

Moving Between Families—Impacts and Ways to Help

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Children moved abruptly without careful transition may think that they were moved because

- they were bad,
- they were angry with people who retaliated,
- they were rejected or were not liked by their parents,
- they were rejected in favor of another person,
- they were too much trouble,
- they did not protest the move,
- they were someone's sexual partner and were later banished,
- they misbehaved to the extent that no one could stand to live with them,
- they told a secret that caused the parent to get into trouble,
- they did not take good enough care of a parent or sibling,
- they are the kind of person who brings trouble to families.

Sometimes they have made the correct assumption, but have not placed it into a healthy context. For example, they were moved because they told a secret, but it was a secret that should have been told! The problem was not the secret, but the illegal activity. Sometimes they are simply looking at life events through the lens of childhood and the scope of their own developmental stage.

One 8-year-old said, "My aunt told them that she was sick of me calling her mean names, fighting her, and the screaming in the night. She was done. She told them that she was leaving me with a worker that day. And she did. I cried and cried but she did not change her mind. She told me that it was my own fault. She was not taking me with her. I was not her boy."

Interestingly, he was just 4 years old at the time, but he remembered his aunt's words and his feelings clearly. It took a long time before he had the increased mental abilities and wanted to work through this information. Placement discussion should include the following explanations:

- You are valuable.
- It is against the law for people to mistreat children. When this occurs, society values children enough that the judge has to make a decision to keep you safer. This did not happen to you as a punishment. You are not being rejected just because a family does not meet your needs.
- Your parents loved you and wanted to raise you. They could not, so this plan has been made for you.
- It is painful to lose people in your life. We will help you with care and support during this sad period.

- Children act out when they are scared and angry. That is a result of the maltreatment, not who you are.

Some of these reasons cannot be worked through right away. Children must become older and capable of working on issues in therapy and at home. Specific, factual information helps children determine the accurate reasons why things occurred. Equally importantly, as time goes on, they develop reasons that are more complex. This is a typical example from a child in late elementary school.

“I think that my birthmother just can’t stay away from drugs. She did not want a bad life for me and she did love me. She has tried to stop the drugs five times. She keeps going back to all that drug stuff. I feel sorry for her. I know that she has missed out on my life. None of her children live with her. But I just can’t wait around for her, like, ‘I wonder if she’s going to take me back or not?’ I needed a family that treated me like I was worth something! Like my parents treat me. I’m a regular kid. I wonder what happened to her to get her started on drugs?”

Move Children with Emotional Preparation and Respect

Why do children need to be moved so carefully? Hasty and insensitive moves have terrible repercussions, including:

- Children lose the people to whom they are attached. They decide not to risk other attachments.
- Children learn that people are replaceable.
- Children are afraid all of the time. They believe that their worlds can be changed at any moment.
- Children learn that their feelings don’t matter. No one really cares how they feel about leaving the home and people they love. They are not worth much.
- Children decide that adults do not have children’s best interests in mind. They will control adults as much as possible.
- Children decide that they need to either be in charge all of the time or just give up.
- Children lose a sense of who they are. Their identity formation is interrupted. They are easily manipulated by others. They struggle to choose life patterns that fit well, careers, and life partners because they do not have enough sense of self to make these choices.

A respectful move shows children that:

- There is some predictability in their worlds. The move takes place for a reason that, with help, they can understand and process.
- The people they value also value them. Their new parents care about the pain of moving and will comfort them when they grieve.
- Adoptive parents are willing to get to know them. They are not asking the child to simply change to meet their expectations.
- They will not be moved abruptly and without warning. They can relax instead of guarding themselves.
- Adults who know them well will be there and help them grieve. They can receive comfort and help during these and other hard times.
- Their feelings matter. They matter.
- They are important enough that people will arrange their life events around them.
- They do not have to control everything or use learned helplessness as defenses.

Children who are allowed time to spend processing the move, and the meaning of the move to their identities, do not have a shocked reaction.

One agency was particular about avoiding a move in December. The caseworker argued that she did not want the brothers to associate the move with the holidays. While her concern showed that she was well-meaning, she designed a move after Christmas that was too fast and therefore extremely shocking to the boys.

She told the boys that they were moving in the morning, and arranged the first visit with the prospective adoptive parents in the therapist's office that evening. The prospective adoptive father complained, "What a way to guarantee that they won't like us! Couldn't we just slow this down?"

But the decision about transfer had already been given to the foster parents. They did not like one boy very well, and liked the other quite well. In their confusion over their feelings of how to say goodbye to both, they came up with this schedule. The foster parents also felt that they could enjoy an out-of-town trip. They wanted to do the transfer because it gave them a nice car trip with some expenses paid for, with time to talk to their children about the changes in their family. The foster parents felt that it would help their own children to see these two children in a new family. They were good people, but made the decision based on their understanding of their own family circumstances.

The caseworkers saw the decision as a stress-free and quick transfer of two difficult children. On the side they mentioned that they did not want to give the foster-adopt parents enough time to change their minds. They agreed that they had other children to place. Let the adoption unit in another area supervise this placement.

The move schedule was accomplished within three visits, including the transfer, none within the foster home. This schedule was rigid and insensitive not only to the attachment needs of the children moving, but also for the children in the foster and adoptive homes. The next six months were hellacious for the adoptive family. The move was traumatic, and caused traumatic stress triggers. The trauma had nothing to do with the holiday itself, but rather the schedule. The case worker simply substituted New Year's as the new trigger.

Children who are moved gradually do not have traumatic stress triggers of the move like the holiday symbols. Instead, they gradually work through the grief process.

A recent study by Harvard University and the Casey Family Institute reported that over half of the children in foster care leave with an anxiety disorder. They have twice the rate of traumatic stress as compared to Vietnam veterans (2006). Obviously, treating children with more sensitivity, predictability, and respect during moves can be phenomenally beneficial. In therapy, children reference sudden moves as among their most difficult problems when working through grief and shock. Children describe sudden moves as equally or even more traumatizing than being sexually abused. Moves that are done abruptly, and especially those that include trauma, lead to pathological or complicated grief.

Pathological grief

Complicated grief, or trauma-contaminated grief, is a byproduct of sudden moves. Some of these traumatic, quick moves are unavoidable, as in the case of removing a child from a dangerous situation. However, there are many, many more moves than those justified by true crises in foster care.

Pathological grief versus normal grief

One of the hallmarks of a grief reaction that has gone awry is a refusal to accept the reality of the loss, or to process information about the loss. The child avoids the loss, or acts completely overwhelmed when faced with an unavoidable reminder. Children often display rigid denial. They will typically insist that they are going back to former homes, or that they do not care about people lost in moves. The following guide, informed by the work of Mardi Horowitz, details the typical stages of the grief process as compared to atypical stages that are predictive of complicated or pathological grief (Horowitz, 1993).

Normally, the first stage of the grief process is outcry or a vigorous “no!” An abnormal beginning response is panic or dissociation. Children who either dissociate or become panic stricken with the loss of the parent are marked as high-risk.

Children who are mute during the separation often report internal screaming. They may later fantasize about having said, “No!” and somehow preventing the separation. Sometimes they seem to be saying “No!” incessantly as if to make up for the missing “No!” Children will often say that they were scared silent.

Denial is the typical second stage of grief. In pathological grief, the child/teen will instead report feeling dead or numb. Teenagers may use drugs or promiscuity as to escape the feeling of “being dead.” Younger children may look frenzied, and run around in a state of frenetic over-activity. They seem like they have attention deficit disorder with hyperactivity. Then they may swing into looking completely detached and shut-down. This numb state’s uniquely uncomfortable feeling should not be underemphasized. It is one of the leading symptoms for which people request help and relief for posttraumatic stress disorder pharmacologically (Friedman, 1997).

Intrusive and emotion-evoking feelings are common in the third stage of grief. The individual does not flood with negative images, however, in pathological grief they do (Horowitz, 1993).

Children report that the last view of the parent prior to removal is the image that floods into their minds. The last traumatic moment is the evoked image, which is not comforting (Pynoos, 1997). The last image is often one in which the parent or caregiver is angry, crying, getting arrested by police, etc. Children cannot seem to think of the parent, or hold onto the parent emotionally, without encountering the emotionally overwhelming last image.

In typical grieving, the individual gradually works through the information about the loss and its significance to their identity. In pathological grief, children integrate the loss into their sense of self. They are enraged, guilty, and feel responsible. They feel shame for being helpless during the separation, shame for being left and asked to go on alone, and the shame of rejection. “I was not worth enough for her to make the choices that would have prevented the separation,” they think. These choices may have been successful treatment for drug and alcohol abuse, leaving an abusive relationship, and so forth.

Typical grief stages include the completion of mourning. Reminiscing about the loss is not overwhelming, but rather an enjoyable way of holding onto the memory of the lost parent. In pathological grief, there is no completion and children continually mourn. They remain highly reactive to reminders of their loss. Their negative emotions remain intense rather than decreasing over time. They cannot enjoy reminiscing, since they become so overwhelmed by the feelings evoked by the lost parent. Adults and children say things like, “It was years ago, but it feels just as awful, like it happened today.”

This is an ominous and accurate list, and stages of pathological grief explain why children do poorly after undergoing placements done by workers who are poorly trained or looking for convenience. Children stop processing the feelings and information about the move. They cannot take advantage of the emotional support of adults, since the adults are all strangers. Children move in a shock stage which leaves them with diminished abilities to attach to new people or to grieve the loss of loved ones.

There are alternatives to accumulating successive damages from moving. The simplest and most effective technique involves asking adults, who are competent enough to support children’s grieving and processing, to

devote time and compassion to the child. Adults who know and relate to children in a caring manner act as adjuncts to children's stress regulation systems. Children who have close contact with an adult can "borrow from" or regulate to that caring adult in order to organize facts and feelings about the moves--and about themselves. The relationships between caring adults and children requires time and planning. But, drastically improved outcomes can be as simple as spending three more weeks with a foster parent, or an extra month while children remain with their familiar therapist. Caseworkers need to coordinate with the important adults in a child's life.

Move children in a healthy fashion—time frames and essential risks

This section is written as a model of the best practices social workers and parents can aspire to, moving children with as little damage as possible. Those who have read or heard Vera Fahlberg, MD, speak will recognize her insights in this section.

Everyone working with foster and adoptive families has horror stories about the shocking moves that children have endured. These moves were accomplished by well-meaning people who used their best judgment. Unfortunately, sometimes they used judgment that was devoid of accurate information on child development and loss.

Carefully defining the essential needs for children, *tailored to each development level*, is a crucial part of successful moves. Focusing on accomplishing the essentials when moving children means paying careful attention to:

- Maintaining children's identities and areas of mastery.
- Transferring attachments from one caregiver to another as much as possible.
- Maintaining attachments to family members, and especially siblings.
- Moving children with as little shock and trauma as possible.
- Helping them calm down and achieve predictability in their new homes as quickly as possible.

In order to accomplish the objectives above, all moves should abide by the following standards:

1. Allow children enough time to actually process the information about the move.

A key concept in moving children lies in understanding that the move usually means that the child will lose their attachment figures, or psychological parents. Children require time to process the reality of the loss and then assimilate the facts and concepts around the loss into their life story. This processing explains why children always need time to process the loss, regardless of how carefully the "why" behind the move is explained.

2. With the exception of an extreme emergency, do not move children two years of age and over with less than a two-week transitioning period. Allow for three or four weeks of transitioning time for children who are in the elementary years and up. (Infant time frames are listed separately in the following schedules.)

Often children are moved so quickly that they go into a shocked phase. If they are not given time to process the move, they will be in such a shock state that they will not understand or process facts or concepts about the move. And, it is not possible for children who are in shock and denial to form a smooth attachment to a new psychological parent, or attachment figure. They do not even have the facts straight, so they cannot understand what is happening and what it means to them.

Children who are moved correctly actually feel their grief when they move—but they do not feel overwhelmingly anxious, shocked, or frightened. They can use the emotional connections made with their

adoptive parents during the transitioning process to reduce their stress, fear, and grief if they are moved with even a minimal two-week transition period.

Discuss the move with children

Explaining moves to children in an accurate and sensitive manner is a critical task for caseworkers. Sometimes the task can be taken on or shared by a therapist who has a relationship with the child.

For children ages 3 through 11, I like to create booklets about the move tailored specifically to the child's needs. Caseworkers can take photographs for the booklet or draw pictures with the child. Children are encouraged to draw and write in the booklet with their therapist or caseworker. I let children help dictate words, and then I read the booklet back to them. The words are written down so that the children can keep track of the ideas that we are discussing. They have a sense of the dignity about the process of moving when we record what we are discussing.

A typical booklet for a move into a foster-adopt or adoptive home is formatted like this:

Page 1: The child's picture is on page one, with a caption like: Emma says, "goodbye-goodbye" and "hello" to families.

Page 2: The second page has a picture of the home she has been in and the people there. This might be the foster home or the kinship home. The caseworker says that she has done a great job loving those people, but that it is an in-between home. They love her and it would be great if they could adopt her. Often a child will ask, "Why don't they?" Simply put the answer into realistic terms, explaining the age of parents, families who see themselves as short-term, and so forth. Explain that this is not a permanent family.

Let the child express and feel the pain of moving away from her family. Console her, and do not move away from the child's grief too quickly. Write the child's feelings down.

Page 3: On page three, write in things that the child has loved about the family and will miss.

Page 4: Put a picture of the adoptive family on page four. Express that, while we understand that she may not want to move, this family is not a short-term family. This family is the one who wants to adopt her. Help her express some of the things in a family that are important to her. List things with her that she would like to tell the family or let them know about her. Those might be: I like to collect bugs. I am a great soccer player. I know all of my math facts and got a prize. I don't like to wear belts. I like to get a nice snuggle in the mornings before breakfast.

Page 5: Write down her concerns about the new family on page five. Be certain to cover concrete essentials like: When do they eat? Who takes care of you when you are sick or scared in the night? What happens to you when you get into trouble? What do these people know about me? What happens if you have a toileting accident?

Tell the child who has been abused that the parents know that some sad and scary things have happened to her. They are sorry that those things have happened, but they are excited about adopting her. Be certain to include that this child also has some positive relationships that she may want to remember.

Page 6: Make a calendar of the days left until the child moves on page six. Write down things that will happen before and during the transition plan. Be certain to write down things like:

- saying goodbye to his teacher or coach,
- going swimming one more time with his friends,
- introducing his new parents at his Sunday School class,

- taking pictures of his room, special outdoor place, playing with friends, foster brothers and sisters and cousins,
- getting addresses to send prints of the pictures,
- setting up times for next visits with important people in his life,
- deciding where his possessions will go in his new room and home.

Some of these pictures and descriptors make great additions to the child's lifebook. The lifebook is an interactive piece of work, as the interactions assist children in processing their thoughts and feelings. It helps them feel more in-control in a positive manner. It builds and shares his identity with others as well as helps him to understand himself. It encourages self-reflection and expression of his feelings and thoughts.

When this booklet is completed, the child and caseworker can share it with the foster and adoptive parents. As the caseworker is sharing, the child will tend to want to add to the story, or tell a little more of what she was thinking about. In this way, the parents can easily come alongside their child emotionally. The lifebook is a tool that builds toward a sensitive start.

Another template that is helpful in discussing moves with children is the Life EcoMap by Vera Fahlberg (*A Child's Journey through Placement*, 1992). This helps them discuss where they are in their lives and determine and discuss the events that are causative. Some older children, especially 10 and up, do well with the guided book, *Filling in the Blanks* (Gabel, 1988). This book helps children process the reasons why they need a family and how a family functions. More visually oriented children may enjoy using the relevant pages from *Here I Am: A Lifebook Kit for Children with Developmental Disabilities* (Schoen, 1985). This book has good pictures, particularly those captioned "When I had to leave, When I was born... who was there?" All these materials assist children with the task of processing the parts of their lives, with feelings, into a coherent life narrative. There are particular issues concerning a move that are specific to each developmental level. Children may lack the abilities to discuss some of these issues at the age of their move. However, they will undoubtedly emerge, and should be discussed, when children have more support and cognitive ability. An example is the case of William, who is 8 years old.

William came into therapy with oppositional issues and attachment problems. He was moved six times between the ages of 2 years and 4½ years. After eight months of successful work, William was much more agreeable, and frequently relaxed beside or turned to his fathers for reassurance or to share his emotions. When I asked William if there were anything that he wanted to talk about that day--anything that bothered him-- he said vehemently, "Yes. Mothers! Why did they treat me so mean and keep giving me away?" William was letting me know that he needed to work on a critical issue common to children moved during the preschool years.

Supporting adults will often have to circle back to work on the damaging issues in moves after children develop the cognition and opportunity to remediate them later in childhood.

Important concepts during any move include reassuring the child that:

- We will keep you safe and will meet your needs for food, comfort, mastery, and companionship.
- Your feelings of grief over losing homes are normal feelings and matter to us.
- You have ties to people who were in your family before this family. Those connections are treasured.
- Your achievements matter.
- Your grief will cause you to feel hopeless sometimes. Families can understand that loss of hope and can support you.
- Your parents loved you. They were not able to meet your needs. (Be specific as to what those needs were, i.e. supervision for the child wandering in parking lots, food for the child who was failure to thrive, safety for the child who was in domestic violence situations.) The plan made by adults is that

you should have a family that can meet your needs. You will always care about your birth family but you have permission to care about and be a member of this family. This family will meet your needs and will love you authentically.

Changes in self-concept with sudden moves.

There are specific damages to the emerging personality when children lose their homes and their attachment figures. Those stages are summarized by developmental stages, as follows:

Phase I: Birth through seven months of life

Infant's needs at this stage include:

1. Parent(s) who are socially responsive—wiring the baby for social and emotional interactions.
2. A buffered, or protective, setting. When the baby's hunger, loneliness, fear, tiredness/overstimulation, or pains are met with effective parent, this helps to reduce these problems.
3. The baby feels that she is safe and that her parents are as well.
4. The baby learns to be curious and playful, by having parents who are able to be engaged and responsive.
5. The baby has parents who can increasingly move the little one into a settled routine over the first few months of life.

Phase I moves done abruptly cause children to

- lose their physiological regulation, since they are still getting much of their regulation from their primary caregiver.
- lose joy and social responsiveness.
- lose progress towards emotional connection and attunement.
- lose attachment-in-the-making, emotional development, and even motor and verbal achievements.
- feel unsafe, anxious, and wary. Their protection is through relationship at this age. Too much is new, not just in the home, but in the caregiver.
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Phase II: seven to eighteen months

This is typically the stage in which an exclusive attachment to a parent is seen. In a safe environment that has continuous care from nurturing caregivers, children feel safe and insulated from danger. By this stage, normally developing babies form a sense of attunement, or a feeling of being “in-synch” between family members and infants. They can easily share the same feelings, or affects. In nurturing contexts infants effectively use parents to help get back into balance.

Babies at this stage need:

- A consistent and nurturing parent who is emotionally available to the little one. Separations of more than a day should be avoided unless they are emergencies.
- A parent who can be patient with the baby's need for proximity during this stage.
- A safe home with parents who are neither frightened nor frightening.
- Parents who can celebrate the baby's movement into more mastery—standing, crawling, and speaking.
- Parents who are “in synch” at least 30% of the time—the definition of the “good enough” parent. That is the percentage that the parents need to aim for when creating an emotionally healthy environment (Fosha, 2004).
- Parents who can stimulate language by speaking with and responding to their babies.
- Parents who continue to provide buffering and soothing, as well as play and social experiences.

Phase II moves done abruptly cause children to:

- Lose their attachments. They have a vulnerability to lifelong fears around attachments, dreading abandonment and feeling anxiety.
- Lose a sense of attunement, or the ability to get on the same wavelength emotionally with others.
- Lose developmental milestones in motor achievements, language development, and exploration of their world.
- Become less socially oriented.
- Feel and look stressed and anxious. Their emerging abilities to handle stress are already taxed.
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Phase III: 18 months to between 30 and 36 months

This is the stage in which most children begin to explore their worlds, moving out with curiosity. They are developing autonomy and a beginning sense of their own identities. They say “no” quite a bit, and love asserting their preferences. In nurturing settings, they can use parents as a secure base from which to explore. They continue to need their parents to help organize their feelings and provide nurturing.

Toddlers think of themselves as good or bad by the end of this stage. Needs for children at this stage are for:

- Close nurturing relationships with parents in order to support increasing exploration.
- Rules, so that children begin the process of learning limits and staying safe.
- Limits and expansion of empathy so that children learn to care and contain aggression.
- New experiences that enhance mastery in play, speech, and social interactions with peers.
- Shared enjoyable activities between parents and children.
- Assistance from adults in building a positive gender, and self-identity as “good” and also as a valuable member of family.
- Opportunities to make choices or to say “no.”
- Ability to retreat to parents or trusted adults when life feels overwhelming.

Phase III moves done abruptly cause children to

- Think that they lost people they loved or homes because they were bad.
- Think that perhaps they said “no” too much, giving a basis in learned helplessness. Or, they may--
- Think that they should have said “no” more. They get locked into oppositional, obstinate behavior. “I don’t want to” becomes the sum of their arguments...even years later.
- Grieve without knowing anyone well enough to support their grieving. They have pathological grief reactions.
- Refuse to attach deeply again.
- Decide that there is something wrong with their gender.
- Lose developmental milestones in all areas.
- Experience anxiety.
- Lose social abilities, may become withdrawn or aggressive.
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Phase IV: 30-36 months through 48-54 months

By this stage, children have formed their beginning sense of self, and most are ready to enter the social world. Compliance usually works well for children who feel that they are in a safe place with caring people.

Children of this age are egocentric. Their world view is “Everything that happens is because of me!” Therefore, they tend to incorporate any trauma into their identities. “I made this happen. I am the kind of person that things like this happen to.”

Gender identity further develops during this stage. Moved children may feel that being a boy or girl is “bad.” Children think in terms of *big* and *little*. Children’s needs at this stage include:

- Nurturing and sensitive parents who can help foster a positive self-identity.

- A simple “what’s different” for traumas that occurred. For example: Scary people are not allowed in our house. We don’t let them in. It’s our rule. Your birth family did not have that rule. I’m sorry that you were scared there.
- Support of children’s exploration.
- Following their lead in play.
- Rules and structure so that children continue the process of learning limits and staying safe.
- Expansion of empathy so that children learn to care, compromise, and contain aggression.
- Experiences that enhance mastery in play, speech, social interactions with peers.
- Shared enjoyable activities between parents and children.
- Assistance from adults in building a positive gender, and self-identity as “good’ and valuable member of family.
- Opportunities to make choices or to say “no.”
- Ability to retreat to parents or trusted adults when life feels overwhelming.

Phase IV moves done abruptly cause children to

- lose their attachments. They will grieve but have no one to support their grieving.
- lose developmental milestones at a time that is especially noticeable with other peers. She feels behind peers socially and cognitively already.
- feel responsible for the choices that were made. “I must have done something wrong.”
- lose a sense of predictability in life. “I don’t know the rules, the structure, or the rituals.”
- feel that big people don’t care, and are not to be trusted. “This happened because I was small and helpless. Therefore, I should control and grow up fast.”
- lose the capacities to join ideas and emotions. The basis for attunement and shared activities has been fractured.
- feel that their choices, feelings, and attachments do not matter. “No one cares and I cannot make a difference in my own life. Nothing works out.”
- feel that adults will not buffer to help him. “I’m on my own.”

Phase V: four and one-half through six and one-half to seven years of age

Children in Phase V increase in identity formation. Typically, they are mastering language, play themes, and are eager for social relationships. They may hope to have a romantic relationship with a parent. Children of this age need a life story that has a “why” in it, but their life stories are quite concrete. They may want to know more about the events that happened pre-adoption in a search for what explains their feelings.

Children at this age need:

- Support for speech and learning skills as they enter an academic setting.
- Continuation of a nurturing, sensitive relationship with parents.
- Safety.
- The ability to retreat to parents or trusted adults when life feels overwhelming.
- A simple “why” for the events that have shaped their lives. For example, “Your birthmother did not have enough money or any food for herself or for you. She knew that we were all ready for a child. That is why she and the judge decided that you should come be our boy. She wanted you to have a family with lots of good food, love, and a warm house.”
- Therapy for trauma that they experienced.
- Help in handling their feeling extremes. (Please see the last half of the book for practical suggestions.)
- Buffering and soothing help when they need to retreat to their parents for a cuddle, comfort, props, or ideas.

- Social experiences that help them to develop peer relationships. These experiences may need to be coached for success.
- Basic chores so that they contribute to the family.
- Structure in going to bed, brushing teeth, etc., along with consequences to maintain this structure.
- Positive statement about their gender, their accomplishments, and their value to the family.
- Help in organizing their life story, social contexts, and increasingly complex worlds.

Phase V moves done abruptly cause children to

- lose their attachments. They will grieve but have no one to support their grieving.
- feel that their contributions to the family were inadequate, or perhaps their family did not like their gender. “I failed. I am a failure.”
- be grandiose and dramatic in the telling and understanding of their life story.
- lose developmental milestones and lose the sense of mastery that is key at this stage.
- feel responsible for the choices that were made. “I must have done something wrong. I am not like my peers. My peers are better.”
- lose a sense of predictability in life. “I am not someone whose efforts pay off.”
- feel that big people don’t care, and are not to be trusted. “This interferes with relationships with authority figures in school.”
- lose the capacities to join ideas and emotions. The basis for attunement and shared activities has been fractured. Their social relationships will suffer.
- feel that their choices, feelings, and attachments do not matter. “No one cares and I cannot make a difference in my own life. Nothing works out.”
- feel that adults have let him down. “Don’t trust others.”

Phase VI: Ages 6 and one-half-8: How am I the same and different as other children? Ages 8-10: Joining in and finding my place

Children entering these stages of development are rigid in defining what is normal and what standards they use for group inclusion. This development causes children to compare their lives to the lives of others. In their rigid self-assessment, they realize that they are different having had to change families. Unless they have had sensitive adults as compassionate helpers in their lives, they may avoid any talk about trauma or other painful topics.

This is an age of mastery and social development: finding one’s place, cooperating with groups, and accomplishing tasks. Needs at these stages are:

- Safe, nurturing homes and parents,
- Experience-rich lives that help them to develop a sense of mastery,
- Academic successes, either with or without accommodations and school support,
- Social successes giving them friends and a fit with their same-aged peers. Social support in the way of social skills groups and/or counseling may need to be given to assist in this development.
- A life story that helps them cope with adoption issues and trauma/neglect issues. It should both give facts and correct any distortions,
- Therapy that helps them to process and de-sensitize to trauma and shame,
- Building of moral, spiritual development, and empathy,
- Structure and discipline in order to move smoothly through the cycle of the day and necessary chores.
- Help in handling feeling or behavioral extremes. Consequences are given to help enforce limits.

Phase V moves done abruptly cause children to

- lose their attachments. They have no one to support their grieving. They do not want to attach again. It is too painful.
- feel that they did not meet their family needs. “I am a reject.”

- be ashamed of their life history, about avoid talking about it. “I don’t fit in. Where is my place?”
- lose developmental milestones and lose mastery and accomplishment.
- feels responsible for the choices that were made. “I must have done something wrong. I am not like my peers. My peers are better.”
- lose a sense of predictability in life. “I am not someone whose efforts pay off.”
- feel that no one cares. “Don’t trust.” This interferes with relationships with adults at school and home.
- lose attunement and intimacy not just with adults, but with friends. Their social relationships will suffer.
- feel that their choices, feelings, and attachments do not matter. “No one cares and I cannot make a difference in my own life. Why bother?”
- feel angry much of the time.

In summary, children moved abruptly without careful transition may think that they were moved because

- they were bad,
- they were angry with people who retaliated,
- they were rejected or were not liked by their parents,
- they were rejected in favor of another person,
- they were too much trouble,
- they did not protest the move,

Healthy moving schedules for infants

An infant moving schedule is short, but not so abrupt that they experience high levels of stress. There is evidence that moving infants abruptly causes a massive disequilibrium in neuroendocrine regulation, with potential for partial long-term effects (Dozier, 2006).

Spend at least seven to ten days moving babies. That way, babies and parents have time to become comfortable with one another. Babies can learn to anticipate that the parents will react in a somewhat familiar way. The following schedules are laid out in a way that guides the move in a developmentally sound fashion.

Infants 1-4 months, transition time: six days

(for a domestic placement or an international placement with a flexible program)

Day 1 and Day 2—Parents meet the baby in familiar surroundings. The primary caregiver or institutional worker is present and caring for the infant. The parents spend time giving basic care for the baby under the caregiver’s direction. They do not introduce anything new, unless it is a colorful rattle. They do not take the baby into unfamiliar areas. They visit for three to eight hours. Then they go home or back to their hotel.

Day 3 and Day 4—Parents return to the familiar setting, this time to visit all day. They take over the feeding, holding, and so forth. They become comfortable with the baby’s care. They get feedback from the caregiver, who can reinstate care when the baby gets upset on Day 3, but not on Day 4.

Day 5 and Day 6—The parents take the baby away from the familiar setting. Babies are almost exclusively sensory learners, so take great pains to use the same or familiar foods, styles of feeding, textures, smells, and schedule as in the caregiving environment. The baby goes back to the familiar setting at night on Day 5, but the parents keep the baby overnight on Day 6. The parents continue to use the familiar bedding, clothing, formula, and schedule.

Day 7—The parents and the baby return to the former home to visit. Pictures are taken, and the last items for childcare are exchanged. The former caregiver gives quotes that are recorded in the lifebook.

Notice that this move also honors the first caregivers. Caring about everybody is the right thing to do, and also in the best interest of the infant. Caregivers who are asked to participate with an abrupt move will often be overwhelmed with sad feelings preceding the move. The baby, then, sees facial expressions of either stoic self-control or uncontrolled weeping, putting them into a state of stressed wariness. Taking the time to honor relationships helps mitigate these negative reactions.

If there is a pressing need, not just a desire, to move faster, this schedule can be condensed into three to four days by skipping the even-numbered days, or Day 4 and Day 6.

Infants 5-10 months, transition time: 10 days

The tasks for these infants are essentially the same as in younger babies. The supposition is that some babies will begin moving into an exclusive attachment relationship, if a caregiver is available, by month seven and almost all will by month ten. Babies will also have learned an attachment pattern by this age; either secure, insecure, or disorganized.

The parents will use the same format as the one above, but some extra tasks are included for the caregiver. As the caregiver transfers care, she will also be symbolically transferring her attachment to the new caregiver.

Day 1—Parents meet the baby in familiar surroundings, with the primary caregiver or institutional worker present and caring for the child. The parents spend time talking to the caregiver while the caregiver holds and cares for the baby. They visit for about three or four hours.

If the baby is playful, curious, and reaching out, then the parents can hold the baby. If not, they will wait until the next day. The parents bring a small, personal gift for the caregiver(s). These are hospitality gifts, like chocolates, lotions, a fruit and cheese basket, etc. They ask to learn from the former caregiver. They indicate that they appreciate the sacrifice that she is making by providing care and love, and then having to say goodbye to the baby.

In a family setting, pay attention to the other adults or children, so that their feelings and thoughts are honored. If there are other children in the home, small hospitality gifts are brought for them as well by the next day. Ask the caregiver for permission and advice about these small gifts for siblings.

Notice that the parents are indicating their gratitude to the caregiver. They are approaching her on a conscious level and honoring her for going through the emotionally ambivalent process of transitioning a baby. Of course, the caregiver wants a permanent home for the child, but she also has a bond with the child that will cause her pain during the move.

Often this step, recognizing the mixed emotions of the foster or kinship caregiver, is skipped when babies are moved. The caregiver, then, will conclude that these are the “wrong” parents. She indicates this in a variety of non-verbal ways to the baby, who squirms, resists and avoids the new parents. As a result, a placement schedule is commonly accelerated in order to avoid conflict. The baby, parents, and caregivers all lose.

Day 2—Parents bring small-scale, interesting toys to their visit. They sit with the caregiver to play a little. This allows the caregiver to indicate to the baby that she can enjoy these new people without being separated from her caregiver. The prospective parents do not take the baby into unfamiliar areas. They visit for three to eight hours. They go home or back to their hotel.

Day 3 and Day 4—The parents participate in basic care for the baby, under the caregiver’s loose direction. They visit all day in the home. They take on the feeding, holding and so forth. They become comfortable with the baby’s care. They get feedback from the caregiver, who sometimes takes the care back if the baby gets too upset. The caregiver stays relatively close by, and gives reassuring feedback to the baby and the parents that things are going well.

Day 5—The parents take over the basic care, even if the baby gets upset. The caregiver leaves the baby for a couple hours. The caregiver is offered some support from the social worker for her own grief and conflict. To assuage the pressures on the home’s schedule, arrange for take-out or easily prepared food for the next few days.

Day 6—The parents take the baby away from her familiar setting for a few hours. They use the familiar foods, styles of feeding, textures, smells, and schedule of the caregiving environment. They stay with her in the caregiver’s home either before or after the out-of-home visit.

Notice that the baby is at about the half-way point in splitting time between the caregiver and parents. From this point on, the care will move more towards the new parents, who now know the baby.

Day 7—The baby stays with the adoptive parents for the day, only returning to the home at night to sleep. (She will nap with the adoptive parents.) The baby may be fussy and cranky, showing the effects of moving attachment figures. However, the baby does not look panicked and the adoptive parents feel that they know a lot about this baby and her care.

Day 8—The baby’s bed, car seat, and other items are moved to the new parent’s home or hotel room. They buy the baby’s crib if it is a domestic adoption and this is feasible, allowing the parents use the familiar bedding, clothing, formula, and schedule. On this day the baby will be moving to the new parent’s care for the night.

Day 9—Parents return, with the baby, to the former home to visit. Pictures are taken and last items for childcare are exchanged. The former caregiver gives quotes for the lifebook and siblings have a chance to say good-bye.

This is a ten day move. One day has been left out for use as a time margin, since there is often a day or two in where people get sick or have a conflict in schedule, and do not have the chance to spend time together.

Infants 11-24 months, transition time: 10-14 days

Infants of this age have not only formed an exclusive attachment with their primary caregiver, if they are in a home setting, but have also done a great deal of learning about how their worlds work. (For a more complete description of emotional development at various ages please see Chapter 8 of *Attaching in Adoption*, 2002.) It is important to spend a couple more days visiting in order to learn about the child’s routines and developmental milestones. This helps the parents learn the familiar phrases that cue a child. It also helps them to understand some of the little one’s emotional attachments to other adults and siblings in the home. It helps new parents not to personalize the, “No, Me, Mine” stage children naturally go through by the second half of the second year of life when they can see it in context. Children moved too abruptly at this stage can get locked into this protest “No” stage. Or, they may feel reluctant to attach again.

Typically, the social worker should try not to move children who are in a six-month window of attachment, which is an exclusive stage between about nine and fifteen months of age. There is some normal variation of a

couple of months because of children's individuality. That assumes that the baby is in a safe, nurturing, and securely attached relationship with the caregiver. Leaving children in a situation of neglect is, of course, not ever a solution. Moving neglected children into permanent homes prior to that window is optimal. To determine whether the baby is in that exclusive window, social workers can note whether the baby usually cries or fusses when the caregiver walks out of the room, or has progressed to the stage in which he knows that the caregiver will come back.

The days break down in the same way as the previous section. However, the move includes a little more time in which to make the transition so the baby does not lose as much of her communication language, routines, and social skills in the move.

It takes time for the parents and baby to learn to do those things together. By 12 months of age, for example, babies whose mothers have used active distraction instead of just, "No" will show better delayed gratification skills. By 3 years of age these babies are more socially competent (LeCuyer, 2006). This subtle type of developmental communication can be lost so easily in an abrupt move.

Parents should take time to note how the baby gets attention positively, expresses delight, shows off, shares delight, calms down, organizes himself, handles frustration, and deals with limits. The baby or toddler may regress for a while after placement. Understanding and identifying the typical interactions for the little one helps the parents approach their child in ways that make him delighted, calmed, better organized emotionally, less frustrated, and so forth. Parents need to pick up the language, or the dance, of the infant so that they can continue it and then modify it to fit their personalities. Spending time getting to know the baby/toddler first helps them read the baby after placement.

As in the section above, bring a small gift to the caregiver, and honor her for her care for the child. Please see the section above for more explanation of the reason for the gift.

Preschoolers, 24 months to 5 years, transition time: 14-21 days

This type of move is more painful for all parties because children grieve so openly when they are given the support and emotional permission to do so. It is always painful to watch children's grief work. There is a sense that the move should be sped up to "get it over with." Those speedy transitions meet the adults' needs, not children's needs. While moves can be sped up to transition children from a grief to a shock state, there are long-term costs to that strategy.

Attaching in Adoption gives detailed information on losses that are part of moves, and attachment, and the subsequent developmental impacts. *Nurturing Adoptions* will not repeat this information, but it will stress the major areas that need to be addressed in a move, especially as children become more verbal during these stages. Very young children are not able to hold time frames in their minds. Sequencing, and phrases like "the day after tomorrow" and "the day before yesterday" are difficult for them. Because of this, we do not prepare them weeks in advance. This preparation is too anxiety-provoking. If toddlers and most 3- and 4-year-olds ask whether they are going to stay with their parents, the parents say, "For lots and lots of days," until they are actually close to a move.

Explain more to 5-year-olds. "Right now, you are living with me. I will take good care of you. You will someday have other parents who will also take wonderful care of you and love you. I will let you know when that time comes. They will not be strangers or mean, but will be nice and friendly. That time is not right now,

though.” (Caseworkers can simply substitute the name of the foster parents and add that the judge and adults who care about children, like her, will look for a great home for him at the right time.)

The glitches that snarl moves are common and to be expected. Children who are in a careful schedule, as suggested here, do not experience the agony of being told they are moving, then having it cancelled, and then back on again, or maybe not.

In this move schedule, the caseworker can tell children that they are moving part-way through the visit schedule. Before that, if the preschooler asks, “Are these my new parents?” the appropriate answer is, “I don’t know yet. The adults are still deciding. Will you tell me what you think or how you feel?” That allows children to share how they are reacting to a potential move and to leaving and becoming part of a new family. If things do not result in a move, children can be told that the adults decided that it was not the right fit. If it is because the potential parents determined that they could not take care of the needs of a child, *some* of this can be shared with a child.

The caseworker might say, “Moving to be part of this family will not work. Some of the reasons are hard for kids to understand. One reason that you can understand is that one parent in this family travels too much. He thinks that he needs to change jobs before they can adopt a child. And, they live far away from the school, the doctors, and therapy. They did not realize how many times kids need to go there. They need to make some changes before any child comes to live with them.”

In her book *A Child’s Journey through Placement*, Dr. Fahlberg recommends putting causation into terms of *needs and responsibilities* (p.151). This prevents a blaming and shaming way of looking at placement. Instead, as in the example above, the explanation states that children need many trips to schools, doctors, and so forth. The family could not meet these needs until they reduced their driving time.

Sometimes the move stumbles because of disagreements over continuing contact agreements or the levels of adoption support in the placement. These agreements need to be finalized before children are too far into the move schedule. By day 4 or 5 of the move schedule, described in the upcoming paragraphs, these issues should be resolved. That way, the child is not destabilized if there are difficulties.

It is not uncommon to encounter problems that put the adoption in question, that are resolved within a week. In this move scenario, the schedule would simply stop and resume after the issues are resolved. If the lag is more than a week, back up a couple of days and resume the schedule.

If the move does not occur because the prospective parents simply do not like the child, do not share this with the child. Simply say that the adults could tell that it was not going to work out. If children do not like the prospective adoptive family, it is extremely helpful to find out why.

One child I knew complained that the prospective parents were angry and that they scared her. When questioned, the prospective parents admitted that they were embattled and the child had overheard their heated arguments. The placement did not occur.

This child, who was almost 5, did move to a more resolved family within the next month. The first family had a couple of visits with the caseworker and then concluded that they should adopt a child they had formerly fostered, who had been placed with the birthparent, and was now available for adoption. That had been the source of their arguments. One parent thought that they should proceed with the placement and the other parent wanted to back up to adopt the child they had fostered.

The example above illustrates that caseworkers should not get too enraptured with the drama around a particular placement. Sometimes their plans for a family need to collapse to meet the pragmatics of a situation. Ultimately, changing course was a better plan for everyone.

Children ages 2 through 5, transition time: 16 days

Day 1-- The child meets the parents in his home. The parents relate much more to the caregiver than to the child. The child is not told that he or she is moving to these parents. However, if the child asks, the child is told that these are parents who would like to adopt a child. The child might say, "Me?" "I do not know that answer yet," is a good response. If questioned further, the caseworker might say, "The adults haven't finished making their decision."

Reticence in offering explanations is suggested because many adoptive families do not adopt a child they visit for reasons that are either personal or logistical. Equally important, the child should not feel pressured or think that she makes the placement decisions.

Day 2—The parents come back to the child's home. They spend time playing with the child as well as the other children in the home. They spend more time with the child, however. They do not overwhelm the child, but do spend some special time enjoying what the child enjoys.

Day 3—The parents spend about five hours with the child, including playing, feeding or eating with the child, and helping with toileting/dressing under the supervision of the caregiver. Notice that the child begins to form a relationship without feeling the stress of separation from her caregivers.

Day 4—The parents take the child out of the home to a playground or a similar activity where they can get to know the child and his likes, dislikes, personality, and so forth. The child is out for two to five hours, depending on the child's age and nap schedule. The parents will have an opportunity to set limits, structure the day, and so forth.

Day 5—The caseworker talks with all parties to find out how they all think things are going. She spends some time with the child in order to find out how the child is feeling about the family. If the feelings are positive on all fronts, then the placement schedule proceeds.

Day 6—The child is told that she will be moving to live with the adoptive family. The caseworker goes through the information contained in the next section of this book, "Discussing moving with a child." The caseworker also spends some time with the other children and adults in the family from which the child will be leaving. A discussion about their feelings and wishes occurs. Sensitive plans are made to honor everyone in the transition as much as possible.

Day 7—The parents visit a longer time with their child outside of the home. They share pictures of their home. If the home is within a convenient driving distance, they make a plan to visit the home. They leave a toy so that the child may play with it with them the next day. They also take pictures of their family to leave with the child so that he can share it or just look at them.

The child may act out with the adoptive parents at this time. This gives the parents time to try giving limits and consequences, and affirm that they are not looking to adopt a perfect child. They may find that their attempts at limit-setting are failures. Fortunately, they can ask for assistance from the current home, dig out their pre-

adoption training materials, or consult with a caseworker to problem-solve and try again before they are responsible full-time.

Attention is given to the other adults or children in a family setting so that their feelings and thoughts are honored. If there are other children in the home, small hospitality gifts are brought for them as well by the next day. Ask the caregiver for permission and advice as to their nature.

Day 8—The parents bring their child to their home for the whole day if it is nearby. They talk about where the child's belongings will go and introduce the child to their new home. The child will probably show some signs of distress by now. Parents can help him when he is frustrated, sad, or angry when transitioning between homes. They can help him name and organize his feelings, with empathy and comfort.

Day 9—The parents have the child for the whole day again. They may take the child to preschool or kindergarten to meet friends and the teacher. By this time, the child will probably be having some grief reactions to the move. The caregivers who are saying "goodbye" will begin to think that this is a very hard process and probably that it is too long. Everyone becomes aware of the true cost of the move. However, they are able to meet the child's needs and to provide comfort and reassurance as this child moves her attachment.

Somewhere between Days 7 and 11 everyone takes a day or two off from the schedule. It is typical that people end up tired and everyday tasks that require attention build up.

Days 11 and 12—The parents pick up the child and some of his belongs to take to the new house. This time, the parents take their child with the intention of an overnight visit. They take the bed and bedding with them, if possible.

Day 13—The child returns to spend the day with the caregiving family. He plays, gets cuddles, visits favorite places, and has a chance to relax after experiencing so much "new." The adoptive parent(s) may want to use this time to go out to dinner one last time without having to arrange for childcare. The parents can pick him up for the night or leave him there, depending on logistics.

Day 14—The child's belongings are loaded and moved to the new home. Please pack this child's items in luggage or boxes, and treat her possessions with respect. Do not use garbage bags or she may feel like garbage. The child officially moves to the new home.

Day 16—The child returns to say "goodbye" officially. She takes pictures, shares, gives affection to the new and the old caregivers, and reminisces.

If a child is having more difficulty, this schedule can be lengthened to allow for more time to process feelings and the reality of the move.

Long distance domestic placements

Sometimes families will need to fly or drive long distances to visit and move the child. In these cases, the prospective adoptive parents should travel to the child's home city over a three or four day long weekend. They must decide whether they want to proceed with the placement after that time. If the decision is to proceed, the parents travel again, following the template in the section above. The time away from the caregiver is spent at the place the parents are temporarily staying. They will stay three to four days on the second visit as well, with the child going back-and-forth between the hotel and the home.

At the end of the 4th day of the second visit, they bring the child and some of his belongings to their actual home. After two days there, they return to the child's first home for goodbyes and to packing his belongings. That visit usually lasts one day. Then they fly home with the child and all of his possessions. Sometimes the first family will offer to bring the child to the new home or deliver the possessions. While this is a nice offer, it is not as sensitive to the child. It is important for the child to say some goodbyes and see the home that he is leaving.

Children who have been through these careful processes tell me later that they understood what was happening and that they enjoyed seeing the home one last time. They will often keep in touch with these earlier parent figures. Children who have been moved quickly think that people and homes disappear. They frequently demonstrate bitterness and a sense of helplessness about losing important people from their lives.

Comments like, "He won't remember this," or "She doesn't really understand what's happening, so let's get it over with," are excuses for short-cuts. In fact, children provide compelling descriptions of the pain slack casework and abrupt moves have caused in their lives. And, the DSM IV-TR describes foster care moves as one of the causative factors for Reactive Attachment Disorder. Young children, who cannot speak out for themselves, need special care from our society when they must move between families.

Children 6 to 12 years, transition time: 22 days

Children are increasingly aware of the concepts of family and their permanence at these ages. Children who are legally free for adoption should be told that their caseworker will be looking for an adoptive placement. The meaning of adoption should be discussed. Certainly the grief issues from the loss of the opportunity to live with the birth family should be addressed by a therapist or a caseworker in counseling before the caseworker can talk about being adopted by a particular family.

While the stages used in these sections are chronological ages, children develop and will need different concepts at different times. Some children will need to discuss permanence and families even when they are 4 years old. Some children who are 6 years old still have trouble sequencing. They cannot grasp leaving the current home and going to a permanent home until they meet the people involved and can begin to experience time frames with them. The work needs to be adjusted according to emotional/developmental needs as dictated by what gives children the most predictability and stability in their lives—while still being honest.

Day 1--The child meets the parents in his home or in a neutral setting. The child is told that these are parents who would like to adopt a child. The child might say, "Me? I don't want to move!" Or he might say, "They're nice! Do you think that they will be my new parents? What kind of cool stuff do they have? Can I move now?"

The emphasis in the first few days should be on getting to know each other. Helpful responses are, "We do not know yet. We have to figure out whether this family will be able to meet your needs. (This leads to a discussion of what needs they have.) We should know if you like each other. Why don't you get to know each other and have some fun?" When questioned further, the caseworker may respond, "The adults haven't finished making their decision. It will take them a while. You are too important to do this too fast. We don't want to do a move—and then say, 'Whoops!' We want to do a move—and then say, 'Yes!'"

Again, I emphasize that one compelling reason for the conservative beginnings stems from the reality that many adoptive families do not go on to adopt for personal or resource reasons. A second compelling reason is that we do not want the child to think that she makes the placement decision alone. It is too much pressure on her, especially when she may have loyalty issues over wanting a new home instead of remaining in mourning over her birthparents.

When adopting siblings, discuss how normal it is for one child to want to be adopted more than the other child does. Lobbying between siblings should be discouraged. Instead, adults should give children the freedom to feel their own feelings.

Day 2—The parents come back to the child's or children's home. They spend time playing with the child as well as other children in the home. They, however, spend more time with the child or siblings that they are interested in adopting. They do not overwhelm the child/children, but do spend special time enjoying what the child enjoys and sharing their special activities. Suggest bringing something to the next day's visit that parents and children can enjoy together. Limit video games. This type of activity is fun but does not build relationships.

Day 3—The parents spend about five hours with the child, or siblings, including playing, feeding or eating with the child, and helping with toileting/dressing under the supervision of the caregiver. This time they spend almost all of the time with the children whom they may adopt. Notice that, with this schedule, children begin to form relationships without the stress of separation from their caregivers and home. Secure attachment patterns are best developed when children are not stressed and are instead playful, relaxed, and available for relationship building. The caregiver is still there as a secure base for the child.

Day 4—The parents take children out of the home to a playground or activity in which they can get to know something about his likes, dislikes, and personality. (Vera Fahlberg, M.D. cautions that if you want to find out if children like French fries, take them to McDonalds. If you want to find out more about this child, select other activities.)

Children stay away from the home for about six to eight hours, depending on the child's tolerance for time away. The parents will have an opportunity to see the children experience some mood changes, talk at some length. Parents will set limits, structure the day, and experience some positives and negatives with them.

Day 5—The caseworker talks with all parties to find out how they all think things are going. She spends some time with the child in order to find out how the child is feeling about the family. If the feelings are positive on all fronts, then the placement proceeds.

In sibling situations, it is not unusual for one child to be negative about a family and others to be positive. It is not uncommon for parents to have doubts as to whether their relationship with one child will progress further than with another. This point in placement is a great time for the social worker to discuss these realities. Rather than proceeding with a placement in which parents may not be able to meet the needs of a sibling, it is better to stop the process at this point. Caseworkers may have to discuss whether placement together means that one sibling is going to end up in disruption, or whether any available family can meet the needs of the sibling group as a whole.

Day 6, 7—Children are asked what they think about the potential placement. There is an informal poll taken. Children, parents and caseworkers all need to feel positively about the move in order to continue. Some children are candid in saying that they do not want to move from the foster home.

A 9-year-old was talking to me about moving. She wanted most to be able to live with her birthmother and youngest two siblings, although she said that prospect scared her. Secondly, she felt that she would like to live with a former placement. That was not a possibility due to sexual acting out that had occurred with that sibling. Thirdly, she did agree that she would be glad to be adopted by the visiting family. She

did need to double check the finality of the losses of former homes before she could agree to join the new family.

If all parties feel that the placement seems to meet children's needs and that the family is able to take on the responsibilities, then children are told that they are going to live with the adoptive family. The foster family is certainly part of the decision-making. Their assistance in discussing this with the other children and bearing the emotional costs of the move schedule should be openly acknowledged.

The caseworker should cover the information in the next section of this book, "Discussing moving with a child." The caseworker also spends some time with the other children and adults in the family which the child will be leaving. Discuss their feelings and wishes. Sensitive plans are made to honor everyone in the transition as much as possible.

Paperwork should be completed at this time, committing parties to responsibilities. In cases in which parental rights will be relinquished through a voluntary placement and adoption, the legal work should be complete at this stage. It does not make sense to put children through the next part of the move if there are going to be problems that make adoption impossible.

Day 9—The parents visit with the children outside of the home for a longer period of time. They share pictures of their home. If the home is within a convenient driving distance, they make plans to visit the home. They take pictures of children and parents together to leave with their child so that he can share them or just look at them. Some parents may have wanted children already in the family to be introduced before this, some do not. This is a decision that is influenced by the age, temperament, and style of the family. If the children have not met, now is a good time to arrange this meeting.

Children may act out with the adoptive parents at this time, which gives the parents time to try giving limits and consequences, and affirm that they are not expecting to adopt a perfect child. They may find that their attempts at setting limits are merely attempts. Fortunately, they can ask for assistance from the current home, consult their pre-adoption training materials, see a therapist, attend a workshop, or consult with a caseworker, problem-solving before they are responsible full-time. (This is a great model in getting help in the future. The organization of resources described in training and homestudy processes pays off now!)

Attention is given to the other adults or children in a family setting so that their feelings and thoughts are honored. If there are other children in the home, small gifts are brought for them. Again, ask the caregiver for permission and advice as to their nature.

The adoptive parents should contact the school in their area about a transfer. By this time, they can arrange to talk to the school in a more knowledgeable manner about classroom placement and any learning needs. If there is an IEP, parents should schedule an IEP meeting with the new school. Some parents wish to home school the child. This can be a great option for extending the amount of time spent together for attachment purposes. Even if parents are home schooling, it is still helpful to talk with the school staff about academic attainment, testing, academic support for home schooling, and the child's learning process.

Day 10—The parents bring children to their home for the whole day. They talk about where the children's belongings will go and introduce children to their new home.

Children will probably show some signs of distress by now. Often they get frenetic and then move into crying or arguing. It is a way for them to show how hard the process is for them. Giving children permission to talk about how overwhelming big changes are helps children learn to converse about core issues with parents.

Rather than treating upsets during this time as just a discipline issue, parents can ask about stresses that their child is feeling. It helps children learn that they are expected to feel a mixture of joy, confusion, fear, and sadness during a move.

Parents can help a child who is frustrated and at the end of his coping by expressing compassion. They can assist him in describing and organizing his feelings, supplying comfort.

Day 11--Day off. Sometimes everyone needs a day without a placement task.

Day 12—The parents again have the children for the whole day. They may take children to their home, or to school to meet friends and the teacher. By this time, children will probably be having some grief reactions to the move. Everyone becomes aware of the true cost of the move. However, parents are able to meet the children's needs and to provide comfort and reassurance as children move their attachments.

Day 13 and 14-- The parents pick up the child and some of his belongs to take to the new house. This time, the parents take their child with the intention of an overnight visit. They take the bed and bedding with them, if possible. If not possible, at least take his pillow and a favorite blanket.

Friends are quite important, especially for children towards the end of this age range. A farewell occasion for children to say goodbye to friends and foster family is helpful.

During this period, children can see the school that they will attend and the homes of other children with whom they will make friendships. They may or may not want to actually meet other children or visit the school. An 18-year-old girl stopped to see me in my office. I had seen her briefly when she was 7 years old. She particularly remembered the party that her 1st grade teacher arranged for her as she said "goodbye" to her class, which was something that I had asked for on her behalf. She felt valued and liked by her classmates. It was one of the few positive memories that she had from a several year period.

Day 15 —The child returns to spend the day with the caregiving family. He plays, gets hugs, talks about his new home and community, visits favorite places, and has a chance to tell others about the changes in his life. The discussion helps him integrate the changes that are happening in his life in the presence of people who care.

Often this is a day in which the child has a chance to say "goodbye" to people who were not available before. Sometimes people the child hardly knows will want to visit at this juncture. Particularly in kinship placements, there are relatives who want to see children before placement. Or a birthparent may ask if her new boyfriend can meet the child before placement. This is not the time to introduce unfamiliar people to a child who is already experiencing high adjustment demands. These requests test the parents' abilities to set boundaries, and their capacity to say "No" to things that are not in their children's best interests. These boundaries should be encouraged and supported by the caseworker.

Day 16-21—The child's belongings are packed in luggage or boxes, never garbage bags. The child officially moves to the new home. He is welcomed by his family, who take some time off to just enjoy each other. The next five days is a holiday time. The parents reduce outside stimulation and demands. The family enjoys each other, plays games, does enjoyable activities, and eats good food.

Day 22—The child returns to say "goodbye" officially. She takes pictures, shares, gives affection to the new and the old caregivers, and reminisces. Notice the contrast between these supported psychological tasks and the impacts of pathological grief. We are also to conclude this move schedule with "reminiscing is enjoyable."

Long distance domestic moves

As described in the section above, sometimes families will need to fly or drive long distances. While the steady daily schedule above does not fit, it is imperative that family travels at least three separate times. Notice that this amount of time allows for people to begin knowing each other.

Initially, adoptive parents travel to the child's home for at least a five day period, as laid out like the section above. A decision to proceed with the placement occurs after that time.

If the decision is to proceed, the parents travel again, following the suggestions in the section above, but bringing the child to the place that they are staying during their scheduled time away from the caregiver. They stay five days, with the child going back-and-forth and spending the night with them for the last two nights. They share pictures of their home and usually bring siblings on this trip.

They bring the child to their actual home at the end of the fifth day with some of his belongings. After four or five days, they return to the child's first home for goodbyes and packing of belongings. That visit is one or two days, depending on the number of places that their child needs to say "goodbye" to and then they fly or drive home with the child and all of his possessions. If the possessions don't easily fit, then they can be boxed and shipped. Children lose so much identity through a move that they need to have all of their possessions sent with them. Having their "stuff" helps them to keep track of their associated memories.

The return of the child to the previous home and community in order to say "goodbye" is an important part of the grieving process and helps bring closure. Many children this age think that they can easily move again. In part, it is a perception that has been taught by caseworkers who gave little or no facts and processing time in earlier moves. Or, even if they were capable and willing to give time or facts, emergencies may have dictated a sudden move. Giving children a chance to see their former home/family, and to process the facts and feelings about moving homes/families, helps them to integrate the enormity of this life change.

Children who have been through these careful processes tell me later that they understood what was happening and that they enjoyed seeing the home one last time. They will often keep in touch with these earlier parent figures.

Children who have been moved quickly think that people and homes disappear. In times of distress, they quickly suggest a move of homes/families. They reference this casually, as their move was casual. They frequently demonstrate bitterness and a sense of helplessness about losing important people from their lives.

Teens 13 to 17 years, transition time: 3 weeks to 3 months

Teens can have the same yearning for a family as younger children. If they have a realistic caseworker, they are aware that it is harder to find an adoptive family at their age. It is critical to describe what a family is looking for when talking to teens about adoption—a real teen to love, not to idealize. Teens' feelings and opinions tend to be very hot and cold. The teen who "just knows this is THE family for me" will reverse this decision on a dime. Carefully review the normal variations in moods that they will have towards their families.

One girl said that her parents had described her in such overrated terms that she felt like a fraud. She felt incredible pressure to live up to this ideal. When she did not, her parents would relate all of her failings to learning the lessons of her birthmother. After some melodramatic screaming matches, everyone came to a realization that they were not cast in a romanticized drama. They were real people, yearning for authentic acceptance and love as they became a family.

In a session with me she said, “We all figured out that it drives me crazy when they compare me to my birthmother. She is actually a nice person. She just can’t keep away from booze more than a year at a time. I don’t want to go there with them. I did so badly for a while because I couldn’t stand the pressure of trying to be their wonder teen. They had to understand that, of course I had a life before I met them. My old life wasn’t completely bad! I don’t want to forget it just because they weren’t part of it.”

This girl summarized many of the realities of teen adoption. A lot of the personality is formed by the teenage years. Parents must like the teen they are adopting. This teen is not going to be a façade of a person, easily remade into the parent’s image. In fact, the teen is looking for love and acceptance without changing very much. The parents are looking for the same thing. As Vera Fahlberg, MD, wisely observed, both will end up making huge changes (1995).

The schedule for teens should be no less than three weeks and may need to extend to up to three months. Caseworkers can use the template from the section above, with an understanding that teens will have more abstract thought. They can space out visits, giving the teenagers time to think about where they are going. The transition time may take a number of weeks. Caseworkers must recognize that teens will have a great deal of transitioning to do. Placements need to include continuing contact with friends, siblings, and the community.

Even if teens move rather abruptly and the connections do not seem critical or important to teens at the time, do not be surprised if this is just a reaction. Over time, teenagers often want to revisit and integrate old connections. Any placement should include the expectation and resources for teens so that they can reconnect with important people from their pasts in the years following placement.

Teens often have a rigid and superficial idea of what their families will be like. This is typical of the age. It seems counterintuitive that teens will have so little concept of the number of daily problems that must be negotiated. Emphasize this as part of the human condition, normal for everyone, throughout the transition process. Negotiation skills tend to be weak in children who have been abused, neglected or traumatized. Working on those skills within an accepting environment is necessary. Teens tend to be easily discouraged and especially sensitive to negative comments made towards them.

Parents should expect that they will need to teach their teens a lot about family commitment, to deal with high levels of anxiety, help identity strengths, deal with emotional immaturity, stop arguing marathons and/or prolonged sulks, and define their own limits of tolerance. Finding and meeting with a good therapist weekly will help reduce stress in families. Finding this person during the moving process is helpful—while things are still relatively rosy.

Friends are particularly important to teens. Parents can be proactive about meeting this need in placement. Identifying structured friend-promoting groups is a critical task during placement. Supportive church young groups, sports teams, and finding schools with a history of inclusion are all great places to start. When teens are moving into a new community, they naturally gravitate towards the other teens who lack friendships. These available teens are often available because they have been unsuccessful in forming relationships with others.

Arrange for teens in the community, who are part of an established group, to reach out to the teen. This can make the difference between teens struggling or thriving. This takes some planning, but is well worth the effort. There are initiatives that promote teen adoption and give ample practical support for these adoptions. Please see the resource section for additional information.

Moving siblings

Whenever possible, place siblings who know and have lived with each other before together. Those who work with this population have observed that siblings who cannot rely on parents often develop much closer ties to each other. These connections should be preserved in placement because they are significant attachments.

Additionally, sibling relationships provide children with a great deal of information about their own identities. A brother or sister gives them daily clues about their identity. Children feel that they still know who they are, even after placement, when they have someone who remembers part of their stories and experiences.

It is equally important to determine if the sibling group will accept parenting or new family rules. Discuss this significant topic with older siblings before placement. They will naturally want to adhere to the family structure most familiar to them. New parents should recognize that they are adopting a family system, and that there will be a subculture within the family. To the extent that this is healthy, it can be encouraged. The unhealthy aspects, however, necessitate strategic interventions in the home and therapy.

Clearly discuss the developmental aspects of each child and the need for spending time with each child separately with parents. Parents should avoid making a “group” approach to children their predominant pattern. Individual attachments must be made with each child. The more people in the home, the more complex the relationship needs will be.

Sometimes the siblings are so challenging that they cannot be placed together (Gray, 2002, pp. 301-305). Rather than expose children to post-placement bail-outs, caseworkers must work harder to learn how to assess whether families can realistically meet the special needs of siblings. Sometimes this is not in the children’s best interest, and caseworkers can instead design continuing contacts between two adoptive families or look at proximal placement locations.

The more damaging the birth family system was to children in terms of trauma, sexual and physical abuse, domestic violence, prenatal exposure, and neglect, the more careful caseworkers will need to be with sibling group placements. Children can re-traumatize each other. Sexual and physical abuse can continue between older and younger children even after placement. While certainly no one wants to cause further harm to young children by moving them away from their siblings, that concern is vastly outweighed by the need for all children to feel a sense of safety and capacity for attachment in their homes.