

# Adoption 101

Heartland for Children's  
Trauma Informed, Relationship Focused Adoption Training

Class Four



## Welcome!

- Any questions regarding last weeks material or homework?
- How is everyone feeling about what you learned?
- Today we are going to be discussing Sexual Safety, Post Adoption services, as well as the benefits to Adoption.



# Let's discuss sexual safety

- Did you know that approximately 84% of our children in care have experienced sexual abuse?
  - What do we mean by Sexual Abuse?
- It is important to be knowledgeable of the normal stages of sexual development and common vs. uncommon sexual behaviors and acts. There is a wide variety of sexualized behaviors that are a normal part of development and childhood.
- Many times it is not the sexual behaviors that are harmful, but the worry and anxiety it causes both parents and children. As parents, we often tend to over-react and over-interpret.
- Sexualized behaviors can sometimes be a symptom of other things going on in the child's life (e.g. excessive emotional stress)

No one is beyond the hope of healing



# Parenting the sexually reactive child

- Common reasons why children with developmental trauma are sexually reactive or abusive:
  - Exposure
  - Experiential (impacts beliefs and emotional associations and view of self)
  - Deficits, such as severe neglect (seeking stimulation and self soothing)
- If the child feels shame, they will not feel safe. Respond in a very similar way you would to other challenging behavioral needs. Remain calm and try to remember the why.
- Lets look at some of the stages of sexual development..



# Stages of sexual Development

## Preschool (0 to 5 years)

### Common acts of sexual development

- Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth.
- Self-fondling at home and in public.
- Showing and looking at private body parts.

### Uncommon, "Red Flag" indicators of possible sexual abuse:

- Discussion of sexual acts.
- Sexual contact experiences with other children.
- Masturbation unresponsive to redirection or limits.
- Inserting objects in genital openings.



# Stages of sexual development

## School Age (6 to 12 years)

### Common:

- Questions about menstruation, pregnancy, sexual behavior.
- "Experimenting" with same-age children, including kissing, fondling, exhibitionism, and role-playing.
- Masturbation at home or other private places.

### Uncommon:

- Discussion of explicit sexual acts.
- Asking adults or peers to participate in explicit sexual acts.



# Stages of sexual development

## Adolescence (13 to 16 years)

### Common:

- Questions about decision-making, social relationships, and sexual customs.
- Masturbation in private.
- Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing.
- Voyeuristic behaviors.
- Sexual intercourse occurs in approximately one-third of this age group.
- Oral sex has been found to occur in 50 percent of teens ages 15 and older.

### Uncommon:

- Sexual interest in much younger children
- Aggression in touching others' genitals
- Asking adults to participate in explicit sexual acts



# What's next?

- Prepare your family, prepare your home
  - Create a safe environment prior to a child arriving.
  - Once you know the child's history, discuss with your family how you can work together to keep the child safe.
- Welcome the child
  - Family discusses the house rules.
  - Safety Plan Discussion, review of sample contract.
  - Our children come from families with little or no sexual safety rules. Rules need to be made and discussed.
  - Teach differences between surprises, private information, and secrets. Teach what love is and what it isn't.



# Safety plan discussion

- Verbally assure the child that (s)he will not be sexually victimized in his/her new home.
- Assure child of your desire to protect him/her.
- Recognize that the child may not be accepting that (s)he is safe in the new home.
- Discuss family touch patterns and what this means.
- Discuss individual's needs for privacy and how the family protects this need.
- Express commitment & acceptance of the child.
- Demonstrate family touch patterns in different areas of the home.
- If there are other children in the home, discuss expected areas of support and tension.
- Clearly state where family members meet their own sexual needs.
- Discuss past sexual abuse of the child.
- Concentrate on feelings & acknowledge that the child might be frightened.



# Questions?

- Now let's talk about Post Adoption Services & Supports



## Post Adoption Services & Supports

- What is available through Post Adoption Services?
- Early recognition of issues and quick obtaining of support and services is crucial to preventing disruption and dissolution.
- Adoption is a lifelong commitment. Consistency and utilizing these tips are important not only initially, but needs to continue throughout the child's life.
- There are many resources available to families who are struggling before and after the adoption.
- It is important to recognize when help or support is needed so you do not get to the point where you are ready to "give up."

*THERE IS NO CRYSTAL BALL! Pay attention to disclosure and remember unconditional commitment!*



## Support system is vital!

- ALL TOOLS ARE USELESS UNLESS YOU HAVE PROPER SUPPORT!
- Having a strong support system is very important with the adoption process.
- It is important to build a support network of people who will be encouraging and supportive of your adoption and the challenges that come along with it.
- It is good to build a support system of people familiar with adoption and its challenges. These could be people you meet in this class, people you know who have adopted, or people you have met in Adoption Support Groups.
- *Who is in your support system?*



# Benefits related to adoption

- Adoption Attorney
- New Name/New Birth Certificate
  - You then must change/update name with Social Security Office
  - If you are allowed to change the Social Security Number, you MUST notify Heartland of the change
- Adoption Subsidy
- Medicaid
- College Tuition Exemption
- Adoption Tax Credit
- Extra Benefits for Teenagers Adopted
- Florida State Worker Benefit
- Florida State Park Pass
- The Adoption Finalization Hearing
- OTHER: Social Security Income, Death Benefits, Agency for Person's with Disabilities
- Case Closed!



# HOME STUDY PROCESS

- If you are taking these classes for a specific child in your home the Case Management Organization (Children's Home Society, One Hope United, or Devereux) will be completing your home study.
- You will receive a packet of information to complete. It is imperative you provide all requested documents as quickly as you can.
- Once they have reviewed your packet they will be calling to set up the home study. Please discuss the details of the home study with your assigned adoption specialist. If you do not yet have one, you may contact the adoption supervisor with any questions about the process.
- Questions?



# Questions?

- Handouts
- No
- UNMATCHED Families – Class Complete for Today! See you next session!
- MATCHED Families – Stay for further discussion!



# HOME STUDY PROCESS

- For UNMATCHED Families:
- Upon completion of your home study binder a Heartland Adoption Specialist will review all documentation. Information like your family profiles, references, backgrounds etc. will all be used to create your home study interview. Every interview is specific to the family.
- The home study is primarily discussion, talking about your childhood, your relationships, career, parenting, health and mental health, etc.





# HOME STUDY CONTINUED

- During COVID-19, the interview portion of the home study will be completed by virtual video call. The length of time is different for every family, but is at least a few hours.
- If you are a couple, both applicants must be there.
- While we typically ask that children have other care arrangements, we are experiencing a new normal and it's okay if your children need to be home. Please note that we may discuss some uncomfortable subjects so plans should be made to ensure these can occur out of earshot of your children.



# HOME STUDY CONTINUED

- A physical home visit will be made to your home to complete a walk through and observe the home. We will check in on everyone's health just prior to the visit.
- The walk through will be short, and we ask that all household members wear a mask, if possible. Please make all efforts to maintain a physical distance of 6 feet, especially if you cannot wear a mask.
- In addition, please have all doors in the home open, including to any room in the home, closets, etc. to reduce the amount of contact required.



# HOME STUDY CONTINUED

- Your home study will be written up by the adoption specialist and submitted to the adoption supervisor for review.
- There are times when additional information may be needed and we discuss any further needs with you.
- You will receive a copy of your home study for review. Let us know if there are any inaccuracies of fact.
- Upon supervisory approval of the home study, we can begin matching!
- We ask that you give us 6 months to match locally before you seek any out of county matches.



## What happens next?

- Once your home study is completed and approved by Heartland for Children, you will be provided with a copy for your records.
- Then you wait.... This is the most difficult part: the time between your home study completion and a match.
- *Be Patient!* It is hard, but finding a right adoptive match is better than rushing into a "maybe" match. Remember, Adoption is a permanent commitment and this will affect your family long term – so it is an important decision!



## Matching ...

- I will work on recruitment for you..... But remember, *I am looking to match our children with families – not to match our families with children.* I only know about children within our area.
- You can also see available children for adoption in our Circuit via the Adoption Heart Gallery
  - [www.heartgalleryofheartland.org](http://www.heartgalleryofheartland.org)
- Other websites are:
  - Adoptflorida.com
    - Links to specific Heart Galleries
  - Adoptuskids.com



## Tips!

- Keep in contact often to touch base.
  - Contact with all families should be made at least once per month.
- *Be open.* The more open you are about what child/children you are interested in – the more likely you are going to be matched.
  - Remember the majority of the children that need a forever family are between the ages of 10 and 17 and have moderate or severe needs.
- Do not lose hope or interest just because it is taking a while to be matched. Matching is not an easy thing. Think of how long it takes to find a spouse and the process that occurred to make that happen!
- Make connections with others in this class! They can be a good addition to your support system!



# Prepare for success!

- Timing! It has to be the right time, and time that you can dedicate to the process.
  - Remember that adoption is a journey, not an event.
- Continue your education!
- Be ready for change. With adoption comes adaptation!
- Match wisely! There is no knowing how long it will take to be matched. It's okay to say no and it's okay if it takes longer than a year. Don't force it to fit to fit in your timeframe.
- Be your child's advocate!
- Be honest and open! It's okay if you need help and supports.
- Create a strong support system who will understand and support you.
- Be okay with the notion that it will be hard work!



# How matching process works....

- There are various ways that a match can occur....
  - You can inquire about a child you see online at the Heart Gallery
  - You can be recommended as a possible match for a child from your Adoption Specialist
  - An Adoption Case Manager can review your study and think you could be a good match for a child/children they are working with.
- When you inquire, or you are recommended, the agency will take time to review your home study to see if you could be a possible "match" for their child/children based upon reviewing your strengths as a family and comparing it with the child's needs and their strengths.
  - The time taken to review your study could be a couple weeks; it can be longer if they are considering a wide variety of other potential families.
  - It is always good to follow up about every two weeks to see if there is any progress determining a match.



## Matching Process continued...

- There are various meetings during the adoption process. All of which are a little different with different names, depending on the agency.
- If you are chosen as a potential match for a child/sibling group along with a couple other families – they may invite you to a match meeting.
  - This basically means they want to meet with you in person to discuss the child/sibling group and present the child's needs and strengths and try to evaluate if you can meet those needs and support the strengths.
  - Typically they are also meeting with a few other families as well; this does not mean that you are "matched" yet (unless they tell you otherwise).
  - When hearing the child's needs and strengths, be honest about your family's ability to provide for that child/sibling group.
  - Some agencies will send you the child study prior to the match meeting so you can see beforehand the child's needs and strengths.



## Matching process continued...

- When matched, you will initiate the disclosure process and disclosure meetings.
- Disclosure is very important. This is your opportunity to review the child's history. This includes information about why he/she came into care, why the parental rights were terminated, medical history, educational history, siblings or other connections, special needs, behaviors the child demonstrates, placement history, etc.
  - Please ensure to do disclosure before meeting the child!
- This should be the time when you ask questions and try to get to know the child as best you can without meeting him/her. It is suggested you talk with people who know the child well – such as the Guardian Ad Litem, Foster Parent, Therapist, Case Manager, etc.
- Disclosure meetings are typically more than just one meeting. It is a few meetings – as it is a lot of information to take in one sitting.



## After Disclosure...

- If after disclosure you are comfortable and confident you can provide for the child's needs and support their strengths, visitations will initiate.
- You should never agree to meet the child and begin visits if you are not confident that you can provide for the child's current and long-term needs. It is not fair for the child to have a visit with a family who cannot care for them.
- Visits are typically supervised at first so the child has a familiar person nearby and interactions can be observed.
- Visits progress from supervised to unsupervised day visits, to overnight visits, to weekend visits, progressing until the child, family, and case management organization all agree the child is ready to move in.
  - The number of visits until the child moves into the home is not a set amount, varying by case. A general example is two supervised visits, three unsupervised day visits, two overnight/weekend visits before the child/children move in.
  - School must also be considered. Generally moves are made during school breaks to keep disruption at a minimum as many children will need to change schools.



## Getting ready for placement

- What a child brings...
- There will be people visiting your home prior to finalization.
  - Case Managers – at least every 30 days
  - Guardian Ad Litem – typically monthly
  - What happens when they come?
- The child(ren) must live with you **at least** 90 days before the adoption can finalize.
  - Decision to finalize is determined by the family, the child, and case management organization.
  - Rushing to finalize may not be in everyone's best interest. Take time to stabilize your new family with close supports before you finalize the adoption.
  - Once finalized, the case is closed.



# Questions?

- THANK YOU ALL SO VERY MUCH!



## **CREATING SEXUAL SAFETY FOR CHILDREN: ISSUES FOR CHILD WELFARE PROFESSIONALS**

### **WHEN A CHILD MASTURBATES**

The very word "masturbation" makes some people feeling like blushing. For hundreds of years masturbation has been pictured as a shocking, harmful habit. And as a result many parents are quite naturally disturbed when they first find their child masturbates.

This whole subject is surrounded by some dangerous untruths which have caused vast harm to children and unhappiness to their parents. To give little boys and girls the best kind of childhood, parents should know the truth about masturbation. They must have the facts.

To approach the subject soundly one must first throw out many of the ideas that have accumulated through the ages, ideas which even some books on medicine and child care have helped spread.

#### **These are the Facts:**

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Let's get rid of the untruths first...

- Masturbation will not injure people's bodies or make them unable to marry.
- It will not cause them to "go crazy".
- It is not something perverted or to be looked upon with shock or horror.

#### **And now here are the important truths...**

- All children do a certain amount of masturbation. In its milder forms, masturbation is not serious and it is to be expected.
- Brief or occasional masturbation should cause no concern whatsoever. When it is indulged in *excessively*, it indicates that the child is tense or worried about something and it therefore becomes necessary to find the cause of his/her tension.
- It is not the masturbation itself which is serious or harmful but the worry and anxiety it causes to both parents and children.
- Masturbation is not a cause of other problems but it can be a symptom that other things are wrong in the child's life. When it is excessive it is a sign of emotional distress



## **It is Natural for Children to Handle Their Genitals**

A child may, with no intent to stimulate the genitals pluck at his clothing if it is too tight, or touch the genitals when he wants to go to the toilet, but this is not considered masturbation. Masturbation is the touching or handling of the genitals purposely for the sensation it creates.

Children are natural explorers. They learn about the new world by feeling and touching new things. Sex is no exception. Children have a healthy curiosity and are interested in exploring all parts of their body (and other peoples' too). They stick their finger into their navels, noses, and mouths, and experiment with their toes and fingers. When by chance they touch their genitals and find that this produces a sensation, they are likely to repeat it. To them this is a class with other sensations derived from the senses of touch--sucking the thumb, twisting a lock of hair, caressing a soft piece of silk or a woolly toy animal.

### **When Parents Are Upset...**

To adults it is sometimes a surprise to realize that children do have sexual feelings and that by touching themselves they derive a mild form of sexual pleasure. Parents fear that a child who shows sexual feelings early in life may grow up to be too strongly sexed or in some way abnormal. Actually a moderate amount of handling the sex organs is normal and will be found in all children. The feeling in the genitals is one of the many kinds of sensations which the body gives, a sensation which the child naturally wishes to explore and to enjoy occasionally. Moderate amounts of masturbation, therefore, can and should be ignored.

Perhaps you are one of the many adults who have believed, all your life--every since you were a child- that masturbation is unhealthy, shameful, bad, etc. If so, you are bound to feel troubled when you discover that your child masturbates. Your natural reaction is to try to put a stop to it immediately by the most direct means. But keep in mind this well established fact; some handling of the sex organs is completely normal and to be expected. All children do it.

So, in order to help your child, the very first thing to do is to stop worrying about masturbation.

### **...The Child's Problem Increases**

When you have overcome your own anxiety concerning this part of children's behavior, you will be better able to avoid the mistakes so often made by adults. That mistake is to indicate to the child that you think he/she is doing something bad when he/she is only doing something natural.

To the child, to do something bad is the same as if he/she himself/herself were bad. When children feel they are bad persons, they feel guilty. This, in turn, makes them begin to fear that their parents do not love them because of their "badness". Then they start worrying because to them the love of their parents is the most important, the most necessary thing in their whole world. They can not exist without it. Their happiness and their very life depend on their parents taking care of them and their parents will take care of them only if they love them. The fear of losing this love is the root of anxiety.

These emotions--guilt, fear, and anxiety--spell trouble. They are the basis for the child's worries. They are the underlying cause of many behavior problems of child-hood and may lead to unwholesome, unhappy attitudes in adult life. They may be the causes, too, of other problems such as nightmares, temper tantrums, aggressive behavior and habits such as bedwetting and thumbsucking at a later age. They are also at least partly responsible for the ingoing, introverted personality for which masturbation is sometimes mistakenly blamed.

Therefore, if a child's parents punish him/her for masturbating, they may increase his/her problems. Disapproval, scolding, or punishment intensify the child's guilty and fearful feelings. It may happen that the more he/she is forced to think about masturbation, the harder it is for him/her to refrain. A vicious circle is set up. The more he/she masturbates the more he/she worries; and then the worry causes still more masturbation. Threats may possibly make him/her stop (they probably won't) but even if they appear to be "successful"; they are likely to stir up other anxieties.

### **These are Good Ways to Approach the Problem**

- Give the child every assurance that he/she is both safe from harm and a good child.
- Avoid words, attitudes or actions that might make the child afraid or ashamed.
- Give praise and affection at special times, such as when he/she is going to bed, or has been disappointed or has had trouble with other children.
- See that he/she gets plenty of opportunity for happy relations with his/her playmates as well as activities which capture his/her wholehearted interest. If he/she show any interests let him/her pursue them.
- Answer his/her questions, both the ones asked and those which are obviously troubling but remain unexpressed.
- However young a child may be, give him/her an explanation when he/she shows interest or puzzlement over the sex differences. Tell the child in a causal, matter-of-fact tone; boys and men have penises and girls have vaginas and clitorises.
- Answer his/her questions about babies in a way he/she can understand. If his/her natural curiosity is satisfied at each stage of development, he/she will be more likely to have a normal, health attitude toward sex and to avoid some of the fears and confusion so often associated with the subject.

### **Punishment is Unwise**

Punishing a child, either by means of words or force, or even mild reprimands on the subject, is unwise. The chief danger of punishment is that it makes the child feel guilty--that he/she is bad, naughty.

Another reason for avoiding punishment is that it may play upon and confirm the fear which he/she may already have to some degree, that is, fear of injury to his/her genitals. Many children do worry for fear their genitals are impaired in some way or that something is lacking. When children first become aware of the differences in the sexes, they are likely to experience some anxious moments.

A little girl, for instance, frequently asks why she doesn't have a penis like her little brother and in playing games may show her wish to have one. Girls often assume they have been injured or that there is something wrong, missing, or unfinished about themselves. Boys often have similar thoughts when they see little girls and consequently may fear that the same thing will happen to them. Because children, with their primitive logic, often associate these fears with masturbation, punishment for masturbation may only increase the fears. What they need is the exact opposite: reassurance. Masturbation is less likely to cause anxiety if children get the right kind of reassurance than if they are punished.

### **Threats are Punishment Too**

People often think that "to punish" a child means to do something to him/her physically and that merely "threatening" him/her with punishment is not punishment itself. Actually it is more accurate to regard as punishment anything which frightens the child or makes thing unpleasant for him/her.

### **Some Suggestions for Parents and Teachers**

Do not use any harsh or severe methods to make a child stop masturbating. Never tell the child that he will injure himself/herself, get sick, become infected, or not grow. And never slap his/her hands or use any kind of punishment or restraint. Don't offer rewards in order to make him/her give it up.

Ordinarily it is better not to call the child's attention to his/her masturbation or to discuss it, especially if he/she is very young (only three or four). At that age, your comments may just cause the child to give it a special meaning that he/she wouldn't have thought up himself/herself. However, he/she is pretty likely to hear about it from other adults sooner or later, and possibly in such a way as to upset him/her. Therefore, if he/she is old enough, say five or so, it may be advisable to say, "Some people think that does not look good in public. It is better not to do it when you are around others." If he/she has been scolded elsewhere, or if he/she seems to be trying to get over the habit, discuss it with him/her, reassure him/her, tell him/her that it is not important but that some people object.

If you are a teacher, and a child is masturbating so much in nursery school or kinder-garten that the other parents or teachers seem disturbed or embarrassed, one of your chief tools will have to be distraction. Have activities he/she enjoys most, help him/her to be friends with the other children. Do not let the criticism of others push you into drastic action which you think is unwise.

## **What to Do to Help Yourself**

- Remember that a certain amount of masturbation is only a part of normal growing up.
- If you are worried, learn about why you need not be. This will not be easy if you yourself were taught that masturbation would cause all sorts of dreadful things. But it becomes easier as you gradually grasp the facts.
- Try to understand that some masturbation is to be expected in all young children and indeed in older children too. There is little reason for distress.

## **What to Do to Help the Child**

Look at the child's daily life as one complete picture. Analyze its parts and see if they add up to one satisfying whole.

## **Here are Some Questions to Ask Yourself**

- Is he/she encouraged to be physically active? Does he/she have plenty of space to run and climb, a chance for outdoor play?
- Does he/she have companions of his/her own age: Is he/she included in the group when he/she plays with other children? Is he/she liked by other children?
- Does he/she have appropriate things to play with? Not expensive toys--but things to push, pull, and tug, things to put in and take out and drag around, paints, clay, crayons--things which he/she can handle in his/her own way? Is he/she allowed to take a few favorite toys to bed with him/her so that before he/she goes to sleep and after he/she wakes up, he/she has things to keep him/her busy?
- Does he/she have reason to feel loved and accepted in his/her own home--with not too much expected of him/her, not constantly scolded or punished? Does he/she have assurance that he/she is growing in ability and independence?
- When the answers to most of these questions can be "yes" masturbation is not likely to be a problem.

# Recommended Reading

<i>Author:</i>	<i>Title:</i>
Markham, Laura	Peaceful Parent, Happy Kids: How to Stop Yelling and Start Connecting
Bryson, Tina Payne & Siegel, Daniel	No-Drama Discipline
Siegel, Daniel J. & Bryson, Tina P.	The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind
Forbes, Heather & Post, B.	Beyond Consequences, Logic and Control
Kremetz, Jill	How it Feels to be Adopted
Pelzer, Dave	A Child Called It The Lost Boy A Man Named Dave
Perry, Bruce D.	The Boy Who Was Raised as a Dog
Purvis, Karen	The Connected Child
Siegel, Daniel	Parenting From the Inside Out
Siegel, Daniel	Brainstorm: The Power and Purpose of the Teenage Brain
Chapman, Gary & Ross Campbell	The 5 Love Languages of Children
Van der Kolk, Bessel	The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
Kohn, Alfie	Unconditional Parenting
Rhodes-Courter, Ashley	Three Little Words: A Memoir Three More Words
Badeau, Susan	Are We There Yet?

# Recommended Online Videos

**Remembering Trauma, Official Film** (2017) – CCTASI at Northwest University uploaded on YouTube or find at [www.rememberingtrauma.org](http://www.rememberingtrauma.org) – Film about Complex Trauma and Misdiagnosis in Youth

**ReMoved Videos** – Parts 1 (ReMoved), 2 (Remember My Story) and 3 (Love is Never Wasted)

**How Childhood Trauma Affects Health across a Lifetime** – Nadine Burke Harris Ted Talk

**The Power of ONE Caring Adult** – Josh Shipp

Various Videos from the Karyn Purvis Institute of Child Development:

**Children from Hard Places and the Brain: Chapter 1**

**TBRI®: Trust-Based Relational Intervention®**

**TBRI® Animate: Attachment**

**TBRI® An Overview: Putting the Pieces Together**

**TBRI® A Sensory World Preview**

## **Adoption Websites**

Heartland for Children Adoption Site:

<http://heartgalleryofheartland.org>

National Adoption Site:

<http://www.adoptuskids.org/>

Adoptions in Florida (DCF):

<http://www.dcf.state.fl.us/adoption/search/indexnew.asp>

Florida's Adoption Information Site (Links to many Heart Galleries, resources, etc.):

<http://www.adoptflorida.org>

The Heart Gallery of Tampa Bay:

<http://www.heartgallerytb.org/>

The Heart Gallery of Pinellas and Pasco:

<http://www.heartgallerykids.org/>

The Heart Gallery of Brevard:

<http://www.heartgallerybrevard.org/aboutadoption.php>

The Heart Gallery of Sarasota:

<http://www.heartgallerysarasota.org/>

### Resource Sites:

Heartland for Children:

<http://www.heartlandforchildren.org/>

[www.rachelsadoptions.com](http://www.rachelsadoptions.com) – The website for adoption attorney, Rachel Medlin

[http://www.healingresources.info/emotional\\_trauma\\_online\\_video.htm](http://www.healingresources.info/emotional_trauma_online_video.htm)

Santa Barbara Institute

From Neurons to Neighborhoods: Trauma, Brain & Relationship – Helping Children Heal

Florida's Adoption Reunion Registry:

<http://www.adoptflorida.com/Reunion-Registry.htm>

North American Council on Adoptable Children:

<http://www.nacac.org/about/about.html>

Florida's Center for Child Welfare:

<http://centerforchildwelfare.fmhi.usf.edu/kb/resource/adoptparent.aspx>

### Other good sites:

U.S. Dept. of Education:

<http://www2.ed.gov/parents/academic/help/hyc.html>

Casey Foundation State Data:

<http://datacenter.kidscount.org/data/bystate/Default.aspx>

National Alliance on Mental Illness:

<http://www.nami.org/>

Juli Alvarado, Coaching for Life, Emotional Regulatory Healing:

<http://www.coaching-forlife.com/>

Marlynn Pharnes, M.A., LMHC, Adoption Competent Trainer, Adoptive Family Support Groups

[www.marlynnpharnes.com](http://www.marlynnpharnes.com)

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## Stories with Adoption Themes

### Early Childhood – ages 2-5

- Little Miss Spider – David Kirk
- A Koala for Katie – Jonathan London
- Adoption Stories for Young Children – Randall Hicks
- A is for Adopted – Eileen Tucker Cosby
- The Day We Met You – Keiko Kasza
- Why am I Different? – Norma Simon
- We are Different, We are the Same – Bobbi Jane Kates
- Horace – Holly Keller
- Adoption is for Always – Linda Walvoord Girard

### Childhood – ages 5-10

- Mommy, Did I Grow in Your Tummy? – Elaine Gordon
- Who Am I? and Other Questions of Adopted Kids – Charlene Giannetti
- “Why Didn’t She Keep Me?” – Barbara Burlingham-Brown
- Emma’s Yucky Brother – Jean Little
- Two Birthdays for Beth – Gay Lynn Cronin
- Twice Upon a Time: Born and Adopted – Eleanora Patterson
- One Wonderful You – Francie Portnoy
- Look Who’s Adopted! – Michael Taheri and James Orr
- Mr. Rodgers – Let’s Talk About It: Adoption – Fred Rodgers
- How Was I Adopted? – Joanna Cole
- Brown Like Me – Noelle Lamperi
- The Mulberry Bird – Anne Brodzinsky



Older Child and Teenager – ages 10+

- Filling in the Blanks: A Guided Look at Growing Up Adopted – Susan Gable
- How it Feels to be Adopted – Jill Krementz
- The Face in the Mirror: Teenagers and Adoption – Marion Cook
- Twenty Things Adopted Kids Wish Their Adopted Parents Knew – Sherrie Eldridge
- Growing Up Adopted: A Portrait of Adolescents and Their Families – Peter Benson
- Lucy's Family – Karen Schreck
- Adoptees Come of Age: Living Within Two Families – Ronald Nydam

## Relationship Building, Family Friendly Ideas

*This list is helpful for any family – but especially this may be a helpful list when looking for things to do during match visits. TIP: Try to keep it simple (avoid theme park or big trip visits), incorporate something your family already does or that you enjoy doing, incorporate the child's interests, and keep focus on relationship building!*

1. Library: Read a book together and then lunch
2. Hang out at Books-A-Million (or another book store) and eat at Yogurt Mountain
3. Ice Cream – Pure Magic, other local ice cream shop
4. Museum Visit (Polk Museum of Art, MOSI, Explorations IV)
5. Paynes Creek Historic State Park, Highlands Hammock State Park, or other State Park
6. Visit wildlife rehab center
7. Barnett Park
  - a. Play in fountains
8. Zoo/Aquarium
9. Orlando Science Center
10. Dinosaur World
11. Attend a performance/event of some sort that interests the child
  - a. Ballgame
  - b. Baseball game: Flying Tigers, Lakeland Tigers, Rays
  - c. Soccer
  - d. Theater play
  - e. Musical performance
  - f. T-Ball
12. Band Concert (Lakeland Concert Band, Marching Band competition, etc.)
13. Go shopping/window shopping for things the child likes
14. Walk around Mall and then go see a movie
15. Bowling (day or Cosmic Bowl 6-10 p.m.)
16. Miniature Golf
17. Arcade
18. Bike Riding
19. Hiking;
  - a. Nature Trails – Take Pictures!
  - b. Map a Course and walk, jog, or bike hike
  - c. Collect Leaves
20. Fishing
21. Boating (be sure the child is wearing a life jacket!)
  - a. Canoe/Nature trip
  - b. Peddle Boats
22. Camping: Hardee Lakes
23. Campfire: lunch, dinner
  - a. Roast Marshmallows
24. Skating
  - a. Skate Park
  - b. Skate Boarding
  - c. Ice Skating at Lakeland Center
  - d. Roller-skating/rollerblading at Skate World
25. Have a Kite Making & Kite Flying day
26. Pony Rides
27. Pet, groom, feed and ride horses
28. Take dogs for a walk – Dog Park
29. Malibu Grand Prix (Tampa)

30. Family Fun Center (Lakeland)
31. Off the Wall Adventures: Rock climbing, paintball, batting cages
32. Spend time at the Pool
  - a. Water games – water guns/sprayers
33. Beach Day
  - a. Build a Sandcastle
  - b. Snorkel
  - c. Look for seashells
  - d. Play catch
  - e. Swim
  - f. Fish
  - g. Cook out on the beach
  - h. Walk on the beach
34. Swim in the Springs
35. Water Tubing at Rainbow River
36. Play in Sprinklers at Home
37. Slip-n-Slide
38. Play Hopscotch
39. Jump Rope
40. Play Hide and Seek, Tag
41. Blow Bubbles
42. Plant a Garden/Plants together
  - a. Help everyone plant their own vegetables, fruit, or flowers
  - b. Yard work together - gardening
43. Pick fruit such as blueberries or peaches
44. Explore downtown Lakeland's historic district
  - a. get lunch/dinner/ice cream
  - b. walk around downtown and Lake Mirror, Lake Morton, or Lake Hollingsworth
  - c. visit art work – statues on Lime Street
  - d. feed the swans, geese, ducks at Lake Morton
45. Grocery shop together to pick out an item for a favorite dish/meal: each person picks their favorite item as a part of the meal and helps prepare it if desired
46. Bake cookies, candy, goodies together
  - a. Cupcakes/cake: Decorate together with lots of icing colors and sprinkles
47. Drive in Movies for a dinner & show
48. Movie Night with Popcorn
49. Favorite movie marathon & pizza day
50. Chuck E Cheese
51. Manicure/Pedicure
52. Spend time with other kids in the family, aunts, uncles, cousins, etc.
  - a. Visit/let them meet relatives
53. Play child-appropriate music and dance with them
54. Play in back yard
  - a. Outdoor games
  - b. Baseball and/or Football games in yard
  - c. Backyard camping
55. Worship Service - Church
56. Parks
  - a. Day trip to park w/dogs and packed lunch
  - b. Playground and Picnic at the Park (Swings, Jungle Gym)
  - c. Go to Southwest Complex in Lakeland (softball fields and playground): play catch, bat, and use playground
  - d. Nearby park/sports complex to play sports

- e. Common Ground Park in Lakeland
  - f. Haines City Water Park
  - g. Picnic at Circle Bar R Ranch
  - h. Four wheelers at River Ranch
57. Lunch
- a. Lunch and a Movie
  - b. Park and Picnic (Hollis Gardens, etc.)
58. Family Dinner
- a. Pizza and Movie Night at Home
  - b. Family dinner & movie of child's choice
  - c. Grill out with friends (maybe they have children near the same age)
  - d. Backyard BBQ
    - w/corn toss & football
    - bonfire
    - s'mores
    - with/without extended family/friends
  - e. Cook out around Pool
  - f. Cook a favorite meal together
  - g. "Make your own Pizza" night then a play a game or watch a movie
  - h. Family Dinner at a Child-Friendly Restaurant and ice cream
59. Games:
- a. Board Games: Uno, Checkers, Trouble, etc.
  - b. I Spy
  - c. Legos, Puzzles etc.
  - d. Electronic games suited for the whole family
    - Toy Story video game
  - e. Family Game Night
60. Write a Story together, create a book
61. Arts and Crafts:
- a. Visit Picasso's Cup/art cafe
  - b. Pottery Painting – Paint your own pottery
  - c. Visit Hobby Lobby and pick a small craft to do together
  - d. Make bird toys/crafts
  - e. Scrap Booking
  - f. Arts and Crafts together at Home
  - g. Draw Pictures or Color together to talk about their interest and favorite colors
  - h. Create with Play-doh
  - i. Make Sock Puppets
  - j. Make a Collage
  - k. Sidewalk Art/Chalk
  - l. Coloring books
62. Riding day at the farm
- a. Horseback riding
  - b. Buggy rides
63. Day at the Rodeo
64. Day at Dog/Horse Show

Talk about the child's favorite part of book, movie, event, day, etc. to encourage communication

# Disclosure Form

*\*The attached Disclosure Form is for your review only. You do not need to do anything with this form at this time. You will receive this form from the case management organization when you are matched with a child, along with all the noted information. For families who already have children in their home, you will receive this form along with all the noted information. By signing this form, you agree that you have been provided the information. If you do not feel you have received the information, please do not hesitate to discuss this with your Adoption Specialist to ensure all information and documentation is provided.*



# DISCLOSURE INFORMATION TO ADOPTIVE PARENTS

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adoptive Parent(s) Name(s): \_\_\_\_\_

Placement through the Department of Children  
and Families Special Needs Adoption Program. Date of Adoptive Placement: \_\_\_\_\_

	YES	NO	NA
We/I have been informed of the reason our / my child came into foster care. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the reason our / my child was not able to ..... live with his/her birth family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the number of placements our / my child ..... experienced while in the care of the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been offered a copy of or have had the opportunity to read our / my child's:			
Health history records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential setting records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the age of our / my child's birth parents. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the existence of siblings to our / my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all known physical or sexual abuse of our / my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all known addictions of our / my child's birth parents. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of our / my child's medication history. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all the known genetic history of our / my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been given a copy of the non-identifying background information ..... of our / my child, including the birth mother's medical records documenting her prenatal care and the birth and delivery of our / my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all unusual incidents or traumas that occurred ..... to our / my child while in care of the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the availability of Adoption Assistance for our / my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed about the Florida Adoption Registry. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I understand that there may have been events or traumas that occurred ..... to our / my child of which the agency has no knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I understand that there may be medical conditions in our / my ..... child's background of which the agency has no knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been given a copy of this disclosure form. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I will keep the Department or Community Based Care Agency informed of ..... changes in our / my address in order that they may notify us / me if additional information comes to their attention regarding our / my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We/I have received the following documents regarding our / my child(ren). (Each adoptive parent must initial receipt of the following documents. All identifying information regarding the birth parents, foster parents and their families, siblings, relatives and perpetrators of crimes against the child or involving the child must be redacted.)

Parent's Initials

Shelter petition and shelter order .....	_____	_____
Dependency petition and dependency order .....	_____	_____
Modification petition and modification order if applicable .....	_____	_____
Termination of Parental Rights petition and TPR Order .....	_____	_____
Most recent Judicial Review Social Study Report and Order .....	_____	_____
Original Predisposition Report .....	_____	_____
Post TPR report if applicable .....	_____	_____
Child Study .....	_____	_____
Case plans that address the child's needs .....	_____	_____
Protective investigations identifying the child as a victim .....	_____	_____
Guardian ad litem reports filed with the court concerning the child .....	_____	_____
Psychological Evaluations and Comprehensive Assessments .....	_____	_____
Names of providers who provided services to our / my child while in foster care .....	_____	_____

_____	_____	_____	_____
Signature of Prospective Parent 1	Date Signed	Signature of Prospective Parent 2	Date Signed

The Adoption Counselor, \_\_\_\_\_, on behalf of the Florida Department of Children and Families, has provided all known information to the adoptive parents that the counselor has been able to obtain on this child.

_____	_____	_____	_____
Signature of Counselor	Date Signed	Signature of Counselor's Supervisor	Date Signed