue is the family's level of tolerance for behaviors that deviate from their expectations of normalcy, and their ability to intervene in constructive ways. Parents with rigid or moralistic expectations may be threatened and embarrassed by a child's acting out behaviors. They may respond by blaming and condemning the child, and exerting more rigid control. However, overly negative parental reactions may serve to increase the frequency of these behaviors. Parents who see the behaviors as signs of emotional distress, rather than moral failure, are sometimes better able to tolerate them, and to help the child develop alternative

ways of responding to stressful situations. However, research suggests that the presence of certain behaviors significantly increases the likelihood of placement disruption. These behaviors include: wetting or soiling bedclothes; stealing; serious eating disorders; physically injuring others; threatening or attempting suicide; sexually promiscuous behavior; vandalizing property; and setting fires [Partridge et al. 1986]. Families who adopt children with these behavior problems should be provided with in-depth training, linkage to appropriate mental health services, and continuous emotional support.

Child's Trait	*"Good" Match*	*"Poor" Match*
The child is likely to need parental care, guidance, and perhaps financial support for many years past the age of majority.	Family is inter-dependent; continues to care for family members even after they are of adult age. Adult family members share housing, income, and other resources. Leisure activities revolve around the extended family.	Children are expected to emancipate to independence. Parents of grown children engage in activities that do not generally involve their children. Continued support of adult children is viewed as a failure of the parent or the child; or, potentially a burden.

Children with special needs may require parental supervision and support for many years. They may develop the skills to live independently very late; some may always need supervision and assistance from others. Families in which there is no defined age that delineates emancipation, or families in which members remain interdependent even after emancipation, will often be more tolerant of adult children living at home with parents, or grown children who need long-term parental support.

Child's Trait	*"Good" Match*	*"Poor" Match*
Child has strong cultural identity and background that is different from adoptive family's culture.	Family members respect and appreciate cultural differences; will integrate traditions and practices from child's background into family traditions; adopted child is given opportunities to preserve cultural identity.	Family members disregard the importance of maintaining cultural identity; expect child to adapt to family's culture; do not see need for child's ongoing contact with members of his or her own culture. Or, family members view all people as "the same," regardless of culture or ethnicity.
	Family is already "multicultural."	Family, extended family, and community in which

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

Intercultural or interracial marriage; other adopted children in the home are from diverse cultural and racial backgrounds. Family lives in diverse ethnic, cultural, and racial community.

family lives are culturally and racially different from that of the adopted child. Community is not racially and ethnically diverse.

In situations where children are placed in families of different racial, ethnic, or cultural backgrounds, it is important that they be given opportunities to preserve elements of their own culture, even as they adopt some of the cultural values and traits of their adoptive families. The cultural sharing should be reciprocal. The most effective adoptive families are as interested in adopting aspects of their child's culture as in transmitting their own cultural traits to the child. They tend to live in multicultural communities and neighborhoods, have a diverse circle of friends and acquaintances, and will encourage activities that help an adopted child develop and be comfortable with an identity that incorporates more than one culture. Families whose members already represent different races or cultures may also be valuable placement resources. In these families, where diversity is "the norm," children of a different background are less likely to be self-conscious about their "differentness" [Bourguignon & Watson 1990]. (See more in-depth discussion of transracial and transcultural adoption later in this section.)

Issues Related to Family Structure

The structure of a family is an important criteria in making matching decisions. Relevant family characteristics related to structure include: 1) the size of the family; 2) the number of parent figures and their relationship; for example, a married couple, a single parent, two unrelated adults, or a single parent and an extended family member; and 3) the family's stage of development, including the age of their children.

No generalizations can be made regarding the types of children who can best be placed in families with different structures. A statements such as, "Don't ever place a challenging child in a family that has no children," is a generalization that may be inaccurate and misleading, and may inappropriately rule out families who could be developed for a particular child. Assessing family structure can, however, give us clues to important information about family process, and resulting family strengths and vulnerabilities.

Large vs. Small Families

Both large and small families have their benefits and their liabilities for an adopted child. In a family with many children, it is less likely that the parents will have the time and energy to provide each child with intensive, individualized attention. This may be a liability for children who need consistent and intensive parental involvement to promote healthy development. Large families may also be traumatic for children who are shy, introverted, who lack assertiveness, and who cannot compete for attention. These children may

become lost in the fray, and their less obvious needs may go unnoticed and, therefore, remain unmet. An exception might be a large family in which the older children typically assume a nurturing role with younger children, or where extended family members also live in the home. In this case, the child might benefit from the consistent involvement and support of several caregivers. A large family may also be a problem for a child who lacks the ability to relate to other children, and is more comfortable and responsive with adults. Placement with a large number of siblings may result in continuous discord, fighting, and jealousy, which can be avoided if the child is an only child, or has one or two siblings who are not close to the child in age.

By contrast, large families may be the best placement for a child who is uncomfortable with intense relationships with adults. This may be true for older children with strong loyalties to their biological families, children with attachment problems, and adolescents striving for independence and emancipation. The large family can provide these children with affection, structure, and consistency without expecting them to engage in intensive, reciprocal interpersonal intimacy [Bourguignon & Watson 1990]. In large families, the parents may also be less dependent upon the adopted child for their own parenting gratification. Large families also tend to be, by necessity, flexible and adaptable. They may tend to ignore minor or less important infractions; may be more comfortable with differences; and may be more tolerant of unexpected events. Their expectations for an adopted child may, therefore, be less rigid, and they may have less need for the child to conform or perform.

Single Parents vs. Married Couples

A married couple is a system. When assessing a married couple, the worker must not only evaluate each parent individually, but how they operate as a team. The dynamics of a marriage can either contribute to, or interfere with, a successful adoption. There are many benefits to adoption by two-parent families. The collaborative involvement of a two-person team provides a built-in support system for the parents, which can sustain them during rough times. They can divide up parenting responsibilities, making it easier to provide additional time and attention to the adopted child. Living in a two-parent family also provides a child with opportunities to interact with and model the behavior of adults of both sexes. Finally, growing up in a healthy two-parent family can teach a child a great deal about healthy marital and adult interpersonal relationships.

There are issues in two-parent families that do not exist with single parents. For example, it is not uncommon for one of the parents to be somewhat more involved in and committed to adoption than the other. Large discrepancies in the parents' level of commitment to the adopted child may increase the likelihood of disruption. Some authors have suggested that single adoptive parents "usually bring a strong commitment and sense of responsibility to the parenting role" [Bourguignon & Watson 1990]. This same parent in a two-parent family may be just as committed to the child and strongly motivated to maintain the adoption, but may not be able to, if the spouse exerts a strong influence to disrupt. Also, the adopted child can create marital discord by identifying the parents' vulnerabilities, and learning to play one parent against the other. The anxiety and tension created in the marriage may bring on a crisis for the family,

and it is more likely the couple will choose to preserve their marriage than the adoption.

In families where two or more unmarried adults will participate in parenting the adopted child, these adults must be assessed in a manner similar to a married couple. Examples might be a single parent who lives with an extended family member (sister, uncle, grandmother), or two unrelated adults in a permanent family relationship, as in gay or lesbian couples.   The adults' strengths and limitations must be assessed both individually and as a team.   Both adults must be equally committed to the adoption, even if only one of the adults will have legal custody of the child.

The greatest potential liability in single-parent adoptive families is whether the parent can tolerate the stresses associated with adoption. These parents' issues are not unlike the issues faced by any single parent who has sole responsibility for the family's economic, social, and emotional stability. But, they must also deal with additional stresses brought about by an adopted child who has complex needs and problems. Dependable and available support systems through extended family members, friends, and community affiliations are essential for single adoptive parents. Single parents, particularly if they have experienced interpersonal rejection, may also be more empathetic to, and tolerant of, the adopted child's feelings of emotional isolation and fear of closeness.

Young vs. Older Families

Young families with limited or no parenting experience may have unrealistic views regarding parenting, particularly parenting an adopted child with special needs. Their life experiences may be limited as well. They may not have had to sustain themselves during very difficult or crisis situations. Young families are often struggling to stabilize themselves economically, and they may be overwhelmed by the added stresses and financial demands of an adopted child. However, young families often have energy, stamina, enthusiasm, and an expectation that they will parent far into the future.

Veteran families, by contrast, are generally older, have both parenting and life experience, will probably have dealt with stress and crisis, and are more likely to be financially stable. Some families will have enjoyed rearing and emancipating their own children, and they may be highly motivated to continue the parenting experience. However, while veteran families bring experience, they also bring old habits and expectations derived from their previous parenting experience. What worked with their own children may not be appropriate for an adopted child, and they must be willing to adapt and learn new strategies.

Selecting Families for Siblings

Contemporary adoption practice strongly adheres to the practice of placing siblings together, whenever possible [Ward 1987]. The literature on children's attachment suggests that when deprived of their parents, sibling groups form a sub-family, in which sibling ties may become even stronger than ties to their

biological parents [Jewett 1978]. Therefore, separation from siblings is often experienced as a painful and traumatic loss for these children.

There are generally two reasons why adoption caseworkers separate sibling groups. The first is that more families are willing to adopt a single child than a sibling group, and the children can be placed for adoption more quickly if they are separated. Matching is also less complicated, since a family must be assessed for only one child.   The second reason is the presence of conflict, competition, or jealousy among siblings. When siblings have been separated from their families and placed together, the older children may assume a pseudo-adult role, and "parent" the younger children. This pseudo-maturity may make it more difficult for the older children to acknowledge and communicate their own needs for nurturance and comfort. The siblings may have also developed an "exclusive" relationship, wherein they turn to one another rather than members of an adoptive family. Workers may believe it would be in each child's best interests to have the undivided attention of an adoptive parent, and that this is best accomplished by disrupting the "unhealthy" dynamics among siblings.

However, the perceived gains made by separating siblings generally do not outweigh the trauma of another loss, nor the significant disruption in the children's relationships. Siblings who are separated often experience anxiety and depression, and, when placed at different times, may feel guilty about being placed, or jealous and resentful of having to remain in temporary care. These feelings can be divisive. Since the children may be together infrequently, there is little opportunity to deal with and resolve these feelings. Therefore, the physical

separation of siblings often creates an emotional separation that is very difficult to bridge.

Jewett [1978] believes that in a secure, permanent adoptive home, where there is "enough love and attention to go around" and the parents have the ability to manage typical sibling dynamics, siblings can develop healthier and more appropriate ways of relating to each other and to other family members without having to experience the trauma of separation. However, the families for these children must be carefully chosen. Ward [1987] also suggests that in large families, the parents and children already have practice dealing with intersibling ties and conflicts, and may be more able to deal with these issues in the adopted sibling group.

Ward [1987] suggests that many of the desired characteristics of families for sibling groups are the same qualities needed for adoption of any child with special needs: flexibility and adaptability; the ability of the parents to support one another; and the availability of strong support systems within the extended family and the community. In addition, other qualities are important. These include:

- *Administrative Ability*. Ward contends that "running a large family is like running a small business." Many diverse activities must be organized into a coherent whole to prevent chaos. Such administrative skills would include: setting schedules; delegating responsibility and assigning tasks to other family members; setting priorities; making decisions quickly and

effectively; negotiating conflicts; and practicing 'continual planning' to adjust as the circumstances change.

- *Ability to Cope with Emergencies*. The larger the family, the greater the likelihood of emergencies and crises. Parents must have, or must develop, relative unflappability, and must be able to intervene quickly and decisively without becoming overly excited or panicked.

- *Ability to Promote Healthy Family Interaction*. Ward [1987] suggests this is critical in the placement of siblings for two reasons. First, sibling groups placed for adoption often have unhealthy interaction patterns among themselves. Second, at least initially, there is often competition and divisiveness between the adopted sibling group and the siblings already in the home. The parents must have the skills to referee disputes; negotiate solutions; help children work out their own resolutions to problems; and prevent disputes from escalating into wars. Parents can also help reduce rivalry among the children by organizing tasks and activities that benefit the entire group, and that allow children to work together toward a common goal. Finally, parents of large groups of children may need training in group dynamics and group management, similar to the training provided to a child care professional in a group home or residential treatment program. Strategies may include learning to use a group meeting format to resolve family problems and disputes between the children.

- *The Ability To Develop and Enforce Generational Boundaries.* Ward [1987] also suggests that children in many sibling groups have developed inappropriate role relationships with each other. An older child may have assumed a parenting role with a younger child, and the younger child will turn to the older sibling, rather than to the adoptive parents, for nurturance and care. Adoptive parents must be able to enforce their own role as the "parents in the family," help the older children relinquish their parenting responsibility, and help all of the children learn to trust and turn to them for care and nurturance.

Transracial and Transcultural Adoption

Historically, the terms "transracial" and "transcultural" have generally referred to the adoption of children from minority racial and ethnic backgrounds by Caucasian families. However, transracial or transcultural adoption is the adoption of a child by any family whose cultural or racial background is significantly different from the child's, including the adoption of children from foreign countries.

The validity of transracial and transcultural adoption has been debated for decades in child welfare literature. There are strong proponents and equally strong opponents on this topic, making it one of the most hotly debated issues in child welfare practice. The issues generally fall into several categories, which will be briefly explored below.

   Issue #1:

Whether there are sufficient numbers of families from children's own cultural and
racial backgrounds to assure timely permanent placement for all children who are
waiting to be adopted.

In most areas across North America, there are many more children awaiting
adoption than there are approved adoptive families from these children's own
cultural and racial backgrounds. Proponents of transracial and transcultural
adoption contend that placing a child in a secure, stable, and permanent home
with a family of a different race or culture is in the child's best interests, if the
alternative is leaving the child in indefinite and impermanent substitute care,
while a family of the same race or culture is sought. When children are school
age or older, or have physical or medical conditions, developmental disabilities,
or emotional or behavioral problems, there are even fewer families of any
background with the inclination and abilities to adopt them. If permanent
placement in a family that can meet a child's special needs is the primary goal,
adoption by a family of a different race or culture can often achieve this goal
more rapidly. Therefore, transracial or transcultural placement is believed to be
preferable to long-term foster care or institutionalization [Simon 1993; The
Metzenbaum Multiethnic Placement Act 1994; Howard, Royse, & Skerl 1977].

Opponents of transcultural and transracial placement contend that the
unavailability of minority adoptive families is more a function of culturally
incompetent agency practices and staff bias than any lack of qualified applicants
[Rodriguez & Meyer 1990; Neilsen 1976; Washington 1987]. A variety of agency
practices have been identified as barriers to the recruitment and approval of

minority adoptive families. These include: unnecessary and overly complicated
bureaucratic procedures; cumbersome forms and paperwork, which families
experience as distancing and impersonal; expecting families to travel to the
agency for appointments during the regular workday, rather than meeting with
families in their homes and communities at a time that is convenient for them;
stringent licensing requirements related to family income and space
requirements; and worker attitudes that reflect "insensitivity, superiority, and
rigidity" [Rodriguez & Meyer 1990]. Neilsen [1976] also suggests that families
currently caring informally for other peoples' children may be excellent potential
adoptive families, but they are loathe to approach the agency to adopt, fearing
that the children they are caring for will be taken from them. Finally, in some
minority communities, there is a stigma about formal adoption that prevents
their involvement with traditional child placing agencies, even though these
families routinely care for dependent children on an informal basis.

   Issue #2:

   Whether Caucasian families have the necessary attitudes and skills to help
   children of minority cultural and racial backgrounds develop a positive identity
   and learn to deal with prejudice, discrimination, and racism.

Many practitioners see the greatest potential liability of rearing minority children
in Caucasian families as the potential impact on the child's identity and ability to
cope with racism and discrimination. Many contend that African American
children reared in Caucasian families have difficulty developing a positive
African American identity [Jones 1972; Morin 1977]. These practitioners stress

that even Caucasian parents with the best of intentions cannot teach an African American child about being African American. They contend that African American children reared in Caucasian families can't relate to other African Americans, lack a congruent personal and racial identity, and have considerable difficulty when they encounter racism. Chimezie [1977] asserts that being reared in a Caucasian home is detrimental to the development of certain "indispensable characteristics," including ethnic awareness, identification with "blackness," and possession of survival strategies in a racially hostile environment. Williams [1987] suggests that African American children socialized in Caucasian families do not "fit" in the African American community, and that these children are not comfortable with other African Americans [Williams 1987].

Conversely, a 20-year study by Simon [1993] strongly indicates that most African American children reared in Caucasian families grow up "healthy and aware of their racial identity." Simon relates a typical comment from African American children reared in Caucasian families:

> "Look, we were the kids nobody wanted. We know some people
> say we're Oreos – black on the outside, white on the inside – but
> that simply isn't true. We can speak 'white' English and dress as
> middle class people and still be black. We're comfortable with our
> identity." [Simon 1993]

Jones and Else [1979] agree that racial identity is essential for healthy development, but they suggest that children can develop a positive racial identity in either a Caucasian or an African American home:

"[While] the child must learn the skills that minority persons learn
to cope with racism, and must also learn the cultural and linguistic
attributes of the minority community in order to become an
accepted member of it... many of these skills and attributes are
derived from peers and contact with the minority community as
much as, if not more than, in the home" [Jones & Else 1979].

Proponents of transracial and transcultural placements do stress that if a
Caucasian family is to rear a healthy minority child, it is essential that the
adoptive parents provide the child with a bicultural socialization. If adoptive
families have a simplistic view of race, lack experience with diversity, believe "all
people are alike under the skin," or ignore racial and cultural differences, they
will not recognize when their child's needs may be different from their own
[Katz 1974]. By contrast, when adoptive families value diversity, have a broad
multicultural network of friends and acquaintances, and nurture and support the
child's relationships with peers and adults from the child's own race or culture,
the child can develop a strong identity and positive self-esteem. For example,
many of the Caucasian families in Simon's study had joined African American or
multicultural churches, and were regularly involved with their children in
critical aspects of African American culture [Simon 1973].

Adoptive parents must also be able to prepare children from minority cultures to
experience and deal with racism and discrimination. While adoptive parents
may convey to their children that they, themselves, do not judge or relate to
people based on race or culture, they must help the child understand that many

people in society do, and they much teach their children skills to cope. Otherwise, the children are unprepared to understand and deal constructively with racism and discrimination [Jones & Else 1979].

Andujo [1988] compared the development of positive self-esteem and ethnic identity in Latino children raised in Caucasian versus Latino families. The findings suggested that most Caucasian adoptive families (80%) had de-emphasized ethnicity and had attempted to develop "strong and secure individuals, human beings," rather than ethnic individuals. By comparison, 87% of the Latino adoptive parents had raised their children in a bicultural tradition that had emphasized the development of ethnic identity. The Caucasian families generally used an educational approach to teach their children cultural awareness, whereas Latino families socialized their children through direct exposure and involvement in the Latino community. The Caucasian families helped their children deal with racism by providing them with support, or helping them learn to ignore racial incidents, whereas Latino families prepared their children by modeling coping skills that had developed out of their own experiences as minority individuals. Despite differences in child rearing, the self-esteem ratings of all the children in both Caucasian and Latino families were comparable.

Andujo concludes that while placement in a child's own ethnic community is preferable, a transethnic placement is a better option than long-term foster care. She also suggests that specific selection criteria should be incorporated into the home study process to assure that transethnically placed children develop a strong ethnic and personal identity. Most important, the adoptive families must

become part of the social and cultural milieu of their adopted child [Andujo 1988].

3) *Children placed transculturally may experience a higher level of stress and trauma when placed in families whose cultural backgrounds are significantly different from their own.*

By minimizing the number and scope of changes a child experiences during placement, we can significantly reduce placement-related stress, the propensity for crisis, and the long-term negative consequences of separation and placement.

Placement of a child in a family whose culture is different and unfamiliar creates a type of "culture shock" for the child. Like adults visiting in a foreign country for the first time, a transculturally placed child must adjust to a new environment with new sounds, sights, and smells, unfamiliar rules, different social norms, strange foods, and at times, a language the child cannot fully understand. All else being equal, transcultural and transracial placements can be inherently more stressful for children.

Kim [1980] studied three boys who had been adopted from a Korean orphanage by Caucasian families. The children were between 14 and 28 months of age when adopted, and they had been with their adoptive families for seven, eight, and 16 months respectively. Kim found an unusual pattern of disturbed behavior in all three children. Their symptoms included frequent and excessive crying; night terrors with mutterings in Korean; temper tantrums; avoidance of

children of Korean descent; exacerbated symptoms after being exposed to Korean persons; hyperactivity; and excessive attachment to furry toys. While Kim acknowledged that separation experiences and previous institutional care likely contributed to the children's distress, he emphasized the probable role of "culture shock" for these infants. The children had to adjust to: significant differences in the facial features of their occidental parents; a new language, leaving them unable to either understand or communicate; sleeping alone in a strange room, rather than with other children; differences in the tastes, textures, and smells of food; and many other subtle, but significant, environmental differences. When we consider that infants' emotional security is dependent upon consistency and stability in their caregivers and environments, it is not surprising that a simultaneous change of caregiver and culture would result in heightened anxiety and emotional distress.

Few would disagree that placement in an adoptive family of the same ethnic and cultural background is normally in a child's best interests. However, in practice, other critical factors impact the choice of a family for a child. These include the need for a family with the particular traits and characteristics to meet a child's unique developmental needs; the potential emotional trauma to the child of being separated from foster parents of a different race or culture to whom the child is securely attached; and the fact that thousands of children throughout North America are currently waiting for permanent adoptive families.

In October, 1994, Congress passed P.L. 103-382, the "Multiethnic Placement Act." The purpose of this act was to promote permanence for the tens of thousands of children in foster care waiting to be adopted. The provisions of this act were

intended to do the following: 1) decrease the length of time children must wait before they are adopted; 2) prevent discrimination in child placement on the basis of race, color, or national origin; and, 3) facilitate identification and recruitment of foster and adoptive families that can meet the special needs of the children in care.

Specifically, the provisions of the act prohibit agencies or entities that receive federal assistance and that are involved in adoption or foster care from:

1) Categorically denying to any person the opportunity to become an adoptive or a foster parent solely on the basis of the race, color, or national origin of the adoptive or foster parent or the child involved; or,

2) Delay or deny the placement of a child for adoption or into foster care, or otherwise discriminate in making a placement decision, solely on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved.

The agencies or entities may, however, consider the cultural, ethnic, or racial background of the child, and the capacity of the prospective foster or adoptive parents to meet the child's cultural needs, as one of a number of factors used to address the best interests of children. And, states and agencies should target recruitment efforts to identify adoptive families from the cultural backgrounds of the children who need homes.

The impetus for the act was the adherence, in some states and agencies, to policies that discouraged transracial placements, or that sanctioned lengthy searches for same-race families before authorizing transracial placements. In some cases, families were informally discouraged from applying to adopt children of a different race or ethnicity. These policies contributed to placement delays, and in some cases prevented adoption for many children, since the number of potential available families for the child was reduced [U.S. Department of Health and Human Services, Internet 1995].

The debate about transracial and transcultural adoption is as heated and as polarized today as it has ever been. The challenge for child welfare agencies is two-fold:

1) We must first design, implement, and maintain culturally-competent recruitment, selection, and retention programs that develop adoptive, foster, and kinship families from a variety of racial, cultural, and ethnic backgrounds for children in need of permanent families. This will greatly increase the likelihood that children in need of adoption can be placed quickly within their own cultures; and,

2) To identify the traits and attributes necessary for foster and adoptive families to rear children from different cultures, and to assure the development of a healthy cultural identity and self-esteem for children in their care.

Strategies to strengthen adoption, foster care, and kinship care recruitment and retention, including focusing on families from minority cultural backgrounds, can be found in Section XI-A, "Identifying and Preparing Adoptive Families for Children with Special Needs."

Identifying and selecting families who have the prerequisite abilities to rear a child of another culture or race is another challenge. A second level of family assessment must occur with prospective adoptive and foster care applicants that specifically targets issues related to transracial or transcultural placement.

The applicant family should be engaged in a joint exploration of the family's cultural knowledge, experience, and attitudes in the context of the home study and/or the selection and matching process. In addition, training in cultural competence should be provided to all families who adopt transculturally to increase their sensitivity and skill. The following questions can generate discussion:

Assessment Questions

"What led you to consider transracial/transcultural adoption? How long have you considered this?"

"How much racial or cultural difference are you comfortable with? Describe the kind of child you would feel comfortable with. What physical attributes in a child would be comfortable for you? What would make you feel uncomfortable?

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

"What experiences have you had where you have learned about other races and cultures? What do you know about the race or culture of the child you desire to parent?"

"What do you think is the difference between knowing culturally-relevant information and stereotyping?"

"When did you first become aware of your own racial and cultural background? In what ways is your own cultural background important to you?"

"What are the most significant characteristics of your own racial or cultural background? How is your race or culture integrated into your everyday life?"

"Are people more alike or different? In what ways? Can you describe some similarities and differences across cultures from your own experience?"

"What is the best way for people of different cultures and races to learn about each other? What should people learn about each other, if they really want to understand cultural differences?"

"Have you ever experienced discrimination or prejudice? What were the circumstances? What was it like? How would you help a child cope with discrimination?"

"What are your own cultural biases, prejudices, and blind spots? What do you need to know more about? What things bother you about people from other races or cultures?"

"How much experience have you had with persons who are different from you? Childhood experiences? School? Church? Neighborhood? Do you socialize with people who are different from you? Do you have friends, neighbors, or work associates from different cultural backgrounds? Who within your network is of the same race or culture as the child you want to adopt?"

"How can you help a child from a different cultural or ethnic background establish a strong cultural identity? Do you understand what "biculturalism" means?"

"Are you bilingual? Have you ever studied a foreign language? Are you willing to learn to speak a different language to better communicate with your child?"

"How can your family integrate aspects of your adopted child's culture into your family life? Have you ever done this before?"

"Is your immediate or extended family already multiracial or multicultural? How? How does your family feel about your decision to adopt transculturally or transracially? How about your friends and colleagues?"

"Is anyone in your extended family opposed to your plan to adopt transracially or transculturally? How might this affect your child? How would you handle it?"

"How is cultural diversity apparent in your home? Do you have books, videotapes, art work, music, magazines, and other things that reflect a multicultural perspective?"

"What is the composition of your current neighborhood? School system? Place of worship? Will the schools your child will be attending have both staff and students from the child's cultural background? What culturally-specific recreational resources are there in your community? What clubs or organizations do you belong to?"

"What will you need to teach your child about discrimination, prejudice, and stereotyping? How would you do this? Who else in your network of family and friends might be a resource to help with this?"

"What will your child's cultural needs be as the child grows? What survival or coping skills will you and your child need as the child gets older?"

"What do you expect to be the most difficult issue you will face as a multicultural family in the future?"

Strengths

• The prospective adoptive family is already multicultural or multiracial in its composition.

• The prospective adoptive parents have had prior experiences with children and/or adults from different races and cultures, and have established meaningful relationships with them. The parents view transcultural adoption as an inherently good way to add to their family.

• The parents have accurate knowledge about culture and diversity. They have lived in other cultures; they have participated in foreign exchange programs or served as host families for foreign students; they have close friends from different cultures; and their current lifestyle involves them regularly in cross-cultural contact.

• The parents demonstrate personal insight regarding their own and other family members' attitudes, perceptions, feelings, and biases regarding

racial and cultural differences. They are honest about biases and areas of lack of cultural knowledge.

- The parents demonstrate an appreciation of diversity in actions and behaviors with people from different races or cultures. They accept and respect differences, and are continually open to new knowledge and experiences.

- The parents have had considerable exposure to persons who are culturally different in both work and social settings, and welcome future opportunities to interact with persons from different cultures.

- One or both parents are bilingual, or have studied foreign languages. The parents are interested in learning to speak a child's native language.

- The parents are interested in learning culturally-specific child care and child rearing practices. They willingly attend training related to culture and diversity.

- The parents' friends and extended family members are encouraging and supportive of the parents' decision to adopt transracially or transculturally.

- The prospective adoptive family's home and neighborhood environment support and encourage a multicultural lifestyle. The family has art work,

toys, books, magazines, and/or music that are representative of different cultures.

• The parents understand the importance of identifying and meeting the child's cultural needs on an ongoing basis, and can formulate a plan to do so. They understand the critical nature of a bicultural socialization for children adopted transculturally. They know or are eager to learn ways to help the child deal with racism and discrimination.

  Minimal Standards

• Adopting transracially or transculturally never occurred to the prospective adoptive parents, or they are unsure about this decision. They feel they need more information and experience to make an informed decision.

• The parents have limited cultural awareness or knowledge. However, they are open to considering cultural issues, and express a willingness to learn.

• The parents express empathy about the negative effects of racism and discrimination, but appear to have limited insight about their own behaviors, and how these may reflect personal bias or lack of cultural knowledge. The parents may use stereotypes, and believe these stereotypes to be based on accurate information.

- The parents do not actively seek cross-cultural experiences, but do not avoid them. The parents express attitudes that value diversity, but have not participated in many cross-cultural experiences. However, the parents are willing to become involved in cross-cultural experiences for self-growth.

- The parents lack understanding about the importance of culturally-specific child care practices, but express willingness to learn.

- Friends and extended family members are ambivalent or uncertain about transcultural and transracial adoption, but the prospective adoptive parents are willing and able to educate family and friends, and confront inappropriate behavior toward the adopted child.

- The parents currently have little contact with multicultural community organizations or resources, but are willing to identify potential sources and become involved, including day care resources, schools, places of worship, clubs, and recreational groups.

- The parents acknowledge that the child will have ongoing cultural needs, but they do not fully understand these needs, nor do they know how to meet them. They express commitment to learning.
    Caution!

- Prospective adoptive parents have applied to adopt transracially or transculturally primarily because they have been unsuccessful in adopting

a child of their own race or culture, and they believe they will "get a child" faster by adopting transracially. Transracial/transcultural adoption is clearly a second, and inherently less desirable option.

- Parents have little or no meaningful cross-cultural experience. They lack knowledge of other cultures, or knowledge is limited to stereotypes, and largely inaccurate information.

- Parents lack personal insight, and are not motivated to examine their own attitudes, feelings, or perceptions regarding race or culture. They are not willing to explore their own areas of potential bias or ignorance.

- The parents' expressed attitudes and behaviors reflect ethnocentricity, prejudice, serious misconceptions about other people, a pattern of discriminating against others, and values that attribute superiority or inferiority based on culture, gender, age, or race.

- The parents have had no cross-cultural experience, do not desire such interactions, and are fearful and suspicious of people who are different.

- The parents lack understanding of the knowledge and skills needed to parent a child of a different culture, and they deny the need for training.

- Friends and extended family are strongly opposed to transcultural adoption, and are likely to withdraw support or discriminate against the adopted child. Parents seem incapable of dealing with these issues.

- Parents live, work, and socialize exclusively within their own cultural group. Parents deny the importance of raising a child in a multicultural environment.

- The family's neighborhood lacks diversity, and is indifferent or hostile to persons from different races or cultures.

- The parents are unable to consider the child's long-term cultural needs. They do not believe the child will have to learn strategies to deal with discrimination. The parents deny the importance of same-culture socialization to develop a positive identity, and do not see the value of a bicultural upbringing.

Selecting Families for Children with Developmental Disabilities

Developmental disabilities are physical, cognitive, or emotional conditions that have the potential to significantly interfere with the normal process of a child's growth and development. The most common developmental disabilities are mental retardation, cerebral palsy, epilepsy, autism, learning disabilities, speech and language disorders, spina bifida, hearing loss and deafness, visual disorders and blindness, orthopedic disorders, and congenital malformations. Many children served by the child welfare system have developmental disabilities, including a large number of children who are available for adoption. In a survey of approximately 800 child welfare agencies in 49 states, Coyne and Brown [1985]

determined that 1,588 children with disabilities had been placed for adoption during a 12-month period.

Children with developmental disabilities have a variety of service needs, including medical care, physical support, special education, developmental services, financial support, and special recreation. When seeking adoptive families for children with developmental disabilities, workers must determine whether applicants have the particular traits and characteristics associated with successful adoption of children with disabilities. As part of the matching process, the caseworker may need to conduct a supplemental assessment of a potential family to fully assess their ability to meet a child's unique needs.

In addition to the family traits that are desirable for all adoptive families, the following traits should be assessed when evaluating families for children with disabilities [The National Resource Center for Special Needs Adoption, Spaulding for Children; undated]:

- The family demonstrates interest in, or has past experience with, individuals who have developmental disabilities.

- The family has prior experience with the child's disability, or is willing to learn about the disability, and is willing to incorporate special child-care strategies into their daily lives.

- The family is able to adapt their home environment to meet the child's special care needs. This may require making the home wheelchair

accessible; arranging the home to accommodate special feeding, sleeping, toileting, and bathing equipment; modifying or removing physical structures that present safety hazards for the child; and providing special equipment for recreation.

- The family is able to develop and utilize support systems that are appropriate for persons with developmental disabilities. This may include specialized respite care, clinics, recreational programs, and other social services. The family is willing to meet with parents of children with disabilities, and are interested in participating in parent support groups.

- The family is willing to make long-range plans for the child after the child has reached adulthood. This includes identifying strategies for lifelong support and care for children whose disabilities will prevent them from emancipating to independent living. The family will make necessary legal and financial arrangements to provide assisted or semi-assisted living after the parents' death, through assignment of guardianship, and utilization of wills and trusts.

- The family is willing and able to function as child advocates to identify and secure appropriate special educational services for the child.

- The family can access resources in their community to meet the child's special medical needs; or the family is willing and able to travel to secure these services.

- The family is aware of the possible changes in their financial situation
  after placement of a child with a disability, and can work with the
  caseworker to identify resources for financial assistance and support.

- The family has positive, constructive attitudes about the child's potential
  for healthy growth and development, while being able to develop realistic
  expectations for the child's performance.

Additional information related to children with developmental disabilities can be
found in Chapter VI, Child Welfare Services for Children with Developmental
Disabilities.

Application

Assessing the Child

A concrete tool to help caseworkers organize critical information about a child is
the Prediction Path, developed by Kay Donley Ziegler [Donley 1990]. This tool
was designed to facilitate selection and matching by recording a child's past
behaviors and needs, and using this information to predict problems and
behaviors in both the immediate and distant future.

The completion of the Prediction Path requires that the worker carefully and
thoroughly review the child's preplacement history; the child's genetic and
medical history; the child's history of placements in substitute care; the findings

of mental health evaluations and school reports; and descriptive information about the child from the child's caregivers.

Developing the Prediction Path is a three-step process. Part one is the "Placement Trail," wherein a child's history of substitute care placements is recorded and analyzed. The Placement Trail should list, in reverse chronological order, all of the child's substitute care placements, including: the dates of placement; reasons for the placement; reasons for disruption of placement; information about the substitute caregivers; and information about the child's adjustment.

The second part of the Prediction Path is the "Asset/Debit Sheet," which compiles information about the child's strengths and limitations. The Asset/Debit Sheet is compiled from information in the child's case file, information from current caregivers, and the worker's own impressions. The worker lists the child's strengths, abilities, skills, talents, and attributes likely to be viewed positively by an adoptive family. The worker then lists the child's limitations, deficits, problems, challenges, areas of need, and traits likely to be problematic for adoptive families. The worker must make concerted attempts to be balanced in the assessment. Frequently, caseworkers may overlook or take for granted obvious strengths and abilities, while dwelling on the child' shortcomings and needs.

The final section of the Prediction Path, called the "Prediction Narrative," is the synthesis of information derived from the Placement Trail, the Asset/Debit Sheet, information from current caregivers, and the child's case file. The Prediction

Narrative attempts to predict the likely course of the child's short- and long-term adjustment in adoptive placement, including anticipated behaviors, problems, needs, and parenting challenges. While such prediction of a child's needs and behaviors is certainly not exact, the Prediction Narrative can draw reasonable conclusions, based on the child's past and current behaviors and needs, and can highlight the important issues the adoptive family may face in parenting the child.

The Prediction Narrative contains three basic elements: 1) the behaviors and needs that the child can be expected to exhibit; 2) when the behaviors or needs are likely to be exhibited; and, 3) parenting strategies to manage certain behaviors, or meet the child's needs. This prepares adoptive parents to expect problems, and gives them effective strategies to intervene. The Prediction Path helps adoptive parents anticipate and respond more effectively to the challenges of parenting the child, thereby reducing the likelihood of crisis.

This information can be invaluable in selecting an adoptive family that can meet the child's needs. Sharing the Prediction Path with potential adoptive families empowers them to make an informed choice about whether they have the ability to parent the identified child.

The use of the Prediction Path to select an adoptive family for a child, and to prepare them to parent the child is demonstrated in the case example below.

Case Example

Cindy, Age Eight

Cindy is an eight-year-old African American girl. She was separated from her biological family at age five, after substantiated and repeated sexual abuse by her mother's boyfriend. Cindy's mother, however, staunchly denied that the abuse had occurred, insisted that Cindy was lying, and continued to live with her boyfriend. Cindy's initial placement was with a maternal great aunt and uncle. Her aunt reported that Cindy denied the abuse occurred, but that Cindy had recurring nightmares for several months. Cindy's school adjustment was poor, and her aunt was often called to pick Cindy up at school because of violent tantrums. Additional attempts to work with Cindy's mother were not successful.

Cindy was moved to a foster home in December, 1992, when her uncle had a serious stroke and was bedridden. The aunt, feeling overwhelmed, requested Cindy be placed in a foster home where, "Cindy wouldn't be burdened with old people's problems." Cindy was moved to the Johnson foster home, and her worker filed for permanent custody. At the Johnson home, Cindy wet the bed for the first several weeks, and constantly talked of "going back with my mom." She was angry, and repeatedly told her worker that "she was bad, that's why no one wanted her."   She also had a difficult time making friends in her new school due to her aggressive behavior. After the initial adjustment period of three months, she seemed to improve and settle in. However, her behavior deteriorated and reached crisis when the other foster children in the home were reunited with their biological family over the Thanksgiving holiday. The foster mother could not cope with Cindy's behavior, and requested that Cindy be removed.

Cindy was then moved to the Smith foster home, where she was the only foster child. Mrs. Smith stated that it took Cindy a few months to adapt to their home, and that she refused to unpack all of her belongings for three months. She also wet the bed for the first several months, but that stopped as Cindy became more comfortable in the family. Mrs. Smith stated that Cindy was an adorable child who liked to help and be praised by adults. Even though she liked school, Cindy had her share of behavior problems there as well. Her best classes were art and music, where she excelled.

The Smith's were a middle-aged African American couple. Most of their children were grown and emancipated. Only a 17-year-old son and a 16-year-old daughter remained at home.   Cindy had her own bedroom at the Smiths, and Mrs. Smith indicated she kept it very neat and was proud of her belongings. However, she would often "borrow" her foster sister's things, and would only admit to taking them when directly confronted. While the Smiths felt considerable affection for Cindy, they did not desire to adopt her.

The following Prediction Path was developed to help find an appropriate adoptive family for Cindy, and to help prepare the family to care for her.

Cindy's Placement Trail

Date of Placement	Caregiver Name	Reason for Placement	Adjustment Information

11/30/93	Smith Foster Family	Cindy's behavior too hard for Johnson foster family to handle.	• wet bed for two wks • fought in school • would not unpack for three months
12/6/92	Johnson Foster Family	Uncle had serious illness. Aunt had to work and also care for her husband.	• bed wetting • school problems • insisted she was going back home • temper tantrums
12/13/91	Maternal Aunt/Uncle	Removed from home due to sexual abuse by mother's boyfriend.	• tantrums at school • denied abuse had occurred • had repeated night-mares

Cindy's Placement Trail reveals several patterns. Cindy was moved three times in two years. At each placement, she had problems at night with bed wetting and/or nightmares. She did not wet the bed when placed with her aunt, but did so for several months after she was placed in each of the two foster homes. She consistently has acted out at school, and she often has violent temper tantrums. Cindy appears to use denial as a typical strategy to deal with stress and trauma. Finally, Cindy was moved each year at about the same time (around Thanksgiving and Christmas.)

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

Cindy's Asset/Debit Sheet

CINDY'S ASSETS	CINDY'S DEBITS
Physically attractive - cute.	Wets bed, has nightmares, anxiety reactions to stress.
Has sense of humor; is funny, can be very charming.	Gets into fights at school when left unsupervised.
Likes to be helpful; helps around the house; is eager to please.	Takes a long time to feel secure and to trust new people.
School work is generally at grade level.	Has violent temper tantrums if frustrated, and is easily frustrated. Is stubborn.
Is neat and clean; takes care of her belongings.	"Borrows" other people's things; can be sneaky.
Enjoys art and music; appears to be talented in these areas.	Swears loudly when angry.
Appears to enjoy many aspects of school. Likes her teachers.	Has difficulty making friends with peers. Is bossy and argumentative.

Has a positive cultural identity.	Has low self-esteem; blames self for being moved.
Exhibits ability to be affectionate with persons she knows and trusts.	Has strong tendency to deny pain and avoid dealing with traumatic experiences.

The worker then used the information she had gathered to develop a Prediction Narrative for Cindy. This would be used to help choose a prospective family and to prepare them to parent Cindy.

Prediction Narrative

Child's Name: CINDY MARTIN   Date Compiled: July 14, 1994

Expected Behaviors	When Expected	How To Handle It
Bed Wetting Fear of Dark Nightmares	At placement, for up to three to four months.	1. Buy plastic bed sheets. 2. Limit fluids after dinner. 3. Take to bathroom two hours after bedtime. 4. Put night light in bathroom and in Cindy's bedroom. 5. Show Cindy how to change and help launder sheets.

		6. Reward and praise Cindy for dry bed.
		7. Provide reassurance and comfort after nightmares. Use this time to build attachment.
		8. Help Cindy understand that bed wetting and nightmares will go away when she feels better.
Fights at school	At placement, maybe ongoing, until Cindy develops better skills relating to peers.	1. Prepare Cindy for new school placement.
		2. Meet with teachers; plan inter-vention strategies together.
		3. Do contract with Cindy, reward often for good school conduct, as reported by teacher.
		4. Coach Cindy to relate better to peers.
		5. Provide positive peer experiences.
		6. Be accessible to talk with teacher when needed.

Expected Behaviors	**When Expected**	**How To Handle It**
Cindy lacks	At placement, and	1. Follow through on all

trust, has difficulty in forming new attachments.	for several months after placement.	promises. Be consistent in doing what you say you will do, including discipline. 2. Plan "special time" with Cindy each day. 3. Develop a daily schedule and follow it. 4. Provide reassurance of love and commitment to her.
Tantrums. Testing behaviors.	In two to six months.	1. Intervene using "time out" during escalation. 2. Withdraw attention until tantrum subsides. 3. Be patient, calm, low voice. 4. Give Cindy alternatives when frustrated, such as talking about it, or punching a pillow or bean bag. Use positive reward for no tantrums. 5. Help Cindy reduce frustration. Select low-frustration activities.
Threatened at anticipated move.	At one year.	1. Plan a celebration to mark the one year anniversary.

		2. Talk about differences between foster care and adoption.
		3. Put her fear into words and reassure her of permanence in the family.
Denial of problems and feelings.	At placement, ongoing.	1. Give Cindy permission to talk about "bad things" and "bad feelings" in a supportive environment.
		2. Talk openly about family and personal problems, and include Cindy in discussions.
		3. Acknowledge any disclosure by Cindy of problems or feelings, offer support and assistance.
Conflicted loyalty, Attachment to biological mother	At legalization, adolescence.	1. Review Lifebook with Cindy.
		2. Talk openly about her biological mother.

Identity issues	Adolescence.	3. Reassure her that she can love her adoptive family and still care about her biological mother.
		4. Participate with Cindy in an adoptive family support group.
		5. Seek professional help, if needed.
		6. Gather further information about Cindy's family; share with Cindy.
Possible sexual acting out resulting from sexual abuse	Any time.	1. Set clear boundaries for appropriate/inappropriate behavior in the home.
		2. Gently confront inappropriate behavior. Provide alternatives.
		3. Model appropriate behaviors.
		4. Respect privacy in family.
		5. Talk openly with her about sexual issues.
		6. Encourage her to talk about sexual abuse, when she is ready. Listen well.

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

7. Participate in "survivors" group with Cindy.

8. Attend parent training for special interventions with sexually abused children.

9. Seek professional counseling when needed.

The Prediction Narrative helps the caseworker identify the type of parent the child will need, both currently and in the future. By reviewing Cindy's Prediction Narrative, Cindy's caseworker was able to delineate the following desirable characteristics for a family for Cindy:

• Must be able to make a commitment to permanence for Cindy and communicate this to her in both words and actions.

• Must demonstrate entitlement, and must be able to consistently follow through with planned activities and interventions.

• Must be an involved, "hands on" parent, who actively and directly intervenes when necessary.

• Must be willing to listen to Cindy's problems and issues; must be able to provide consistent support, reassurance; should be able to model different ways of solving problems.

- Must be able to devote considerable time to Cindy, and be available to attend school meetings, mental health appointments and/or group sessions, as well as provide ample individual attention.

- Must be tolerant of Cindy's tantrums, bed wetting, sexual behaviors, and school problems. Must understand these result from prior trauma; must be empathetic rather than punitive; and must be patient and realistic in expectations for their improvement.

- Must not feel threatened by Cindy's divided loyalty and her strongly voiced (if unrealistic) estimations of her biological mother's positive attributes.   Must be able to talk objectively with Cindy about her mother, and help Cindy develop a realistic understanding of her mother's strengths, as well her problems.

- Must be patient in developing a relationship with Cindy. It is unlikely that Cindy will be able to reciprocate parental love and affection early in the placement. Parent must tolerate ambivalence from Cindy.

- Must be an advocate for Cindy with the school, neighborhood, and with other professionals to insure that Cindy's needs are met.

Desirable, but not essential, characteristics in a family for Cindy would include the following:

- Family members who are, themselves, interested in art or music, or who are willing to support the development of these skills in Cindy.

- Cindy would probably benefit from being the youngest child, or one of a few, rather than many children. It is important that she receive individual attention.

- Cindy is at grade level in school. Her potential is not known. A family that advocates for her educational development, without expecting her to be a high academic performer, would be preferred.

In summary, the Prediction Path provides a concrete tool to assist the caseworker in highlighting the child's critical issues, while developing a profile of the family who can best meet the child's needs. This tool will also be utilized by the worker when presenting the child to the prospective family, as well as at placement and during postplacement meetings and home visits.

Once the child's needs are clearly identified, potential adoptive families should be re-assessed to determine their appropriateness for the child. Families may be eliminated from consideration if they strongly desire a child of a different age or sex, or if their strengths and vulnerabilities do not "fit" with the needs of the child to be adopted. After identifying the families that could potentially adopt the child, the worker should list their strengths and limitations in a manner that is similar to the Asset/Debit sheet developed for the child. The worker should try to list the family's skills and attributes that would contribute to effective parenting of the child, and family characteristics that might create potential barriers to successful adoption. With this information, the caseworker can select

families that might best parent the child. Whenever possible, more than one family should be selected for consideration.

The following lists document the second step in the assessment of three potential adoptive families for Cindy: Robert and Elizabeth Clarke, James and Betty Chambers, and Marjorie Marks. (Initial assessment information about these families was presented in Section XI-A, "Identifying and Preparing Adoptive Families for Children with Special Needs.")

Robert and Elizabeth Clarke

Strengths	Possible Limitations
Two-parent family	Work long hours
Stable income	No parenting experience
Can meet child's cultural needs	Unrealistic expectations for adoption
In a good school system	Little flexibility in work schedules
Room for child in home	Limited free time
Family can provide good education	Little support from outside family
Mother has nursing background	Dad may not be strongly motivated to adopt
Mother very interested in art	Crisis resilience not tested
No children in home to compete	Have not considered impact of adoption

James and Betty Chambers

Strengths	Possible Limitations
Two-parent family	Hectic family schedule
Stable income	Limited free or uncommitted time
Can meet child's cultural needs	Not knowledgeable about adoption
Successful parenting experiences	Adopted child older than oldest biological child

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

Advocates for children's needs	Possible unrealistic expectations for child
Have faced adversity in past	Limited experience with special needs child
Strong links in community	

Marjorie Marks

Strengths   Possible Limitations

Parenting experience   Limited income, small living space

Established support systems   Single parent with responsibility for

in extended family   another child and grandmother

Has advocated for child in   Close age between girls, may lead to

school   competitiveness

"Hands on" parent   Risk of being overwhelmed financially

Uses community resources   and emotionally

All family members highly

motivated to adopt

Strong parent figure in Mrs.

Stokes; extensive parenting

experience

Family has planned and is well

prepared for adoption

Parent's need for nurturance met

by other child

Mother enjoys activities with

Patrice, including crafts

Can meet child's cultural needs

Based on the limited information we have about these three families, Marjorie

Marks appears better suited to adopt Cindy than either the Clarke family or the

Chambers family. The Clarkes' hectic, career-focused lifestyle currently leaves

little room to parent an eight year old with special needs. They would need to

make significant changes in their lifestyle to accommodate Cindy. The

Chambers family could potentially be developed to provide a home for Cindy,

with continued self-assessment, training, and preparation. They might do better,

however, with a younger child who had fewer special needs, and who would be

a middle or younger child to their biological children. While Ms. Marks has

many strengths, she and the worker should further consider Cindy's specific

problems and needs before making a final decision about placement.

The "Presentation" Meeting

Once a prospective family has been selected for a child, the worker must begin to share

information about the child with the applicant family. A formal "presentation meeting"

should be scheduled. The participants should include the adoptive applicant family,

their assessment worker, the child's caseworker, the child's current caregiver, and

where appropriate, members of the child's biological or extended family. This initial

"presentation meeting" serves several purposes, including:

- The family is provided with extensive background information about the
  child, and is helped to consider the implications for the child's future
  behavior and needs.

From Rycus, J.S. & Hughes, R.C. (1998). *Field Guide to Child Welfare.* All Rights Reserved.

- The family is familiarized with the child's needs by reviewing the Placement Trail, the Asset/Debit Sheet, and the Prediction Narrative.

- The family views photographs, and whenever possible, videotapes of the child.

- The prospective family is given the opportunity to talk directly with the child's current caseworker and foster or kinship caregivers, and is encouraged to ask questions.

- The family is guided in assessing their own strengths and areas of vulnerability as they relate to the prospective adoptive child.

- The family is asked to consider both the short-term and long-term implications of placement of this child with their family, and to begin to think about the changes that this will bring about in their family.

The prospective parents should never be expected to make an "on the spot" decision about adopting the child.   In fact, many agencies do not permit prospective parents to indicate their interest at the presentation meeting. The parents should be encouraged to take notes during the meeting, and they should be given copies of the Prediction Path materials. They should be asked to review the materials and continue their discussion at home.   The parents should be contacted by the caseworker a few days after the meeting to determine if they want to proceed. If the prospective parents believe that they can successfully adopt the child, a preplacement visitation plan should be

developed. If, however, the family declines to adopt the child, this process is repeated with the other potential families that have been identified for the child.