

Seeing Adoption with Eyes Wide Open

Understanding the Needs of Adopted Children

Design Document for Training Potential Adoptive Parents
About the Special Challenges of an Adopted Child

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Background

Many couples adopt a child with the hopes and dreams that if they love the child enough, that the child will love them back and will have a happy and productive life. However, some children are not able to make that dream come true. How can parents prepare for the disappointments and challenges that come with adopting a child? How can you parents ensure that they have the ability to detect the emotional challenges their adoptive child faces and that they have the inner strength to address those challenges? How can the adoptive families ensure they have the resources in place to support them and their child at the time those resources are needed?

Families who are ill-prepared to adjust to and cope with the special challenges that adopted children present end up either disrupting an adoption process, that is the adoption process ends after the child is placed in an adoptive home but before the adoption is legally finalized, or dissolving the adoption, that is, ending an adoption after it is legal. Multiple studies conducted in the United States are consistent in reporting disruption and dissolution rates that range from about 10 to 25 percent.

Program Description

The training, “Seeing Adoption with Eyes Wide Open”, is intended to educate potential adoptive parents about the special needs of adopted children and to help these parents decide if they are mentally, emotionally and financially prepared to deal with these children. For those parents that are ready to move forward, the training will provide them with the skills and knowledge they need to identify the signs of common mental health disorders associated with adopted children, with a focus on RAD (reactive attachment disorder) and PTSD (Post Traumatic Stress Disorder). The training will also help parents deal with these disorders by introducing them to available resources, both professional and non-professional.

The program will be delivered in three sessions totaling 7.5 hours within three calendar weeks. This document provides a detailed design for the first 2.5 hour session.

Project Number

IND12-0100 — include the project number in the footer of all deliverables connected to this project.

Budget

\$8,000.00 — this budget accounts for 80 hours of ID time including two drafts and a final version of all program materials. Any additional time will result in a budget increase.

Project Development Begin and End Dates

Project development begins January 7 with a scheduled completion date of February 28.

Project Sponsors

Cheryl Millman, adoptive parent, Instructional Designer, Special Educational Advocate

Target Audience

This program is intended for both primary and secondary audiences. The primary audience is pre-adoptive parents, that is parents who have made the decision to adopt and may be anywhere on the pre-adoption continuum. The secondary audience is post-adoptive parents who are realizing that their child has mental health issues for which they were not prepared to manage and are not sure where to turn to for help. Note, “participants” and “learners” may be used to refer to both primary and secondary audiences.

The pre-adoptive parent(s) are married or single adults who are seriously considering adopting a child either domestically or internationally. The prospective adoptive child will be four years old or older. The participants may have biological children but do not have other adopted children.

These participants may have researched varying aspects of adoption, such as adoption costs, adoption requirements, adoption timelines, child availability, in-country adoption requirements, the adoption process and may have spent time talking with other adoptive parents. They likely have not researched the

emotional challenges associated with adopted children even though their social worker has most likely presented some of the challenges associated with adoption.

Their friends are supportive and excited for them. Their immediate family is not as supportive as their friends. Family members may view adoption as “taking on problems that they don’t need” or may view the adopted child “as damaged” and therefore may not fully support the adoption.

The secondary target audience is comprised of parents who have an adopted child in their family and are struggling with the challenges their child presents. The challenges are behavioral and may range from “white lie” telling and stealing to outbursts of uncontrollable anger, attempting or causing physical harm to a family member or themselves, inappropriate sexual behavior, or anything in-between.

These parents have tried using traditional parenting methods but the child’s behavior seems to only worsen. The parents are finding the child’s behavior is negatively impacting the family structure and they do not know where to turn. They may feel like they have failed as parents and have failed the child.

Demographics

These adults are generally middle and upper middle class, and college educated, some with advanced degrees. The audience will include men and women, both homosexual and heterosexual couples and singles. The age range will generally be between 30 and 50. At least one parent will work. If the person is single, he or she most likely works.

They may be from varying ethnic backgrounds and cultures. However, English will be their primary language. The audience can be very diverse.

Attitudes

Parents are excited about the idea of adoption. Since the training content will focus on the emotional challenges associated with adopted children, as opposed to the “happy ending stories”, these adoptive parents will likely view the content applicable to other adopted families, but not to themselves. They may

be required to attend the training by either their adoption agency or social worker; therefore, they may be less receptive to the information. Adults who are attending due to their desire to be enlightened about the possible challenges associated with adopted children will be more open to the training and more open to active participation than those required to attend.

Parents may be feeling overwhelmed by the legal requirements to move the adoption forward or frustrated by the process. However, their focus and mental energy is on creating their new family and how much joy the child will bring.

Parents who have an adopted child may be feeling overwhelmed by the challenges they face day-to-day with their child. They may feel defeated and lost realizing that the “dream of their new family” is far removed from the reality of their daily lives.

Learning Preferences

The parents are more interested in open discussion and sharing of information. They would prefer not to have to “read” mounds of documentation or research materials as this can be very time consuming. They would like to share stories and experiences and would like specific tips and techniques for dealing with the “what ifs”. However, they do prefer to have printed materials available for post training research, reference and further enlightenment.

Technology Capabilities/Parameters

The attendees all have access to and are comfortable using a computer. It is also expected that the participants can use search engines, such as Internet Explorer and Safari to complete searches for resources; however they may not be familiar with Web 2.0 tools. Given clear and simple instructions, attendees will be able to use tools such as GoToMeeting, Voice Thread, and Wiki pages.

Any technology tools that attendees are expected to use during the life of this program must be publicly available.

Learning Context

The content for this program will be delivered in a neutral, private environment such as a small hotel's meeting room or a town library. The room will be large enough to accommodate the families yet small enough to allow the families to create a sense of intimacy and connectedness.

The room will be arranged in a fan-type setting to allow the participants to collaborate and discuss content in small groups. The setting will also allow participants to easily see both the presenter and guest speakers and a video screen without having to rearrange chairs.

The training will be offered within the continental U.S. For parents adopting a child from a non-Hague country, the training will be suggested to the parents by their adoption agency or social worker (that is, the training is not-required). For Hague countries, the training will be required by the adoption agency and the child's country of birth.

Pre-Requisites and Pre-Work:

Prior to attending this training, it is expected that all participants have the knowledge and information necessary to complete an adoption. They have a full understanding of the steps and procedures they must complete. The participants also have a full understanding of post-adoption requirements, such as post-placement home studies requirements, medical follow-ups. For parents adopting internationally, these parents have a full understanding of the steps and procedures necessary to complete a re-adoption, how to obtain the child's certificate of citizenship and a US passport.

All participants must speak English.

Program Goals and Learning Objectives:

Program Goal

Based on the experiences shared by adoptive parents, social workers, psychologists, and any adoption related research done by the pre-adoptive (participants), the “participants” will be able to evaluate their ability to integrate into their family and to parent an adopted child who may have special needs. This evaluation will be based the emotional challenges these children present, and the emotional support, financial obligations, and time burden these children typically require.

Learning Objectives and Assessments

For adoptive parents to assess their ability to parent adopted children who suffer from RAD and/or PTSD it is imperative that they can identify the baseline behaviors associated with these mental illnesses and the types of support (both professional and non-professional) they may need for themselves and the child. It is also important that parents are exposed to the behaviors associated with RAD and PTSD so they can adjust their mental images of adoption.

All assessment will be done during the face-to-face sessions.

- **Objective:** Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), participants will verbally state and describe at least 5 behaviors that are associated with RAD and 5 behaviors that are associated with PTSD.

Assessment: Review the histories of three children that have been diagnosed as either RAD and/or PTSD then verbally list and describe a minimum of five behaviors that are medically recognized (as described in the DSM IV-TR) as symptoms of RAD and/or PTSD.

- Given the history of a child who has suffered abuse and neglect in early childhood, parents will describe (verbally) how this abuse may affect cause and effect thinking. Parents must provide at least three examples of the child's behavior and verbally describe the child's inability to see the effect of that behavior.

Assessment: Review the history of a given child and describe (verbally) three negative behaviors that early neglect may have had on the child's ability to link his or her current behavior impacts future events (cause and effect).

- Given a child that exhibits unacceptable behavior that is negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least four behaviors and describe how they might respond to these behaviors) the direct responses/reactions of the parents/ family members of to those behaviors.

Assessment: Listen to stories of families of adopted children and the difficulties these families have had with the adopted child. Parents create a written list of at least four of the child's RAD/PTSD personality characteristics parents believe caused those behaviors and then describe how they might respond to the child if they were the parent.

- After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day to day lives and then share their emotional reaction to the situation presented in the case study.

Assessment: Read these families' stories, and then describe (verbally) a child's behavior that impacted the family in a negative way. In the verbalization include a description of the child's behavior and the family's reaction. Parents express (verbally) their emotional reaction to the child's behavior, the family's reaction and what they think they would do given the same situation. Participant's compare their emotions about adoption based on the how they felt before and then after reviewing the case studies.

- Before an adoptive child joins the family, the pre-adoptive parents will jointly create a written list of 10 professional resources (such as psychologists, psychiatrists, social workers, school advocates), and 10 non-professional resources (such as other adoptive parents, support groups, religious figures, understanding friends) they can contact should their child behaviors become unmanageable or there is a need for respite from the child.

Assessment: At the end of the program, participants create a list of 10 professional support persons (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional persons they can call should the need arise (including at least one set of adoptive parents, a support group, a children's camp that caters to children diagnosed with RAD/PTSD, and friends).

- Given a child with special needs (medical, emotional and/or social), identify (create a written list) services the child may require and their associated estimated costs. Based on these estimated costs determine if your family (calculated costs against income) is able to financially provide all of these services.

Assessment: Based on the list of anticipated services your child may require, estimate the costs of these services then select (highlight on the list) which services participants can afford.

Content Outline/Treatment

Session 1: Challenges of the Adopted Child					
Topic Title	Duration	Content	Treatment/Supporting Materials	Activity	Tools
<p>Objective: Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), participants will verbally state and describe at least 5 behaviors that are associated with RAD and 5 behaviors that are associated with PTSD.</p> <p>Assessment: Review the histories of three children that have been diagnosed as either RAD and/or PTSD then verbally list and describe a minimum of five behaviors that are medically recognized (as described in the DSM IV-TR) as symptoms of RAD and/or PTSD.</p>					
<p>Objective: After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day to day lives and then share their emotional reaction to the situation presented in the case study.</p> <p>Assessment: Read these families' stories, and then describe (verbally) a child's behavior that impacted the family in a negative way. In the verbalization include a description of the child's behavior and the family's reaction. Parents express (verbally) their emotional reaction to the child's behavior, the family's reaction and what they think they would do given the same situation. Participant's compare their emotions about adoption based on the how they felt before and then after reviewing the case studies.</p>					
Getting to know you	45 minutes	<ul style="list-style-type: none"> Facilitator introduces the session, briefly describes the objectives and then builds common ground between herself and among the parents by sharing her connection to adoption Facilitator initiates activity where each participant introduces himself, share his story Ice-Breaker activity: Facilitator tapes three flip chart pages around the room. Each flip chart page has its own title: Adopted Child, New Family, and Fears Associated with Adoption. Each person writes a single word on a sticky note that describes how they feel or what they envision when they 	<p>Power Point Slides</p> <p>None</p> <p>None</p>	<p>Presentation</p> <p>Discussion</p> <p>Interactivity</p>	<p>Sticky notes and flip chart pages, tape</p>

Session 1: Challenges of the Adopted Child

Topic Title	Duration	Content	Treatment/Supporting Materials	Activity	Tools
		<p>think of each of the categories. The parent then places her sticky notes on the pages (at least one sticky note for each category)</p> <ul style="list-style-type: none"> Facilitator debriefs by talking about the words on the sticky notes to get a sense of how people feel and their vision of their adoptions 	None	Reflection	None
When Adoption Isn't Happy	55 minutes	<ul style="list-style-type: none"> Facilitator discusses that some children thrive when adopted and some struggle Facilitator provides background information on the video "When Adoption isn't Happy" Facilitator shows the video and asks parents to make notes on their sticky note pads about what they find troubling about the child in the video, and characteristics of the child that they did and did not expect to see 	<p>Discussion/ Facilitator uses a sponge and water to show how some "children absorb" love. Facilitator then uses a sieve and water to show how some children cannot.</p> <p>None</p> <p>Video</p>	<p>Demonstration</p> <p>Presentation</p> <p>Watch Video</p>	<p>Water, sponge and sieve</p> <p>Sticky notes</p>

Session 1: Challenges of the Adopted Child

Topic Title	Duration	Content	Treatment/Supporting Materials	Activity	Tools
		<ul style="list-style-type: none"> • Debrief video: <ul style="list-style-type: none"> • Ask parents to share their reactions to the video • Ask parents to place their sticky notes on the flip chart sheets – matching as best they can to the three categories • Review the sticky notes • Compare how many are different and how many are similar • Are there more notes under fears? 		Reflection and discussion	Flip Chart
	15	BREAK			
Disruption/Disso lution	10 minutes	<ul style="list-style-type: none"> • Facilitator asks for volunteers to define disruption and dissolution • Facilitator adds to the definition • Ask participants to provide reasons they think lead 	Slides Note responses on flip chart	Discussion	Flip Chart

Session 1: Challenges of the Adopted Child

Topic Title	Duration	Content	Treatment/Supporting Materials	Activity	Tools
Attachment	40 minutes	<ul style="list-style-type: none"> • Facilitator opens discussion by asking participants the following questions: <ul style="list-style-type: none"> • What does attachment mean? • What does it feel like when two people attach? • How do you know when you are attached to someone? • When does the process begin? • Facilitator describes attachment and RAD and the SDM-IV diagnosis criteria and definition • Facilitator asks participants to identify behaviors associated with RAD • Debrief: Facilitator asks parents summarize key points 	<p>Note responses on flip chart</p> <p>Power Point Slides</p> <p>Power Point Slides</p>	<p>Discussion</p> <p>Presentation</p> <p>Discussion</p>	<p>Flip Chart</p>
Close	15 minutes	<ul style="list-style-type: none"> • Facilitator ask participants to present key points and to summarize what they learned in the session • Facilitator verifies participants list with her summary list • Explain self-directed activities in preparation for the next session <ul style="list-style-type: none"> • Research RAD (at a minimum participants must use the DSM IV definition) and then post their RAD research finding on class Wiki include any research links in their postings • Review the case studies “Dima, Tabatha, and Ian” and identify the 	<p>Note responses on flip chart</p> <p>Power Point slides</p>	<p>Discussion</p> <p>Presentation</p>	<p>Flip Chart</p> <p>Internet Search Tools</p> <p>Wikispaces (site to be set up)</p> <p>Case Studies (see</p>

Session 1: Challenges of the Adopted Child

Topic Title	Duration	Content	Treatment/Supporting Materials	Activity	Tools
		<p>RAD behaviors, suggest strategies for dealing with the child</p> <ul style="list-style-type: none"> • Participants create a blog at and post their suggested parenting strategies for each child. Each person must review at least two other blogs, post comments on the blogs, and come prepared to discuss and comment on what they read. • Participants must start a journal (paper or digital) for reflecting on their emotions about adoption based on the how they felt before and after reviewing the case studies and attending class • Research resources and begin to populate resources lists. Add resources to the class Wiki • Explain that at the next session there will be two panelists including a social worker and a therapist. These specialists will share information about the types of behaviors they see in adopted children and how they can impact the family. • The next session will begin the discussions around the types of resources that are available to adoptive families. 			<p>Appendix)</p> <p>Blogger.com</p> <p>Journal</p> <p>Resource Lists (See Appendix)/Wiki</p>

Total Time: 3 Hours

APPENDIX

Appendix A

Starter Resource Lists

The following is a list a starter list of resources potential adoptive parents may want to have available.

Adoptive Parents I can call at any time (minimum 5 names)		
1. Sally Jones Bob Jones Springfield, Ma	978-555-5555 (home) 978-555-6666 (cell)	Adopted son, Adam, domestic adoption, age 10
2.		
3.		
4.		
5.		

Medical Resources	
1. Psychologist	978-555-5555
2. Psychiatrist	978-555-5555
3. Pediatric Neuropsychologist	978-555-5555
4. Social Worker	978-555-5555
5.	
6.	

Starter Resource Lists - Continued

Intervention Resources		
1. Summit Camp and Travel Parsippany, NJ	800-323-9908	http://www.summitcamp.com/
2. Summit Achievement Stowe, Maine	603-733-6723	http://www.summitachievement.com/
3. Health and Human Services Intervention	978-921-1293	http://www.hes-inc.org/contact.htm
4. Child In Need of Services (CHINS)		http://www.masslegalhelp.org/children-and-families/chins
5. Attachment Institute of New England Worcester, Ma	508-799-2663	http://www.attachmentnewengland.com/
6. CHILD & FAMILY SERVICES	508-996-8572	http://www.child-familyservices.org/index.html
7.		

Starter Resource Lists - Continued

Publications	
1. Can this Child Be Saved	Foster W. Cline Cathy Holding
2. When Love is Not Enough	Nancy L. Thomas
3. Fostering Change	Richard Delaney
4. Troubled Transplants	Richard Delaney Frank Kunstal
5.	
6.	
7.	
8.	

Starter Resource Lists - Continued

Websites	
1. Dyadic Development Psychotherapy	http://www.danielhughes.org/
2. ATTACH	http://www.attach.org/
3. International Adoption Stories	http://www.internationaladoptionstories.com/rad.htm
4. Articles related to RAD	http://www.suite101.com/reference/reactive_attachment_disorder
5. Adopting High Risk Children	http://www.adoption-research.org/risks.html
6. Adoptive Families	http://www.adoptivefamilies.com/support_group.php
7. Love and Logic (Foster Cline)	http://www.loveandlogic.com/
8.	
9.	
10.	

Appendix B

Case Studies

Dima

Lisa and Mike adopted Dima, a seven year old from Russia. He was cute and caring and a bed wetter. His parents researched how to handle his enuresis and followed the advice they were given. However, Dima's bed-wetting continued, and over time, this behavior escalated: he continued to bed wet, would throw his soiled underwear in a drawer with clean clothes, lie about his bed-wetting, etc. He started to exhibit other "intolerable" behaviors including stealing and lying. No matter how hard his parents tried, denying him the things he liked to do, talking with him to uncover the reasons behind his behaviors, teaching the differences between right and wrong. Nothing worked and his impact on the family became more and more disruptive. After three years, Dima's adoption was dissolved.

Tabatha

Tabatha was a resistant, oppositional ten-year old adopted girl with a sad history of multiple losses, abandonment, and neglect. In her adoptive home, Tabatha was doing poorly. After twelve months in the adoptive home, Tabatha's parents were finding her oftentimes too unpleasant, distant and passive-aggressive. Though her parents could not pinpoint any single remarkable problem, Tabatha was experienced as totally unrewarding, emotionally draining and immature. The adoptive mother, in a moment of frustration, stated "She is driving us crazy with her stubbornness, and her refusal to grow up... she will not pick up after herself, she still battles with us over what to wear, and she acts as if she can't do anything for herself.. She is draining us dry... You just want to ask her 'Why don't you act your age?'"

Ian

Ian is a 14-year-old adoptee. He was removed from his mother's care when he was 4. Ian is filled with rage, is extremely insecure and very moody. From one day to the next, his parents never know what might set him off. When he recedes to the "dark place" Ian isolates himself, refuses to go to school and has at times raged at his parents. During his latest episode, he locked himself in his room and after an angry exchange with his parents; he tossed items from his room down the stairs into the kitchen, including clothes, electronics, family photos, and stuffed animals. When asked to pick them up, Ian out right refused. Ian has been described as oppositional, argumentative, angry, and a loner. However, when he is in a good place, his parents describe him as affectionate, caring, engaging and funny. Ian has been diagnosed as mentally ill and suffers from severe mood swings, severe depression, and has severe attachment disorder and severe Post Traumatic Stress Disorder.