

GUIDELINES FOR OPEN ADOPTION

**Prepared by the
Practice Committee
Of the Connecticut
Council on Adoption
September, 2008**

Guidelines for Open Adoption

Introduction

As long as the placement of children has existed, open adoption has been practiced in the form of relative and foster parent placements. For the most part, traditional adoption placements made by agencies were closed. Historically, birth parents were advised to forget the child and to get on with their lives. Many adoptive parents were assured that the adoption records were sealed and that there would never be any further contact between the child and the birth parents. If non-identifying information about the child's background was given to the adoptive parents, they were expected to share it with the adoptee over the years. It was believed this information would satisfy the adoptees' curiosity about themselves and they would not have any further questions about their identities.

What has been learned from closed adoptions supports the practice of open adoption today. Closed adoptions are usually not in the best interests of the adoptee, the birth parents, or even the adoptive parents. It has become increasingly apparent that adoptees have many questions about their birth family, early history, and their medical background regardless of how much non-identifying information they have. Despite their attachment to their adoptive families, many adoptees have a need to meet their birth families and to learn first hand why they had been placed in adoption. They do not want to live with secrecy and the feelings associated with not having a biological relative to know whom they may look like, act like, and from whom their talents were inherited. Their feelings might range from mild curiosity to the loneliness or isolation of thinking they don't fit in. They also want to have a connection to someone who is biologically related to them

and may share some of the same traits, characteristics, appearance, and talents that they have.

Birth parents do not forget their child who was placed in adoption and are frequently reminded of their loss, grief, and pain. This may be by the sight of parents with children, the anniversary of the child's birth, and other everyday occurrences. Many birth parents who voluntarily released their children for adoption, particularly those who were young when they gave birth, feel they were coerced into giving the child up by family, professionals, and society. They feel they did not have an opportunity to make a choice for their child and they may have much anger, resentment, or guilt. This may also be true of birth parents whose parental rights were terminated by the court without their consent. Other birth parents, unable to face a final and total separation, parented their children even when this was not in their or the child's best interests.

As far back as 1978, in The Adoption Triangle, Sorosky, Baran and Pannor wrote, "We believe that the adoptee, ignorant of his/her true background, despite a healthy nurturing relationship with his/her adoptive parents and a lack of severe problems in his/her relationships with peers and others, will be handicapped in the psycho historical dimension of identity."

The longitudinal research conducted by the Minnesota/Texas Adoption Project¹ has found that the adopted child's adjustment rated higher when there was a cooperative relationship between the adoptive parents and the birth parents. When the relationship included mutual respect, empathy, and an appreciation of each other, the adoptee showed better adjustment, including positive interaction with others in the family, peers, and community as well as fewer behavior problems.

Definition

For the purpose of these guidelines, open adoption may be defined as an agreement between adoptive parent(s) and birth parent(s) that enables the adoptee to have some degree of face-to-face contact with the birth parent(s) after adoption finalization and over the years.

Advantages of Open Adoption

Adopted children are connected to their birth families genetically and often by early life experiences. It is the birth parents who gave them their life, their ancestry and their genetic make-up. It is important that adoptees be able to integrate this into their identities along with all that they receive from their adoptive family. For the sake of the future, they need to be able to connect the past to the present. It is often easier for them to do this if their birth parents are a reality to them.

In open adoption, there is no need for secrecy and pretense. The more opportunity for awareness there is, the better. When the adoption is open, adoptees have ready access to their heritage, medical history, and the reasons their birth parents were unable to raise them. Open adoption can provide a connection to people who are biologically related and who may have a physical resemblance to them. The adoptee has reality, not fantasy.

The adopted child may have lived with the birth family before entering the child welfare system and have memories of them. Open adoption gives assurance to the children that the birth parents are alive and interested in being part of their lives. When birth and adoptive parents accept each other, children know they are loved by both sets of parents. This enhances the adoptee's concept of themselves.

Open adoption may provide children access to siblings which they otherwise would not have. Sibling relationships are often more important to adopted children than the relationships with birth parents. And, if adoptees know their siblings, they will not have the fear common to many adopted adolescents and young adults that they will unknowingly date a sibling.

In some cases, open adoption is the only condition under which the birth parents will not oppose termination of parental rights. However, even if this is true, a plan for open adoption should not be made unless it is healthy and safe for the child.

If the adoption is open, adoptees do not have to search for their birth family as an adult and wonder what kind of a reception they will receive when they are found. They already know them as a part of their lives. Open adoption also relieves concerns adoptive parents may have about unknown birth parents suddenly appearing.

One of the keys to the successful parenting of an adopted child is acknowledging the differences between bringing up an adopted child and a birth child. Open adoption can provide the greatest opportunity for this to be accomplished.

Birth and adoptive parents have different roles to help their child throughout life. Each person – child, birth parent, and adoptive parent – has different strengths, different needs, and different abilities to work together. When creating an open adoption agreement, consideration needs to be given to the strengths and limitations of all the parties involved. Life brings change to everyone and people's needs and capacities change. It is important to keep in mind that an adoption is intended to be life long. So,

too, the open adoption agreements or arrangements may have to be adjusted to meet the changing needs of those involved. All parties must understand that birth parents will not have their children returned to them even if their issues are resolved.

Everyone involved should be aware of the significant adjustments the child is making. An open adoption may serve to increase the awareness of each person's responsibility in supporting these adjustments as the child's world changes.

Kaplan and Silverstein identify seven core issues of adoption – Loss, Rejection, Guilt/Shame, Grief, Identity, Intimacy and Control (see appendix). In a closed adoption these issues exist, but may be more difficult to resolve. Adoption integrates the stories of the adoptee, birth parents and adoptive parents. While the adoptee and the adoptive parents are available, there is a void created by the absence of the birth parents and the story is incomplete. The absence of concrete information opens the probability of fantasies being created. This will distort the truth and impede the process of growth and development in the adopted person.

Disadvantages of Open Adoption

Issues of entitlement on the part of the adoptive parents may be intensified with the birth parents in the picture. Adoptive parents may be reminded of their infertility, feeling a need to be perfect parents, and questioning if they deserve to be parents to the child.

Conflict between the two sets of parents would be difficult for the child. The adoptee may attempt to play both sets of parents against each other. The birth parents may attempt to interfere in the child's upbringing.

Adoptive parents may have difficulty in accepting birth parents who have abused or neglected the child.

Older children with strong ties to birth parents may have difficulty becoming part of a new family.

The child will suffer if one of the families loses its commitment to open adoption.

If other siblings are being raised by the birth family, it can be difficult for the adoptee to understand why they could not raise him also.

These disadvantages should not deter families from engaging in open adoption agreements. However, they should be aware of the issues that may arise so they can be prepared to deal with them. An adoption professional may be able to guide families through these difficulties.

The Child

In open adoption, as we are defining it, the children will have contact with their birth parents. The open arrangement could range from limited contacts through supervised visits to unlimited contacts with birth parents being considered as part of a larger extended family. Outside these guidelines, decisions about contact may be more restrictive and limited to cards, letters and pictures. **The decisions should be based on what is best for the child** and take into consideration the capacities and limitations of both the birth and adoptive families.

Adoptive children have a connection with their birth parents. Some may have had a relationship with them prior to adoption placement. Often abuse, neglect or parental limitation are reasons for the child's removal. In spite of the difficulties, children usually love and care about their birth

parents. It is through contact with the family of origin that an awareness of problems and issues can be seen and accepted by the child. The child can learn to understand and accept the limitations of the birth family and at the same time feel safe and stable in a family by adoption.

An adopted child has the same developmental needs as any other child as well as additional developmental adjustments related to adoption.

Adoption is for life. Throughout life, adapting to what is known and not known will be part of the challenge of growth and development.

Knowing and seeing birth parents and gaining an understanding of their life situation, accepting their adoptive parents and what they offer to their life, then integrating all this is necessary to become a well-adjusted adult. This process is a major milestone and may take a lifetime to accomplish.

A child in placement has experienced feelings of separation and loss from the time he was first removed from his birth family. One of the child's greatest losses is the separation from the birth family. Subsequent moves can create a further sense of loss and lead to attachment issues. It is important to help the child acknowledge and understand the issues of separation and loss. (See appendix for Developmental Responses to Loss.)

Open adoption is one strategy to enhance the child's future ability to form healthy, positive relationships while maintaining a sense of identity. Open adoption gives the child more people to love. It can also minimize rejection and allow the child to know the reality of who the birth parents are rather than to fantasize about them.

The Birth Parents

Often, with closed adoption, birth parents are unable to know how their child is doing or if they made the right decision. This can lead to increased long-term distress about the unknown outcome. Open adoption can reduce the risk of depression and post-traumatic stress on the part of the birth parents. A research project has found that birth mothers in open adoptions experience less unresolved grief than do birth mothers in closed adoptions.³

Many times, birth parents have their parental rights terminated involuntarily. In these cases, parents can feel anger in addition to shame, guilt and sadness that all birth parents feel. It is important that the birth family be assisted in identifying their feelings and be encouraged to deal with them in ways that will not interfere in their relationship with the child. If the birth family can identify and make sense of the loss, they may be better able to accept the adoptive placement. With the option of openness, birth parents can continue a relationship with their child. They can be assured that their child is well cared for and loved.

The Adoptive Parents

In adoption, adoptive parents need to develop an understanding of: 1) How the child may perceive his world and whether or not he has elaborate fantasies; 2) what age and developmentally appropriate tasks the child should be learning; 3) how the child's behaviors may be indicating emotional issues, such as unresolved grief or trauma.

Media trends have focused on disrupted adoptions, fraudulent adoptions and negative open adoption stories. It is common for adoptive

families to fear that birth parents may attempt to regain custody of the child. It is also common for adoptive families to assume that birth parents who cannot parent their children are somehow impaired and not able to have healthy contact with their children. Although these assumptions and fears can be real in some cases, many birth parents are respectful of the adoptive family and do not attempt to undermine their relationship with the child can be helped to reach this stage.

It is expected that the adoptive family will love and accept their child. At the same time, it is important for them to understand that an adopted child has some relationship needs that differ from non-adopted children. While accepting the involvement of the birth parents, the adoptive family continues to maintain the decision making responsibilities for their child.

The Social Worker

The role of the social worker in an open adoption is to help each member of the adoption triad understand and accept its benefits. This will allow all parties to begin to navigate the process successfully. The social worker provides education, support and assistance in breaking down the barriers that sometimes make open adoption relationships difficult.

Social workers should help adoptive families establish, to the extent possible, respectful, open communication and clear boundaries between all the parties. Most importantly, both families should be continuously mindful that the arrangement should focus on the best interest of the child. All parents, including adoptive parents, need to listen to their children and focus on what meets their individual needs. What might be best for one child from one birth family, might not be the best solution for another child from another family – or even the same family.

Every person and every family has positive qualities. Helping each parent see the positive qualities of the other can facilitate respectful and caring communication. Having positive regard for birth parents is essential for the child's self-esteem and well-being.

The road to establishing positive relationships can be bumpy at times. The social worker can be a resource in helping the adoptive and the birth family get through the difficult times by refocusing everyone on the best interests of the child. The social worker can also help everyone involved to understand the importance for the child in maintaining a relationship with significant people in his life.

Prior to closing the case, the social worker should give the adoptive family a list of post-adoptive services available to them. They should know that they can contact their former agency or the Connecticut Adoption Resource Exchange to get an update on these resources. At present, two of the post-adoption services are the Adoption Assistance Program at the UConn Health Center in Farmington (toll free telephone number is 877-679-1961) and the Post-Adoption Resource Center at Lutheran Social Services in Rocky Hill (860-257-9899). The birth family should be encouraged to maintain their support systems so that the open adoption will continue to be in the best interest of the child for years to come.

Legal Aspects of Open Adoption

Open adoption agreements can take many different forms from regular ongoing visits to sporadic contact. Their purpose is to provide the structure and parameters for continued contact. There are statutory contracts, governed by law, and informal cooperative agreements, where

adoptive parents have the ultimate decision-making concerning continued contact between birth parents and the child.

Statutory contracts in Connecticut fall under CGS 17a-112 which pertains only to children committed to the Department of Children and Families (D.C.F.).

At the time of termination of parental rights, either or both birth parent(s) and the intended adoptive parent(s) may enter into a post-adoption agreement regarding ongoing contact with the child. DCF is not a party to the agreement. Prospective adoptive parent(s) can obtain legal representation through the CT Association of Foster and Adoptive Parents (CAFAP).

These statutory contracts, if in the best interests of the child, are often used as a tool to obtain the birth parent(s) consent to termination of parental rights. This may shorten the normally lengthy and stressful court process of a trial and possible appeal, but it should be used only if it is in the best interest of the child. This contract lays the ground rules agreed to by both parties. It becomes binding after the adoption is finalized. There is a provision for modifying the contract, first by mediation before court involvement. The agreement can be modified if any of the following parties petition the court: the adoptive parent(s), the judge at the request of the birth parents, or the guardian ad litem for the child. Breach of contract however, does not affect the order of termination or the adoption decree. These statutory contracts can be beneficial to adoptive families by having a legal document to reinforce boundaries and limits with birth families. This gives benefits to birth parents as there is an avenue of recourse if adoptive parents do not fulfill their part of the agreement.

Adoptive parents may prefer informal cooperative agreements because they do not take away their ultimate authority to make decisions on behalf of their child. These agreements allow room for change based on the needs of the child without court sanction. Informal agreements should be in writing and signed by the adoptive parents and the birth parents.

These agreements should include acceptable communication, frequency of contacts, any supervisory needs or other restrictions, involvement of siblings and extended family members, and logistics such as location and transportation. The needs and the emotions of the participants will change over time, so the agreement should include provisions for renegotiation.⁴ The agreements should also indicate what other contacts, if any, are acceptable, such as letters, phone calls, exchange of photographs, and their frequency.

Adoptive parents should be encouraged to examine their thoughts and feelings about the nature and extent of the future contacts and agree only to what they can realistically and comfortably manage. Once they agree, they need to make every effort to uphold the contract and be willing to renegotiate when need be. They may want to consult with others who have had experience with open adoption, such as therapists, other adoptive parents, and adoption support groups.

The informal agreement should include expectations for the birth parents. It should be tailored to the individual birth family and the issues and concerns present within the family. If there are substance abuse issues, for example, the agreement should stipulate that the individual must be sober and substance free during the visit.

Visitation in Open Adoption

In planning for a cooperative relationship, not only does the social worker need to be comfortable with visitation, but also committed to the process of building relationships and educating both sets of parents.

Otherwise the parents can undermine the visitation.

Visits should take place in a setting that is comfortable for everyone. They may take place in a playground or park, a child-oriented restaurant, or in a child-friendly agency office. In some cases, if the adoptive parents feel comfortable with it, the visits may occur in the adoptive home. The adoptive parents need to have the final say as to where the visits are to be. If the adoption is subsidized, the subsidy can include payment to a visitation center. Professional guidance can be helpful in making decisions about visitation, especially from those professionals working with the child.

A great deal of work must be done with both the birth parents and the adoptive parents prior to the placement as well as after. Both sets of parents need to be helped to understand why ongoing contact between families, birth and adoptive, is not only in the child's best interests but in theirs as well. Birth parents need to know what an open adoption will mean to them and what will be expected of them. Mediation offered in advance will allow both sets of parents an opportunity to reach agreements on what will be best for the child.

Rules as well as goals need to be set for the birth and adoptive parents. Rules may include:

- Always keep appointments or call to cancel;
- Don't make promises to the child;
- Act and speak appropriately;
- Be clean and sober;

- Don't bring anyone who was not previously agreed upon.

It must be remembered that parents who had problems causing their children to be removed from them may have made positive changes in their lives. This should be recognized as well as any changes in the child's personality and development. The adoptive parents can be helpful in providing updates to the birth parents about the child's growth and development, interests and activities so the birth parents can be appropriate with the child.

The adoptive parents are the caregivers, legal parents, and decision makers for the child. They should be present during the visits unless otherwise agreed upon for valid reasons. If the visits are stopped because the child no longer wishes them, the birth and adoptive parents should keep in touch with each other to maintain the relationship and to exchange information.

The participants in the visitation need to be prepared for the emotions they may have and how to handle them. These emotions may include disappointment, stress, inappropriate blame, and revisiting grief and loss. A visitation center or a private therapist may provide clinical services to help develop relationships, to facilitate communication, and to establish boundaries.

The child may have many mixed feelings about the visits and they may be reflected in his behavior afterwards. Acting out behavior is not unusual nor is regression. The adoptive parents need to be prepared for this. They need to understand that it is normal and is not necessarily caused by anything the birth parents have done. It is not an indication that the visits

should be stopped, but a necessary and healthy way for the child to process his feelings about not living with the birth family.

Visitation should not be permitted when the child is at risk of being abused, when it is traumatic to the child, or when the child is very resistant to it. If the visits are too upsetting to the child on an ongoing basis, the visitation may be stopped temporarily.

Conclusion

Today open adoption has become not only an accepted plan, but an essential part of many adoptions. It is recognized that it is often beneficial to the adoptee, the adoptive parents, and the birth parents.

The days of secrecy were more harmful than helpful to all parts of the adoption triad. The adoptee has, at the very least, a genetic connection to the birth family and often the need to experience that connection first hand. Children who were placed in adoption beyond the age of infancy have memories of their birth families and these connections should not be severed without compelling reasons. Many adoptees need to know first hand from whom they came.

Education of open adoption and support of it should be a vital part of the adoptive home study. All systems involved in the adoption process have an ethical obligation to help both birth and adoptive parents to be prepared for and understand open adoptions.

Despite the inherent difficulties of bringing everyone together, it is in the best interests of all the parties to make as much effort as is necessary to ensure that the adoptee grows up with what he needs to affirm his reality.

As Patricia M. Darnier states, "Openness gives children the gift of possibilities, for now and for the future. It is not a cure-all, but it creates the possibility for a stronger sense of permanence and identity."⁵

Notes

1. Sorosky, Arthur, M.D.; Baran, Annette; and Parner, Reuben.
The Adoption Triangle. Doubleday, N.Y., N.Y. 1978, p.2.
2. Wrobel, Gretchen; Grotevant, Harold; and Kohler, Julie.
"Open Adoption: How Is It Working?" Adoptive Families.
Jan./Feb., 2000, p.15.
3. Ibid, p.16.
4. Wright, Louis E. Toolbox#1: Using Visitation to Support
Permanency. CWLA Press, Washington, D.C., 2001, pp. 65-66.
5. Duxbury, Micky. Making Room in Our Hearts. Routledge, N.Y., N.Y.
2007, p. 153.

Reading List

- Axness, Marcy Wineman. Painful Lessons, Loving Bonds: The Heart of
Open Adoption. Adoption Insight Series. Vol. I. 1998
- Baran, Annette. "Hanoi - Adoption With a Soul" A.A.C. Decree. Summer,
1996
- Duxbury, Micky. Making Room In our Hearts: Keeping Family Ties Through Open
Adoption. Routledge, N.Y., N.Y., 2007.
- Gritter, James L. The Spirit of Open Adoption. CWLA, Washington, D.C., 1997.
- Gritter, James, L. Ed. Adoption Without Fear Corona Publishing Co., San Antonio,
1989.
- Lind, Sharon. "Open Adoption Works for Us" Adoptive Families. March/April, 2002.
- Lindsay, Jeanne Warren. Open Adoption: A Caring Option. Morning Glory Press,
Buena Park, Calif., 1987.
- Mason, Mary Martin. "New Research Finds Birth Parents Vulnerable in Adoption."
AAC Decree Vol. 24, #1, 2007.
- Melina, Lois R.; Rosia, Sharon Kaplan. The Open Adoption Experience. Harper Collins,
N.Y, N.Y. 1993.
- Melina, Lois R. "A Durable Relationship" Adoptive Families. May/June, 2003.
- Melina, Lois R. "A Frank Perspective on Open Adoption" Adoptive Families.
July/August, 2003.
- Pavano, Joyce M. The Family of Adoption. Beacon Press, Boston 1998.

Romanchik, Brenda. Being A Birth Parent: Finding Our Place. R-Squared Press, Royal Oak, MI, 1999.

Romanchik, Brenda. "Grief and Open Adoption." AAC Decece, Spring/Summer, 2000.

Schaffer, Judith, and Lindstrom, Christina. How To Raise an Adopted Child. Copstone Press, N.Y., N.Y. 1989

Silber, Kathleen, and Dorner, Patricia M. Children of Open Adoption. Corona Publishing Co., San Antonio, 1990.

Siegel, Deborah H. "Open Adoption of Infants: Adoptive Parents Perceptions of Advantages and Disadvantages." Social Work, January, 1993.

Siegel, Deborah H. "Open Adoption of Infants: Adoptive Parents Feelings Seven Years Later." Social Work, July, 2003.

Watson, Kenneth. "The Case for Open Adoption." Public Welfare Fall, 1988.

Wright, Lois E. Toolbox No. 1: Using Visitation to Support Permanency. CWLA Press, Washington, D.C., 2001.

Wrobel, Gretchen; Grotevant, Harold; and Kohler, Julie. "Open Adoption: How Is It Working?" Adoptive Families January/February, 2000.

Appendix

SEVEN CORE ISSUES IN ADOPTION

© 1986 Silverstein & Kaplan

	ADOPTEE	BIRTH PARENT	ADOPTIVE PARENT
LOSS	FEAR ULTIMATE ABANDONMENT; LOSS BIOLOGICAL, GENETIC, CULTURAL HISTORY. ISSUES OF HOLDING ON & LETTING GO.	RUMINATE ABOUT LOST CHILD. INITIAL LOSS MERGES WITH OTHER LIFE EVENTS; LEADS TO SOCIAL ISOLATION; CHANGES IN BODY & SELF IMAGE; RELATIONSHIP LOSSES.	INFERTILITY EQUATED WITH LOSS OF SELF & IMMORTALITY. ISSUES OF ENTITLEMENT LEAD TO FEAR OF LOSS OF CHILD & OVER-PROTECTION.
REJECTION	PERSONALIZE PLACEMENT FOR ADOPTION AS REJECTION; ISSUES OF SELF-ESTEEM; CAN ONLY BE "CHOSEN" IF FIRST REJECTED. ANTICIPATE REJECTION; MIS- PERCEPTIVE SITUATIONS.	REJECT SELVES AS IRRESPONSIBLE, UNWORTHY BECAUSE PERMIT ADOPTION; TURN THESE FEELINGS AGAINST SELF AS DESERVING REJECTION; COME TO EXPECT & CAUSE REJECTION.	OSTRACTED BECAUSE OF PRO- CREATION DIFFICULTIES; SCAPGOAT PARTNER, EXPECT RE- JECTION; MAY EXPEL ADOPTEE TO AVOID ANTICIPATED REJECTION.
GUILT / SHAME	DESERVING MISFORTUNE; SHAME OF BEING DIFFERENT; MAY TAKE DEFENSIVE STANCE / APOCAL.	PARTLY TO GUILTY SECRET; SHAME / GUILT FOR PLACING CHILD; JUDGED BY OTHERS; DOUBLE BIND; NOT OK TO KEEP CHILD & NOT OK TO PLACE.	SHAME OF INFERTILITY; MAY BELIEVE CHILDLESSNESS IS CURSE OR PUNISHMENT; RELIGIOUS CRISIS.
GRIEF	GRIEF MAY BE OVERLOOKED IN CHILDHOOD, BLOCKED BY ADULT, LEADING TO DEPRES- SION (ACTING OUT); MAY GRIEVE LACK OF "FIT" IN ADOPTIVE FAMILY.	GRIEF ACCEPTABLE ONLY SHORT PERIOD BUT MAY BE DELAYED 10-15 YEARS; LACK RITUALS FOR MOURNING; SENSE OF SHAME BLOCKS GRIEF WORK.	MUST GRIEVE LOSS OF "FANTASY" CHILD; UNRESOLVED GRIEF MAY BLOCK ATTACHMENT TO ADOPTEE; MAY EXPERIENCE ADOPTEE'S GRIEF AS REJECTION.
IDENTITY	DEFICITS IN INFORMATION -MAY IMPEDS INTEGRATION OF IDENTITY; MAY SEE SEARCH FOR IDENTITY IN EARLY PREGNANCIES, EXTREME BE- HAVIORS IN ORDER TO CREATE SENSE OF BELONGING.	CHILD AS PART OF IDENTITY GOES ON WITHOUT KNOWLEDGE; DIMINISHED SENSE OF SELF & SELF-WORTH; MAY INTERFERE WITH FUTURE PARENTAL DESIRES.	EXPERIENCE DIMINISHED SENSE OF CONTINUITY OF SELF; ARE & ARE NOT PARENTS, (MOM'S ROLE "ROLE HANDICAP")
INTIMACY	FEAR GETTING CLOSE & RISK REEXAMINING EARLIER LOSSES; CONCERNS OVER POSSIBLE IN- CEST; BONDING ISSUES MAY LOWER CAPACITY FOR INTIMACY.	DIFFICULTY RESOLVING ISSUES WITH OTHER BIRTH PARENT MAY INTERFERE WITH FUTURE RELATIONSHIPS; INTIMACY MAY EQUATE WITH LOSS.	UNRESOLVED GRIEF OVER LOSSES MAY LEAD TO INTIMACY/CARTAL PROBLEMS; MAY AVOID CLOSENESS WITH ADOPTEE TO AVOID LOSS.
CONTROL	ADOPTION ALTERS LIFE COURSE; NOT PARTY TO INITIAL DECISIONS; HAPRAZARD NATURE OF ADOPTION REMOVES CAUSE & EFFECT CONTINUUM.	RELINQUISHMENT SEEN AS OUT OF CONTROL DISJUNCTIVE EVENT, INTERRUPT DRIVE FOR SELF-ACTUALIZATION.	ADOPTION EXPERIENCES LEAD TO "LEARNED HELPLESSNESS" SENSE MASTERY LINKED TO PROCREATION LACK GENERATIVITY.

Developmental Responses to Loss

GE
Infant
-1

View and Response of the Child to Loss

- Has no concept of permanent loss (reacts only to loss of primary caregiver)
- Experiences crying and other signs of distress
- Reads primary caregiver's distress and reacts to the same degree

Short-Term Effects Can Include

- Regression in terms of dependency needs
- Undermining of the child's sense of security and trust in adult availability
- Interruption in the acquisition of sequencing and understanding of basic cause and effect

Long-Term Effects Can Include

- Growing up feeling that the world owes you
- Trouble meeting the dependency needs of others
- Impaired trust in others
- Learning problems
- Secondary problems with cause and effect (may not become evident until grades 4-6)

Possible Interventions to Minimize the Effects of Loss

- Maintain consistent pre-loss routines whenever possible
- Record information so that it will be available to the child when the child gets older
- Gauge interactions by asking, "What will help this infant trust that adults will be available?"

Toddler
1-3

View and Response of Child to Loss

- May see loss as reversible
- Cannot control feelings, so responses are open and overt
- Begins to display identifiable grief
- May appear uninterested in food, toys, and activities

Short-Term Effects Can Include

- Balance between dependence and independence disrupted
- Interference with identity formation
- Dulling of awareness of internal and external stimuli
- Regression of most recently acquired skills
- Interruption of normal acquisition of language

Long-Term Effects Can Include

- Child may permanently assume "victim" or "victimizer" role
- Ongoing control issues
- Disruption in ego development, resulting in increased incidence of "borderline personality" problems
- Ongoing lack of self-awareness
- Potential to be rigid, inflexible, and unable to deal appropriately with aggressive impulses
- Subtle language problems
- Interpersonal relationship problems
- Conscience development problems

Toddler
1-3

Possible Interventions to Minimize the Effects of Loss

- Maintain consistent routines whenever possible
- Make statements to the child about the loss, including "feeling" statements
- Provide support, comfort and love from significant others
- Prepare the child for moves
- Transfer attachment and behavioral gains
- Maintain balance between dependence and independence
- Don't pressure the child to function at a higher level if regression occurs (Skills are usually regained within months without any intervention.)

Preschool
3-5

View and Response of the Child to Loss

- Will experience sense of loss, and may view it as temporary or reversible
- May see loss as abandonment
- Has great curiosity and asks questions with matter-of-factness

Short-Term Effects Can Include

- Reinforced belief in magical thinking
- Difficulty with internal psychological struggles of "good vs. bad" and "big vs. little"

Long-Term Effects Can Include

- Self-blame for loss
- Sexual identity issues if magical thinking included the wish to have remaining parent all to one's self
- Self-esteem problems

Possible Interventions to Minimize the Effects of Loss

- Provide clear and realistic information – remediate magical thinking
- Encourage the expression of emotions from the child through play
- Provide ways for the child to remember the lost object of attachment
- Reassure the child about who will take care of him/her
- Encourage short interaction using frequent repetition
- Comfort and touch the child

Grade School
6-12

View and Response of the Child to Loss

- Will move from seeing loss as reversible to irreversible
- May feel responsible for loss
- May feel loss is punishment for something the child has done or thought
- Sees loss as a reality, but may not understand it
- May carry on as though nothing happened and hide feelings
- May develop fantasies and feel helpless or out of control
- May feel a stigma at school for being different
- Will feel vulnerable

- Grade School**
6-12
- Short-Term Effects Can Include**
Lack of energy for age appropriate tasks due to chronic grief
- Long-Term Effects Can Include**
Ongoing academic and peer-relation problems
Problems with internalization of conscience
- Possible Interventions to Minimize the Effects of Loss**
Give permission to express feelings, and provide opportunities to do so
Use symbolic play, drawings, or stories
Set aside specific time for grief work
Give clear and realistic information to reduce guilt and feelings of responsibility
Provide ways to remember lost object of attachment
Identify values as, "This is the way we do it," rather than, "This is the right way"
- Adolescence**
13-18
- View and Response of the Child to Loss**
Sees loss as irreversible
Sees self as less to blame
Understands more about future significance of loss
- Short-Term Effects Can Include**
May show fear, distress, anxiety, denial, or detachment
May want to regress, but may control desire and remain "grown up"
May delay grief until later
May develop school problems
May feel hopeless, out of control, different
May take on interests, activities, habits of the person who was lost
- Long-Term Effects Can Include**
Suicidal behavior
Antisocial behavior
- Possible Interventions to Minimize the Effects of Loss**
Answer questions and encourage expression of range of feelings
Encourage and allow control
Be available, but allow time alone
Allow opportunities for symbolic play
Involve in decision making regarding the child's own future

*Adapted from materials from and conversations with re-connect of Michigan, 1994, and
Developmental Effects of Separation/Loss, a handout by Vera Fahlberg, MD, 1989.*