DEVELOPMENTAL STATES OF UNDERSTANDING AND ADJUSTMENT

from

FACILITATING MEANINGFUL CONTACT IN ADOPTION AND FOSTERING:

A TRAUMA – INFORMED APPROACH TO PLANNING AND GOOD PRACTICE*

By

Louise Sydney and Elsie Price

...formation. However, professionals involved in kinship care ...er meaningful support to kinship carers and their children ...g the child make sense of their history through the use of work. This, of course, may prompt the child who is having ...ith their birth parents to ask questions. If you are embarking ...ind of work, it would be helpful to try to engage with the ...nt and explain to them the kinds of explanations you intend ...o the child. This could include offering them support in through how they could support the child should they ask ...stions, for example, about their drug and alcohol dependency. ...sensitive to children's developmental needs is also important. ...ildren experience the loss of their parental relationships in ...rent ways than do older children and teenagers. Kinship ...I need to revisit what they tell the children in their care as ...v and develop. What is acceptable and appropriate to tell a ...child about why they are not living with their parents, or ...parents present as they do, is unlikely to address the level an older child requires. Offering ongoing access to support ...sitive to the issues and experiences of kinship carers is a ...te to maximising the potential for them to meet the ongoing ...ing needs of their kinship children.

Developmental Stages of Understanding and Adjustment

Assessing and reviewing contact issues and needs in adoption and foster care

Our understanding of the development and psychological adjustment of the adopted child has been informed by the research conducted on the relinquished adoptee. Whilst some of these developmental tasks are relevant to the growing child who is placed with adoptive or other substitute parents due to maltreatment, there are some important differences that need to be considered when thinking about contact issues and updating life story work.

A child's understanding of themselves and their relationships is changing throughout their development and occurs within the context of the family and community within which they live. Relationships with peers and the school community play a huge part in how all children develop their sense of identity and self-awareness. All children will have views, feelings and reactions about the fact that some children do not live with their birth parents or families.

Much that has been written about the child's development and adjustment to adoption has been based on research of relinquished babies. Whilst the psychological tasks highlighted from such research are pertinent to all separated children, the experiences of maltreated children need specific recognition when considering the impact of contact arrangements on the child.

Child not adopted, fostered or in kinship care (or maltreated)	Child relinquished for adoption	Child removed due to maltreatment
0–36 months		
Trust vs mistrust, issues relating to attachment security and parental/caregiver sensitivity. Preferential attachment by 6 months by which time secure attachment relationships result in normal cortisol levels: therefore less stress upon development of the brain. Environmental experiences including attachment relationships impact upon neurological development, including the stress response system. Environment and routine is likely to be predictable, consistent with available carers. Proximity seeking with primary carers and internalisation of secure base. Can develop attachments to more than one parent/caregiver in order to maintain sense of safety.	Plus... The earlier the baby is placed the higher the probability of developing a sense of trust and attachment security. However, even the newborn can experience the loss of relationship with birth mother as traumatic.[1] If relinquished babies/toddlers are having contact with birth parents, contact will be infrequent and adoptive parents will be present, acting as secure base.	Plus... Pre-birth experiences, early abuse and neglect will challenge babies/toddlers in developing a sense of trust and safety. Depending on how contact is supported, experiences may unsettle or traumatise and regular separations from foster carers as well as birth parents, along with experiences of multiple escorts and supervisors can undermine the potential for building trust and an improved sense of security and regulation of stress. Toxic stress can cause developmental damage. Contact plans should address supporting babies and toddlers in reducing exposure to stressful experiences.

[1] Verrier, N. (1993) *The Primal Wound: Understanding the Adopted Child.* Louisville, KT: Gateway Press.

Toddler through to 4 years		
At age 4 secure attachment experiences will have established a normal pattern of cortisol level; this has taken from the age of 4–6 months. Increasingly develops physical skills and personal control. Develops a sense of autonomy/shame. From 3 years sense of self and others is developing – 'Who am I' 3-year-olds can tolerate short separations more readily. Begins to perceive differences and if notices them points them out. Tends to feel OK about adoption and difference in family structures.	Plus... Sense of self and others may be impacted by awareness of difference, e.g. transracial placement. Contact with same race birth family/community can support a positive sense of racial identity. If having contact with birth family it would be likely to be relatively infrequent and include adoptive parent(s) 'as secure base'.	Plus... Sense of self may be negatively impacted by early maltreatment, fear, loss and separations. Capacity for stress regulation may be compromised. Developing sense of autonomy can become a *need* to control. This may begin to manifest in play with others. Contact with neglectful or abusive parents, or parents unable to attune can reinforce negative experiences of mistrust and insecurity, reinforcing negative 'internal working models' about self and others. Supporting young children through reducing exposure to prolonged stress should be one of the aims of all contact plans.

Child not adopted, fostered or in kinship care (or maltreated)	Child relinquished for adoption	Child removed due to maltreatment
4–7 years		
Development of independence continues. Imaginative, magical and egocentric thinking develops, leads to beliefs that wishes can make things happen and that they are responsible for everything that happens to them and others who are important to them. Fearful thoughts and dreams. Fears being lost, or that parents will not be available when needed. Lots of questions about babies. At age 6 beginning to understand the difference between adoption and birth. Accepts adoption as a way to form a family.	Plus… Tends to like adoption story but does not understand adoption concepts. Tells most people they are adopted. Feels some difference, especially if in a multicultural transracial placement. Usually receives and accepts a simple but positive story about why they were relinquished for adoption. Need an explanation that helps understanding that they were born *and* adopted. By age 7 fears of parental loss or abandonment may begin to include worries about being given away again or being reclaimed by birth parents. Any contact will be inclusive of adoptive parents.	Plus… Children may believe they caused the maltreatment and loss of their birth parents. Even if no longer having direct contact with birth parents, fearful thoughts and dreams may link to experience of maltreatment. Children need security and reassurance, support in managing and contextualising fears that have a basis in reality. A simple and honest story about why they are in need of foster care or adoption which puts the responsibility of why and how with adults. May continue to be vulnerable to stress and have limited capacity for self-regulation. Support of an adult(s) who the child knows and with whom they feel safe is essential if having direct contact – ideally adoptive/foster parents.
7–11 years		
From around 6/7 mastering situations outside of the family is the major task; learning, developing motor skills and social interactions with peers are the major preoccupations. Success leads to a sense of competence and failure to a sense of inferiority. There is an incorporation of family values, development of conscience and an increasing capacity for self-control. Begins to understand that adoption/foster care means a child is given or taken away. Reactions to adopted and fostered peers depend on information from adults and the media. Will react to the status of adopted and fostered peers based on whether they like them or not: 'adoption is OK because I like you'. May wonder if their parents could give them away *and* have fantasies about living with different parents.	Plus… Thinks in a more complex way about adoption. Although may stop asking questions. Increasing interest in birth parents and starts to consider/evaluate the factual reasons they were 'given away' and consider the feelings of the birth parents. 'Why did they give me away?', 'Did I do something wrong?', 'Not everyone is adopted like me.' Fears loss of adoptive parents, e.g. through illness or of being reclaimed by birth parents. This is age/stage of adaptive grieving process. May feel confused or uncertain; certainty of permanence with the adoptive family means loss of the birth family. Need to mourn their losses and acknowledge the positives. May also have fantasies about living with different parents. If direct contact has been an ongoing feature adoptive and birth parent(s) are likely to have developed a co-operative relationship.	Plus… The development of academic learning, peer relationships, social and emotional skills may be delayed as a consequence of neglect and abuse. Children may experience significant levels of shame, self-doubt and low self-esteem. Insecure relationships with adoptive or foster parents may add to fears that they will be abandoned. Adaptive grieving may include thoughts and feelings about 'why did it happen to me?', 'the reason I was abused is because I was bad'. Interest in birth family may include concerns for the parents' wellbeing, fear of reprisals and being reclaimed. Contact can confuse and exacerbate insecurity if it does not support the child in making sense of their abusive history, placing responsibility for their removal from birth parents' where it belongs. Any child involved in direct contact needs the support of adults who know them and their history, needs and current concerns. For the adopted child this is their adoptive parent(s). There should be a similar expectation of support from foster carers.

Child not adopted, fostered or in kinship care (or maltreated)	Child relinquished for adoption	Child removed due to maltreatment
Early adolescence 12–15 years		
The beginning of the period of transition from childhood to adulthood. Research points to significant transformations in neurological structure and function which is not believed to be completed until mid 20s. Ability to think abstractly is developing. Emotional control may be volatile/angry, may resist authority, try on different identities. Onset of more risk-taking behaviours. Wants more control in life. Growing sense of self-awareness and identity issues. Tendency to reject peers who are different. May be negative about what adoption and foster care reflects about peers.	Plus... Adaptive grieving may include angry reactions. May be angry over loss of control over adoption decisions, wants more control in life. Has capacity for a more complex reasoning about adoption story and needs a more nuanced understanding. Sense of permanence with adoptive parents may reassert itself. Understanding of biological reasons for adoption becomes more complex. Generally does not talk about being an adoptee. Adoptive parents need to be proactive. Is beginning to separate from two sets of parents.	Plus... Adolescents who have experienced early loss and trauma can experience difficulty with leaving their secure base to explore the world, or can find returning or reconnecting with their secure base difficult. Adolescence can also offer opportunities to redo/understand early experiences of attachment and loss – maltreatment. Can understand the concept of child welfare, the role that outside authorities play in removal and that their needs were better met by adoption. A good time to revisit life story work...if having direct or letterbox contact, may benefit from an opportunity to ask for information from birth parents/family. Will need the empathic support of adoptive parents and birth parents for such contact to be beneficial. No contact/discussion risks adolescent initiating own searches.
Begins process of separating from one set of parents. In adolescence the search for romantic relationships begins to influence the continuing need for affectional bonds.	May begin to want more control over any ongoing contact arrangements, e.g. opt out or have them in a different way. If adoption has been closed then may initiate own searches/exploration, e.g. through use of the internet.	The adolescent in foster care may have little opportunity to review their history (frequently do not receive life story work or have later life letters) and may have relatively high levels of contact during which historical reasons for removal have not been addressed. Therefore, may struggle to manage a healthy sense of identity and be vulnerable to being drawn to identification with dysfunction.
Later adolescence		
Both *parent* and adolescent can agree the same objective for the young person in late adolescence: to learn to act more 'grown up'. They may differ, however, in the meaning they attach to this objective. For parents it may mean learning to take on more adult responsibilities. For the teenager it means taking more adult adventures to confirm that they are officially old enough to do so.	Plus... Is taking the next psychological steps in separation/individuation with two sets of parents in mind. Fear of abandonment can transfer to romantic relationships.	Plus... Romance and sex are powerful triggers for activation of attachment issues, and early maltreatment can impact upon the young person's self-image and sense of self as worthy and lovable. Emotional maturity may be delayed and the task of separating from adoptive/foster parents more complex.

cont.

Child not adopted, fostered or in kinship care (or maltreated)	Child relinquished for adoption	Child removed due to maltreatment
Neurological changes are ongoing. Separates from one set of parents. May face concerns about leaving home but usually feels secure about its permanency.	As understanding becomes more sophisticated, more awareness emerges about physical and personality identity. A lack of information/contact can lead to idealising birth parents. At age 18 the adopted young person can legally and independently seek information about birth history and initiate search and reunion, although they may begin this process much sooner given access to information via the internet.	If adopted young people have not had contact they may seek out information/contact independently. Increasingly fostered young people may be having unsupervised contact with birth family who may be anticipating their return aged 18 or before. Those who took a 'parentified' role when younger may struggle to resist this expectation, while those who experienced rejection by birth parents may encounter further rejection and hostility. Whether adopted or fostered these young people need continued opportunities to discuss/receive support, in managing contact/no contact and the meaning of their early life experiences.

Endnotes

Chapter 1

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