

University of Massachusetts Boston

## ScholarWorks at UMass Boston

---

Instructional Design Capstones Collection

Instructional Design Graduate Program

---

5-2013

### Seeing Adoption with Eyes Wide Open

Cheryl Millman

*University of Massachusetts Boston*

Follow this and additional works at: [https://scholarworks.umb.edu/instruction\\_capstone](https://scholarworks.umb.edu/instruction_capstone)



Part of the [Family, Life Course, and Society Commons](#)

---

#### Recommended Citation

Millman, Cheryl, "Seeing Adoption with Eyes Wide Open" (2013). *Instructional Design Capstones Collection*. 3.

[https://scholarworks.umb.edu/instruction\\_capstone/3](https://scholarworks.umb.edu/instruction_capstone/3)

This Open Access Capstone is brought to you for free and open access by the Instructional Design Graduate Program at ScholarWorks at UMass Boston. It has been accepted for inclusion in Instructional Design Capstones Collection by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact [scholarworks@umb.edu](mailto:scholarworks@umb.edu).

*A final project presented to the faculty of the  
Instructional Design Masters Degree Program  
University of Massachusetts at Boston*



# Seeing Adoption with Eyes Wide Open: Understanding the Special Needs of Traumatized Children

---

*Submitted by: Cheryl Millman (New Janus Training)*

*In partial fulfillment for the requirement of the degree  
MASTER OF EDUCATION*

*May 2013*

---

Approved by Betzi Bateman

Faculty

---

## DEDICATION

This project is dedicated to my son, Yuriy, without whom I would not have had the courage or drive to learn about the aspects of adoption that can be so difficult to understand and to embrace.

To my husband, David, who has stood and continues to stand by my side. Without David's strengths and insights, our adoption would have failed long ago. His encouragement and support have made this educational journey possible.

To all the parents of adopted children who have struggled. You opened your hearts and made yourselves vulnerable to all the demons your children carry within their souls. Your strength, stamina, and dedication are what keep them strong and safe.

## ABSTRACT

Families who choose to adopt may do so for a variety of reasons. Some may choose to adopt due to infertility or medical issues with one or both of the parents, so they may choose to adopt to avoid the risk of passing on a genetic or medical condition. Some may believe they are saving a child who otherwise would not grow up with the benefits of a loving and supportive family, and some choose to adopt because they lack an appropriate partner with whom to have a biological child. Regardless of the reason, parents believe that with love and a nurturing environment, the child will thrive and will love their parents as if they were born to them.

However, for those families whose adopted children have trauma histories, which may or may not be known at the time of the adoption, the reality of their family may be quite different from their dream. These families are often ill-prepared to manage and parent a child whose behaviors are unimaginable or unmanageable. New Janus is a single-staffed family training organization whose goal is to help parents prepare for the challenges associated with an adopted child who is one year or older and who has a history or trauma.

The goal of this training program is to help parents assess their ability to parent an adopted child whose history of trauma and whose behaviors push parents and the family into chaos.

To determine the specific training needs parents will need to assess their ability to parent a child with a trauma history, a needs assessment was done, collecting data via one-on-one interviews. Several individuals were interviewed including the director of a group home for adolescents, two social workers, and six parents of adopted children.

The analysis of the needs assessment data pointed to three training topics, including:

- Trauma: recognizing the types and degree of trauma a child may experience and how that trauma may manifest itself in the family setting.
- Parenting skills: identifying parenting skills that will be effective with children who have trauma histories and adjusting expectations with regard to the child's overall behavior and expressions of affection.
- Support services: identifying the variety of support services that may be needed at any time during the adoption journey.

Considering that the nature of this content is both extremely personal and emotional, New Janus determined that live, face-to-face training will be the most effective training approach. The training will be divided into three 3-hour sessions. The first and last sessions will be facilitator-led with a focus on engaging and encouraging parents to examine their vision of their adoption and compare that to the challenges and behaviors of adopted children who suffer from trauma histories. The second session will be a panel discussion that includes a social worker, a special education professional, a psychologist, and adoptive parents. A summative evaluations will be done at the end of each session.

## TABLE OF CONTENTS

Dedication .....	i
Abstract .....	ii
Background .....	1
Data Collection .....	3
Preparation .....	5
Data Gathering Results .....	6
Conclusions .....	12
Recommendations .....	13
Program Goal .....	14
Training Approach.....	22
Target Audience .....	25
Learning Context .....	28
Program Duration .....	28
Prerequisites .....	29
Instructional strategies .....	30
Training Materials .....	39
Evaluation .....	41
Bibliography .....	43
Interview Guides .....	46
Reflection .....	48

## BACKGROUND

The challenges that pre-adoptive families and families who have recently adopted an older child face can result in family chaos, emotional and financial ruin, and in the worst case dissolution of the adoption. Many of these children have suffered some level of trauma. This trauma can manifest itself in many different ways. New Janus is a single-staffed family training organization whose goal is to help parents prepare for the challenges associated with adopting a child who is one year or older.

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

Parents adopting through the U.S. foster care system are required to take parenting classes as part of their home study process, and while some private agencies are adding this requirement, many agencies and attorneys do not require adoptive parent preparation classes (Adoption.com, 2013).

Despite these training requirements, parents struggle, children struggle, and adoptions dissolve.

Families who are ill-prepared to adjust to and cope with the special challenges that adopted children present end up either disrupting (an adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized) or dissolving (ending an adoption after it is legal) their adoption. Individual studies of different populations throughout the United States consistently report disruption rates that range from about 10 to 25 percent and dissolution rates that range between 1 and 10% (Child Welfare Information Gateway, 2012).

This needs assessment was conducted to identify the gap between the desired status and actual status (Dick, Carey & Carey, 2009, p. 22). Specifically, the intent of the needs assessment was to uncover specific training needs that could help parents who at the pre-adoption phase think that love is enough to raise an adopted child (actual status). However, parents need to recognize that not all adoptions follow the path the parents envision when they decide to bring an adopted child into their family (desired state) and that many children who suffer trauma need more than love to be able to live in a family setting.

Data was collected via one-on-one interviews. This allowed the interviewer to gather detailed information and to probe and further clarify responses (Gupta, Sleezer, & Russ-Eft, 2007, p. 139). Nine individuals were interviewed. The interviewees included three professionals and six adoptive parents. Each interview lasted approximately 45 to 60 minutes.

The data collection resulted in two major themes that impact families' abilities to parent and cope with children with trauma backgrounds. The first was the lack of emphasis and/or lack of content around major issues associated with adopting the traumatized older child, and the second was recommendations for parents to ensure they are prepared if and when they are in crisis.

The following are three consistent issues that were recorded during the interviews:

- Parents did not know enough about how trauma could affect the child, and by extension, the family.
- Parents were not prepared to deal with the social and emotional behaviors connected with reactive attachment disorder (RAD) and post-traumatic stress disorder (PTSD).
- Parents did not put the supports in place that were needed when the family was in crisis.

There were several recommendations made by the interviewees. The top four recommendations were:

- Find and join support groups. There are many different support groups, ranging from adoptive parent support groups to NAMI (National Alliance on Mental Illness) to SEPAC (Special Education Parent Advisory Council). The best support comes from those who have been there.



- Self-educate by reading, taking classes, and talking to professionals. The more a parent knows about trauma, RAD, and PTSD, the better prepared they will be to cope and parent a traumatized child.
- Find a therapist whom you trust and with whom you feel comfortable.
- Advocate for yourself, your family, and your child.

## DATA COLLECTION

Data was collected via formal one-on-one interviews and informally from personal experience and informal research. All interviews lasted between 45 and 60 minutes. Nine people were interviewed. Three interviews were conducted in person, while the remaining six were conducted over the phone. All interviews were conducted in February 2013. The following is a list of the interviewees and a brief bio:

- Renee is a social worker and the director of a group home for adolescents and young adults between the ages of 16 and 22. The residents typically arrive at the home when living in the family setting is no longer safe or an option. The home houses nine residents, of which two are adoptees. Renee was interviewed in person.
- Jami is a licensed social worker and the director of family services at Adoption Journeys. Adoption Journeys provides post-adoption services to families. They provide whatever supports a family may need to preserve the placement. Jami has been working with adoptive families for more than a decade. Jami was interviewed over the phone.
- Nicole is a licensed social worker at Riverside Community Care. Riverside provides child and family wraparound services for families in need. Nicole is also a “per diem” social worker at St. Ann’s Residential Home, which supports those who are emotionally or behaviorally disturbed. Nicole has been in this role for five years and was interviewed over the phone.
- Mary Beth and Bonnie are adoptive mothers to two daughters, ages 15 and 17. The girls were adopted when they were 7 and 9 through the Department of Children & Families (DCF). Bonnie and Mary Beth were interviewed in person.
- Marilyn is the mother of two adopted boys, ages 10 and 12. Both boys were adopted as infants through a licensed adoption agency. Marilyn was interviewed over the phone.

- Jean is the mother of an adopted daughter, age 13. The daughter was adopted from China two days shy of her first birthday through a licensed adoption agency. Jean was interviewed over the phone.
- Judith and Kelly are the guardians of a young man, now age 22. Their “son” joined their family through an attorney at the age of 15. Judith and Kelly were interviewed over the phone.

## PREPARATION

Prior to conducting the interviews, a semi-structured interview guide was developed, with two similar sets of questions. One set of questions was developed for professionals and another for parents. A semi-structured interview guide was used so that the interviewer would be prepared, would allow interviewees the freedom to express their views in their own terms, and would provide reliable, comparable qualitative data (Cohen & Crabtree, 2003).

Interviewees were called in advance to schedule a time that was convenient. Each interviewee was provided an overview of the project and the reasons for their participation. Interviewees were not provided a copy of the interview guide either prior to or during the interview. (See Appendix for the interview guides.)

After all of the interviews were conducted, a hand-written thank you was sent to each interviewee.

## DATA GATHERING RESULTS

The data collected during the interviews was categorized into two main categories: training and recommendations. Following are the results and highlights of the interviews.

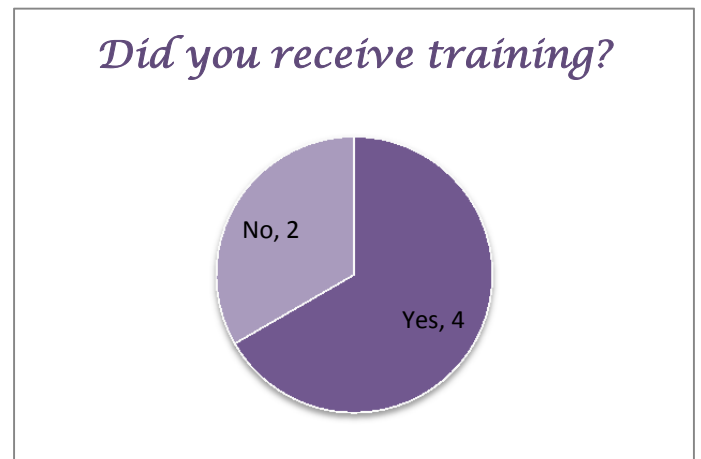
### Training

Of the six parents interviewed, two had received no training.

#### *MAPP Training*

Two parents received the Model Approach to Partnerships in Parenting (MAPP) training. MAPP training teaches pre-adoptive parents about the needs of children in the foster care system and how best to parent children with specific social and emotional needs. The course delves into behavioral and emotional needs, legal issues with adopting children in foster care, and other important topics.

- One parent thought the training was good yet it “scared her to death.” The training did provide insights into the behaviors associated with RAD and PTSD. However, she felt the training did not spend enough time discussing the spectrum of RAD and PTSD behaviors and the impact the behaviors could have on the family as a whole and the parents as individuals.
- The other parent felt the training was “sugarcoated” and not very effective.
- Each of these parents attended the training at a different time, and the training was conducted by different instructors.



### *Agency Training*

Two parents received training through their adoption agencies.

- For one parent, her agency provided training that included presentations from a social worker who discussed the adoptive family, and as part of the training they did “a lot of soul searching.” Although the training was adequate, this parent did not feel that it prepared her for the challenges she faces with her child, who has been diagnosed as bipolar.
- The other parent who received training through her agency received no parent preparation training. Her training focused on the adoption process. This parent felt what she received was fine. To date, her child has shown no symptoms or exhibited behaviors associated with a trauma history, RAD, or PTSD.

### *Parent Preparation*

Parents were asked if they thought their training was effective with regard to helping them prepare for the challenges of integrating an adopted child into their family.

- Of the parents interviewed, only one felt that the training had adequately prepared them for the challenges they have faced and continue to face with their adoptive children.
- One parent shared that she had not and will not have challenges.
- Specifically, parents shared the following concerns and challenges, and in some cases how impotent they felt when dealing with the effects of trauma:

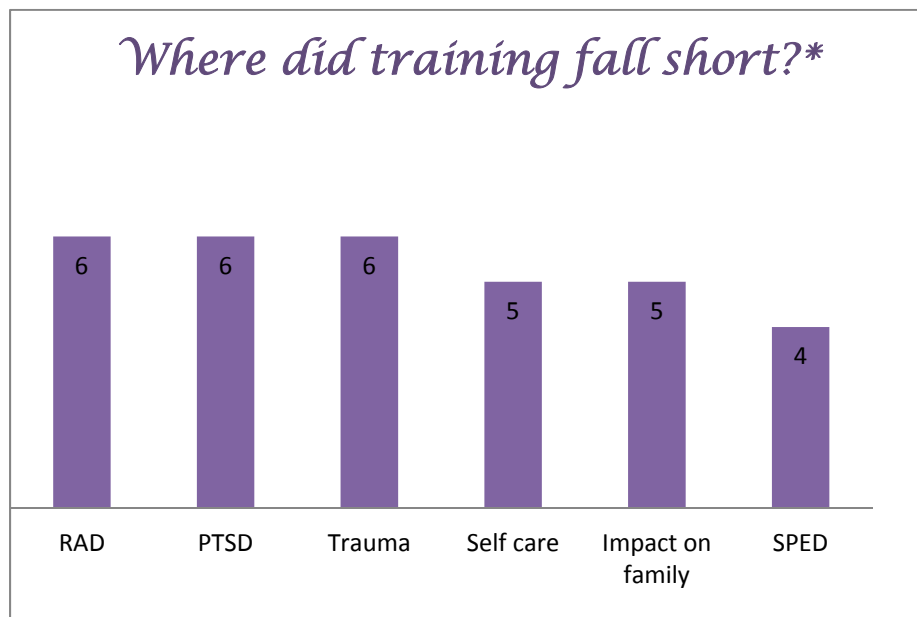


- “I didn’t understand the full spectrum of RAD behaviors that my child would exhibit.”
- “Regular parenting doesn’t work. I had to learn how to parent my child.”
- “I was unprepared to get so little back from my child.”
- “My child will not accept my guidance or support. He has a visceral need for independence.”
- “He is macho and adamant about making every decision on his own.”
- “His need for independence made me feel unnecessary and incompetent as a parent.”
- “My child cannot be parented. He rejects it at every turn.”
- “We thought if we loved him enough and cared for him, he would be okay and he would love us back.”

- “I wasn’t his parent. He never quite came around. He never became the son I hoped he could be. I was hurt for him because I knew how much we had to offer him and he just couldn’t get it. I was very conflicted.”
- “He never felt like he was part of the family. He felt like an outsider.”
- “He didn’t think we trusted him.”
- “I felt so isolated from my friends. They didn’t understand what our lives were like.”

### *Training Modifications*

As part of the interview process, both parents and professionals were asked to describe the ideal training they felt pre-adoptive parents should receive. The majority of the respondents began this discussion with what was missing in the training (i.e., the training gaps), which translated to what was needed. Although the professionals had not been through the training, based on their interactions with parents, they could identify what skills and knowledge they felt parents needed.



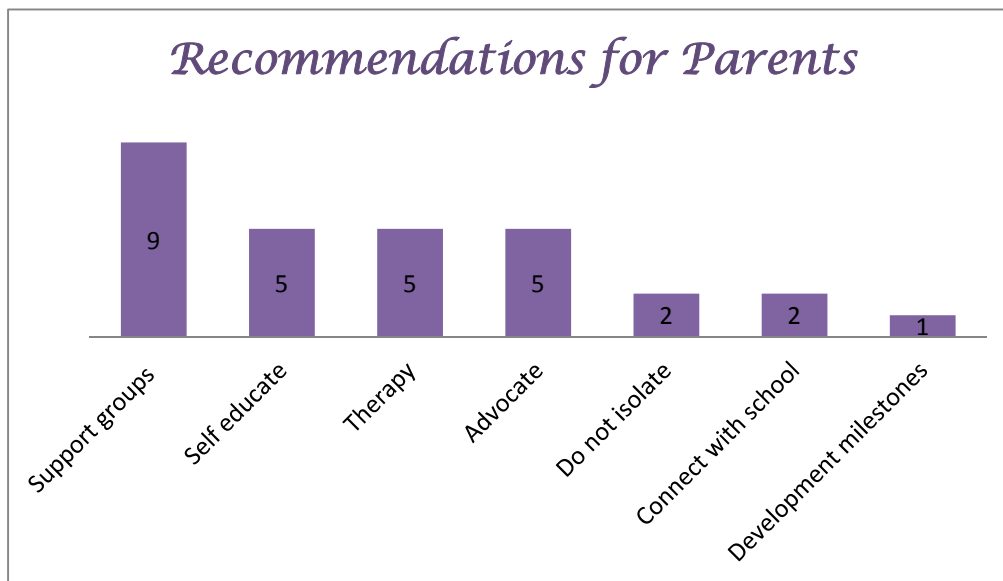
\* These results include input from the three parents who had attended training and the three professionals.

- Learning more about RAD was at the top of everyone’s “need more training” list. The spectrum of behaviors associated with RAD range from lack of smiling to self-mutilating behavior. Although RAD is discussed in the training, the interviewees felt more time needed to be spent on distinguishing between normal behaviors and those connected with RAD.

- As with RAD, interviewees felt they needed more time learning about PTSD and how those behaviors may manifest themselves in the child. Interviewees felt more time needed to be spent on helping parents recognize the symptoms of PTSD, identifying the triggers, and describing how a child might respond when PTSD is triggered.
- The professionals stated that the likelihood that an older child who is adopted will have suffered some form of trauma is high; trauma may be physical abuse, neglect, sexual abuse, abandonment, or exposure to violence. Both parents and professionals felt that the training lacked information that would help parents understand the impact that trauma may have on the child and the family.
- Five of the interviewees felt the training lacked a focus on the individual parents, how and what they can do to care for themselves, and how to keep themselves healthy during prolonged periods of stress associated with the adopted child.
- The same five interviewees also felt that the training did not provide enough emphasis on how a child's behaviors might negatively impact the family.
- Four of the six interviewees felt that the training skimmed over the possible special education (SPED) supports and services their child may need while in school. The social emotional behaviors that result from RAD, PTSD, and trauma may impact the child's ability to access education and may result in the child's inability to succeed and make effective progress in school. If this is the case, the child may be eligible for special education supports and services. For these parents, they were unaware of the rights their children may be entitled to under IDEA (Individuals with Disabilities Educational Act; Federal Law).

### *Recommendations for Parents*

Having been through the adoption process and/or exposure to parents, all of the interviewees were willing to share their recommendations for how to help parents prepare for, cope with, and parent a child who may present challenging behaviors as a result of their backgrounds.



- All of the interviewees felt that seeking out and becoming involved with support groups would be the most helpful action they could take. There are family groups, children’s groups, and individual groups that cover a range of topics and services. All the interviewees felt selecting the right group(s) would be critical.
- Self-education is another important recommendation. Based on input from the interviewees, the family’s journey will take many twists and turns. Training that family receives prior to adoption is unlikely to prepare parents for all the challenges they will face. Continued education about trauma may be critical to the family’s ability to stay together.
- Five of the interviewees suggested therapy as a critical support when dealing with a traumatized child. Interviewees suggested that families find therapists who are knowledgeable about trauma and adoption, and that they find a child therapist, family therapist, and adult therapist.

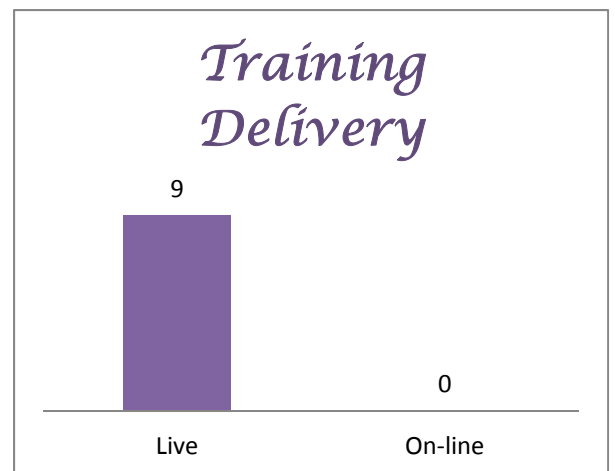


- Five of the interviewees felt that self-advocacy was critical. Self-advocacy ties to self-education. Once an adoption is complete, families may find themselves on their own to deal with challenges they may encounter. Learning to self-advocate, that is, knowing how to find the supports and services a family may need, is critical.
- Two of the interviewees suggested that parents **not** isolate themselves. This recommendation is loosely tied to finding appropriate support groups. Joining support groups is one way to stay connected; the interviewees also suggested that parents educate their friends and extended family about their child’s history to help them understand and to help the parents stay connected to these individuals.
- The Special Education Departments in most school districts can be a great resource for parents who have a child with special needs and who has experienced trauma. Getting to know the SPED director, school social worker, and SPED coordinator should be a priority for parents.
- One parent suggested that parents who adopt young children should become familiar with child development milestones. Slower development may be a sign of trauma and/or mental illness.

### *Training Delivery*

Both parents and professionals were asked how they would like to receive the training. Both methods, live and on-line in some format, were described, and everyone stated they felt the training should be live since it is such an emotionally charged topic area.

They also felt that live training would be the first step to building a support network of other parents who are in the same stage of the adoption process, creating a common bond among parents.



## CONCLUSIONS

After talking with the parents and professionals, it became apparent that during the pre-adoption phase and during training, parents believe their adoption will be successful, and that challenges that families may face will happen to other families. Therefore, the training may be perceived as irrelevant. Irrelevant learning is likely to annoy or frustrate us. We not only find the learning unimportant or strange but also implicitly know we are probably doing it because of someone else's domination or control (Wlodkowski, 2008, p. 106).

It also became clear that for parents who do receive training, the depth and breadth of training topics are as varied as the training events.

To prepare parents for the adoption journey, emphasis should be placed on the following four areas:

- Knowing there are no crystal balls that can predict how a child will develop and how a child will internalize and externalize the loss of their biological parents.
- Being aware of the impact trauma may have on the child, including the types of behaviors the child may exhibit, is critical knowledge for every adoptive parent.
- Parenting a child who is diagnosed with RAD, PTSD, and other mental illnesses that may result from the trauma may prevent further frustration and a family reaching crisis.
- Finding support services for the child, the parent, and the family may be the difference between survival and the breakup of a family.

Interviewees also shared that they learned best from those who have been there. Other parents who understand the stress, the disappointment, and the challenges associated with parenting traumatized children are considered the most credible mentors and teachers.

## RECOMMENDATIONS

The following training recommendations are listed to align with the four general areas identified in the Conclusions section of this report. However, their implementation may blur across categories.

### Trauma

Parents would benefit from understanding the types and degree of trauma a child may experience prior to his or her adoption. In addition, parents need to be able to recognize the behaviors a child may exhibit as a result of that trauma. The trauma may result in a variety of diagnosed psychiatric disorders such as PTSD, RAD, sleep disorders, and depression. Parents need to understand how these disorders may negatively affect the family, the child, and the parents. When parents can learn to distinguish a child's behavior(s) that is connected to the trauma/underlying mental health disorder from "normal" behavior, they will be better prepared to address the issue before it becomes a crisis.

### Parenting Skills

When parenting an adopted child, parents need to have realistic expectations about the child's overall behavior and expression of affections. Parents need to have the right tools to be used in the right way. When parents understand the behaviors of their child, they can use the correct techniques to defuse a situation and to help themselves as well. Parents should never allow difficult children to become the center of the family, a vortex that sucks everything in their direction. Married couples and long-term partners should keep their relationship first, presenting themselves as a team and a united front (Cline & Holding, 1999, p. 133).

Parents need to know what tools they can use and then use the appropriate tools at the appropriate time (based on a behavior) that will help to ensure a successful resolution.

### Support Services

At different times during the adoption journey, families will need a variety of support services. Parents need to know what types of services are available, how to find these services, and how to determine if these services are appropriate for their particular situation.

## PROGRAM GOAL

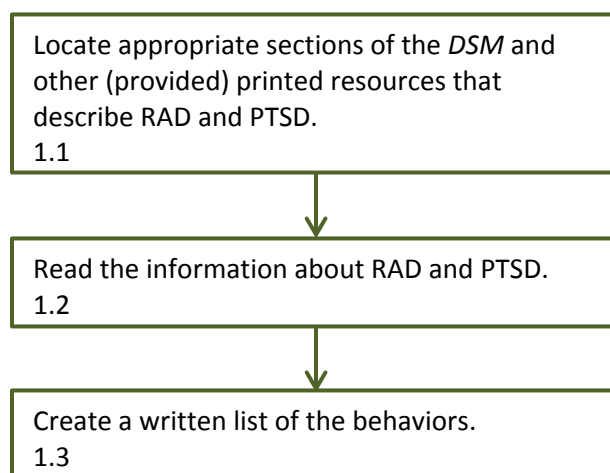
Based on the information that will be shared during the training by adoptive parents, social workers, and psychologists, and any adoption-related research done by the pre-adoptive participants, participants will be able to evaluate their ability to integrate into their family and to parent an adopted child who has a trauma history. The parents' evaluations will be based on the emotional challenges these children may present and the emotional support, financial obligations, and time burden these children typically require.

For adoptive parents to assess their ability to parent an adopted child who has a history of trauma and whose trauma results in the child being diagnosed with mental illnesses such as RAD and/or PTSD, it is imperative that the parents can identify the baseline behaviors associated with these mental illnesses. They will also need to identify the types of support (both professional and non-professional) they may need for themselves and the child.

### Learning Objective 1: Identifying RAD and PTSD Behaviors

Based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR)* and printed pages from various adoption support websites that provide information on RAD and PTSD, participants will verbally state at least five behaviors that are associated with RAD and five behaviors that are associated with PTSD.

#### Major Steps and Subordinate Skills



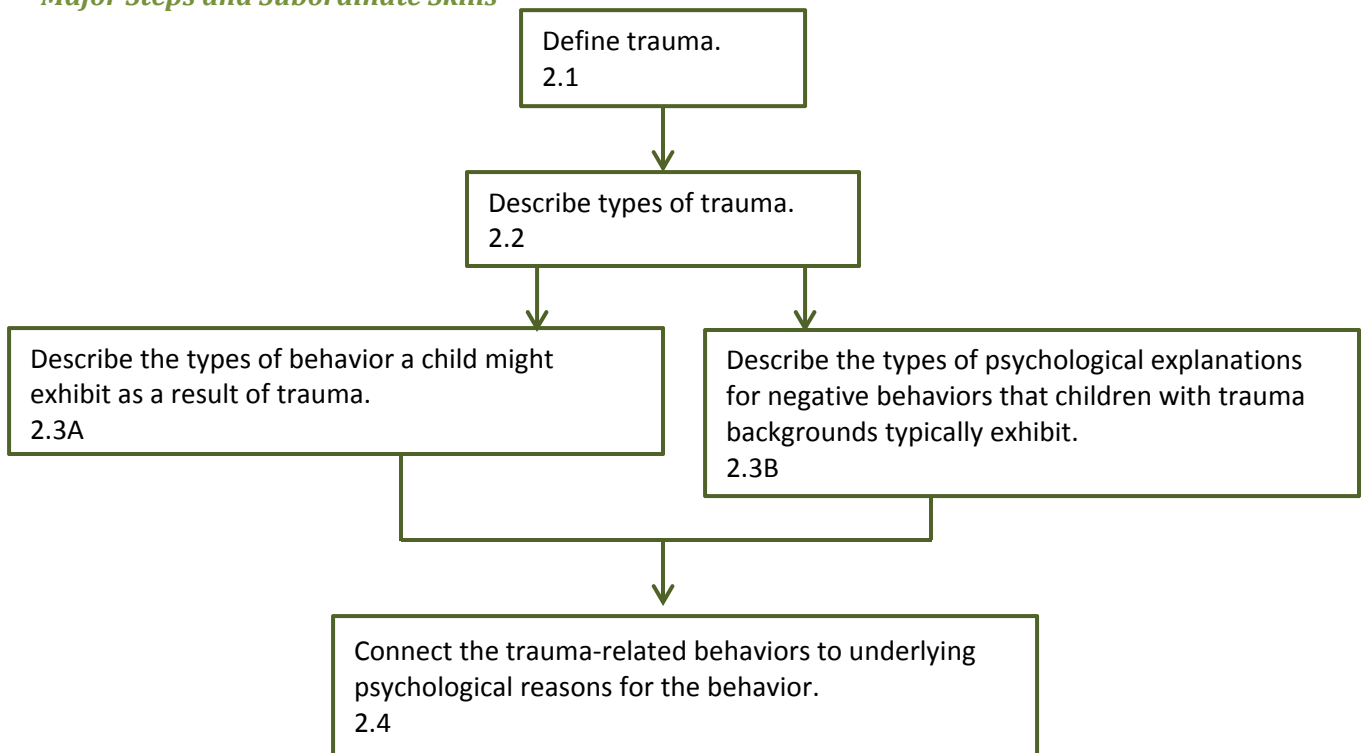
### *Assessment*

Review the histories of three children that have been diagnosed with RAD and/or PTSD, and then verbally state and describe a minimum of five of one of the children's behaviors that are medically recognized as symptoms of RAD and/or PTSD.

### **Learning Objective 2: Tying Trauma Behaviors to RAD and/or PTSD**

Given the background of a child who has a trauma history, parents will describe (verbally) at least four types of behaviors the child may exhibit, how these behaviors tie to RAD and/or PTSD, and the assumed psychological reasoning behind the behavior.

### *Major Steps and Subordinate Skills*



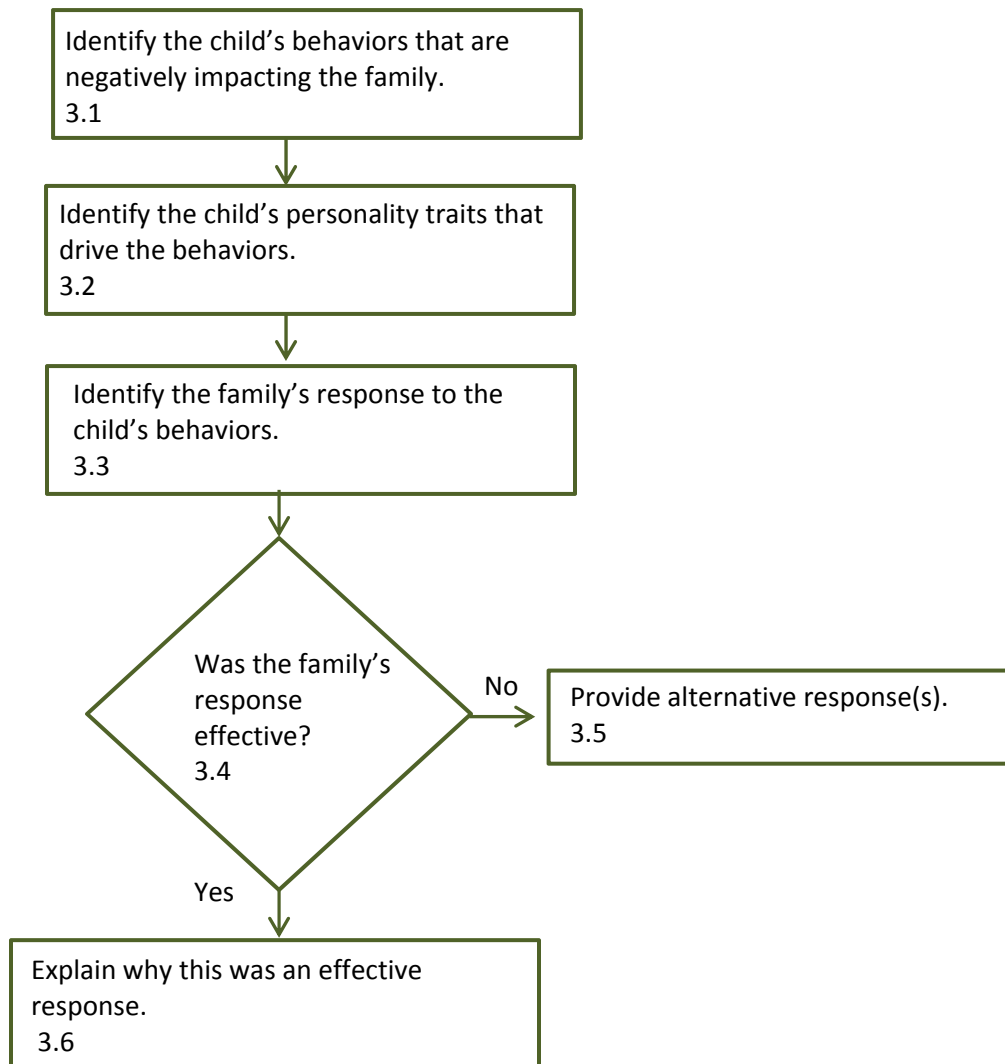
### *Assessment*

Review the history of a given child with a trauma background, describe (verbally) the child's behaviors that may be attributed to the trauma, and the psychological reasoning behind the behaviors.

### Learning Objective 3: Parenting Skills

Given a child that exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.

#### *Major Steps and Subordinate Skills*



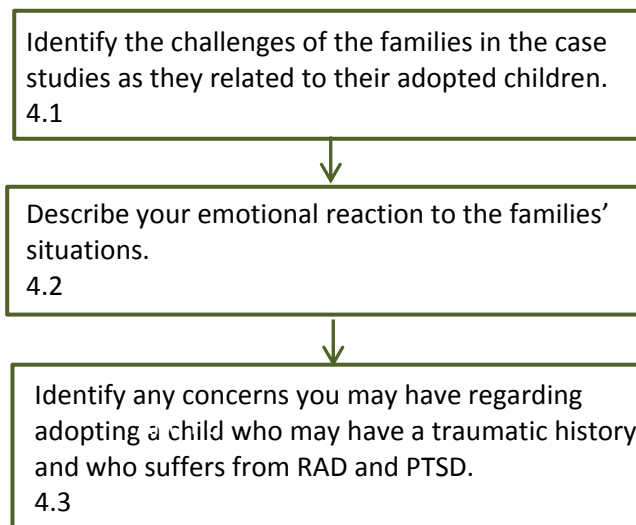
### *Assessment*

Listen to stories of families of adopted children and the difficulties these families have had with their adopted children. Create a written list of at least four of the child's behaviors that were negatively affecting the family, how the family responded to the child, and then describe how you might respond to the child if you were the parent.

## **Learning Objective 4: Emotional Response**

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

### *Major Steps and Subordinate Skills*



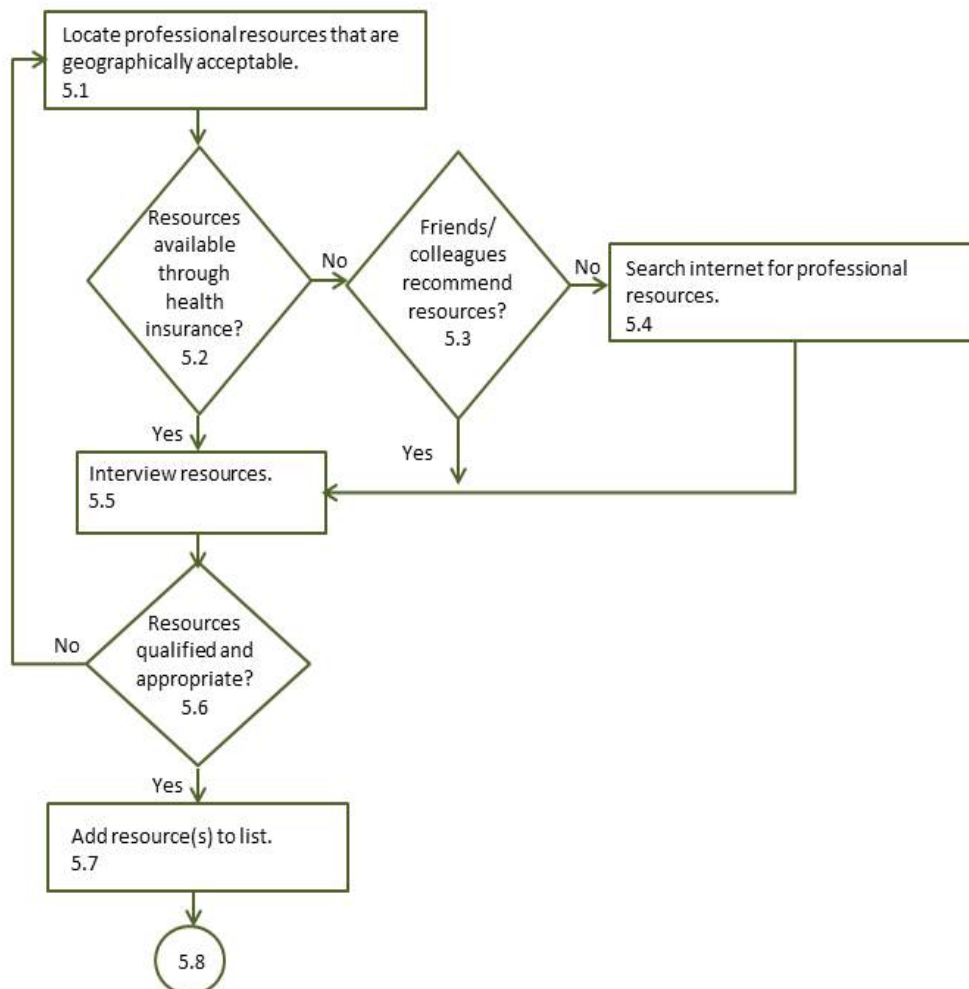
### *Assessment*

Read families' stories, and then describe (verbally) a child's behavior that impacted the family in a negative way. In the verbalization, include a description of the child's behavior and the family's reaction. Express (verbally) your emotional reaction to the child's behavior. Then compare your emotions about adoption based on how you felt before reviewing the case studies to after having reviewed the case studies.

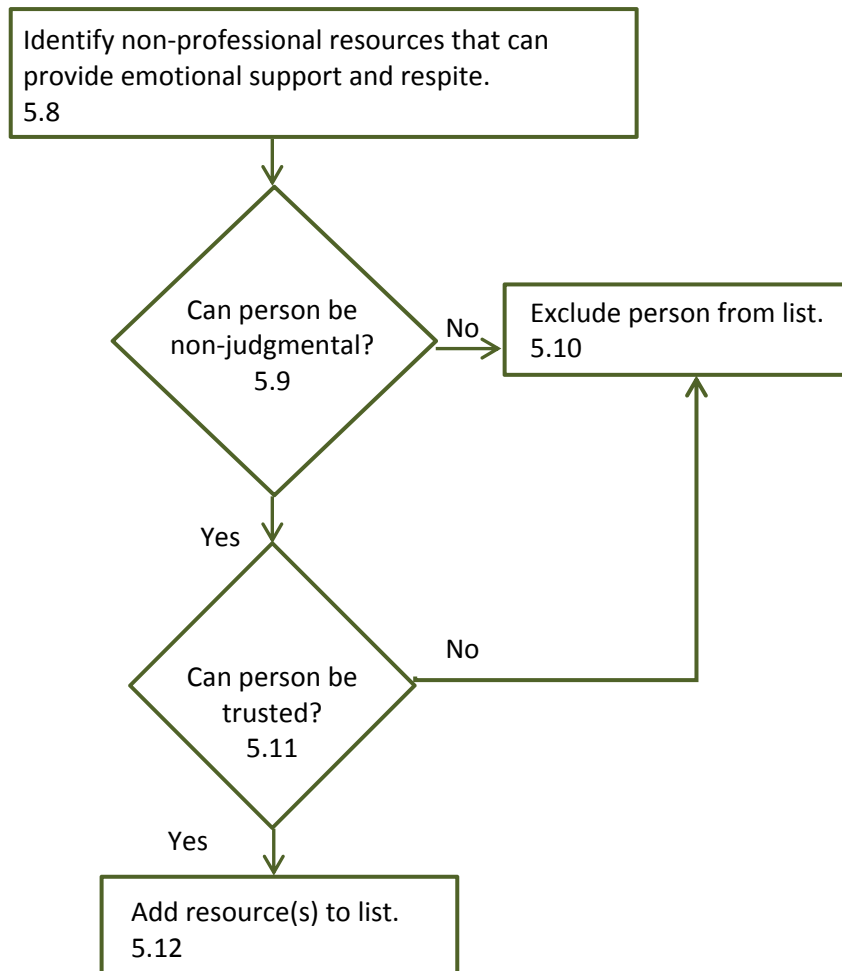
## Learning Objective 5 : Support Services

Before an adoptive child joins the family, the pre-adoptive parents will jointly create a written list of 10 professional resources (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional resources (including at least one set of adoptive parents, a support group, a children’s camp that caters to children diagnosed with RAD/PTSD, and friends) they can contact should their child’s behaviors become unmanageable or there is a need for respite from the child.

### Major Steps and Subordinate Skills







### ***Assessment***

Prior to completing an adoption, create a list of 10 professional support persons (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional persons (including at least one set of adoptive parents, a support group, a children’s camp that caters to children diagnosed with RAD/PTSD, and friends) that you can call should the need arise.

## **Learning Objective 6: Support Services**

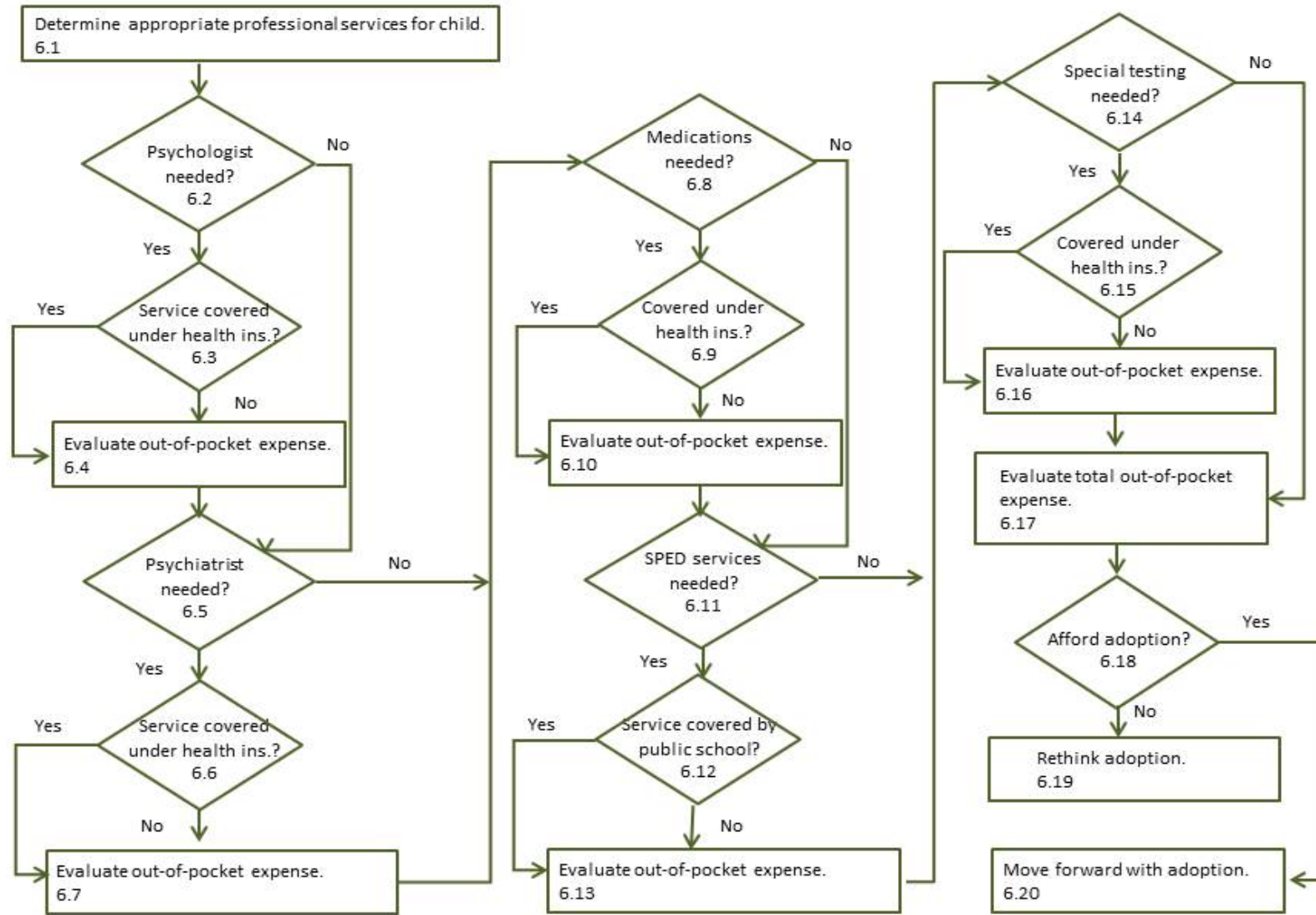
Given a child with special needs (medical, emotional, and/or social), identify (create a written list) services the child may require and associated estimated costs. Based on these estimated costs, determine if your family (calculated costs against income) is able to financially provide all of these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

### ***Major Steps and Subordinate Skills***

See next page.

### ***Assessment***

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



## TRAINING APPROACH

Through observation of pre-adoptive parents, personal experience, and discussions with adoption specialists, it's clear that parents of adopted children both need and seek the support of friends and professionals when things don't go according to plan. The specialists that were interviewed felt that with more training about the challenges of parenting an adopted child, families would be better prepared to deal with the emotional and financial issues that typically arise when dealing with a child who suffers from RAD and/or PTSD. This knowledge may be critical in keeping the family together. As such, it is important that participants are exposed to the concept that not all adoptions result in the fulfillment of their family vision.

### K-W-L

K-W-L strategy is an elegant way to construct meaning for a new topic or concept based on prior knowledge of adult learners. With three questions—What do I already *know*? What do I *want* to know? and What have I *learned*?—it wonderfully engages their anticipation and curiosity. (Wlodkowski, 2008, p. 222)

K-W-L will be used throughout the training to introduce new information. Parents will be asked to share their experiences and any knowledge they acquired through independent research and conversation. Using this approach will help parents identify their knowledge gaps and will help them focus on new information that is important to them.

## Sharing of Information

Sharing information will engender a feeling of connectedness among adults. Increasing our awareness of what we have in common and instilling a sense of mutual care are essential (Wlodkowski, 2008, p. 134).

The content associated with this program is extremely personal and emotionally charged. In most cases, attendees have a vision of their lives once the adoption is complete. Adoptive parents are open and eager to hear from other parents about their lives and the life of their adopted child. They also want to hear from specialists. This training includes multiple panel discussions with specialists, including a psychologist, social workers, special educators, a school advocate, and parents of adopted children. The parent panel includes parents who have successful adoptions, parents who have struggled with the child's special needs, and parents who have dissolved their adoptions.

These panel discussions cover the "what-ifs" and "what might happen" once you bring an adopted child into your family, and will allow ample time for parents to ask questions and raise concerns. Panelists will be called at least one week prior to the session to review topics for discussion. The call will be followed by an email.

## Problem-Based Learning

The basic steps in problem-based learning may vary, but they are generally based on the assumption there is no right answer and that learning is a self-directed and constructive process where social context, discovery, and experience lead to new knowledge and skills. Problem-based learning is characterized by the use of real-life problems as a means for people to learn critical thinking, collaboration, and essential concepts and professional skills of a particular discipline (Wlodkowski, 2008, p. 276).

As part of this training, participants will review case studies of adopted children and brainstorm how they might handle a particular situation. This will help parents to bridge the gap in the training between theory and practice by applying learned concepts and principles (Chauncey, 2002, p. 119).

Participants will also be provided starter lists of support resources including books, support groups, special-needs camps, websites, and tips for best practices.

## Summary

Using varied approaches to the learning and including a variety of activities will help build awareness of the behavioral warning signs of deep-rooted emotional problems that a child may have and what parents can do to help prevent the family reaching a crisis. This workshop provides parents with the knowledge that there are resources available to them, should they find they have the need, and how to self-advocate; it encourages parents to build connections with other families and to feel confident that they know where to turn if things become too emotionally charged or challenging.

## TARGET AUDIENCE

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

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

These participants may have researched varying aspects of adoption, such as adoption costs, adoption requirements, adoption time lines, child availability, in-country adoption requirements, the adoption process, and may have spent time talking with other adoptive parents. They likely have not researched the emotional challenges associated with adopted children even though their social worker has most likely presented some of the challenges.

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

The secondary target audience is composed of parents who have an adopted child in their family and are struggling with the challenges their child presents. The challenges are behavioral and may range from “white lie” telling and stealing to outbursts of uncontrollable anger, attempting or causing physical harm to a family member, or anything in between. In these families, the parents’ mental model of their family is not aligned with their day-to-day lives. Mental models are deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action. Very often, we are not consciously aware of our mental models or the effects they have on our behavior (Senge, 2006, p. 8).

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

## **Demographics**

These adults are generally middle- and upper middle-class and college educated, with some holding advanced degrees. The audience includes men and women, both gay/lesbian and heterosexual, couples and singles. The age range is generally between 30 and 50. At least one parent works. If a participant is a single person, he or she most likely works.

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

## **Attitudes and Motivation**

Parents are excited about the idea of adoption. Since the training content will focus on the emotional challenges associated with adopted children, as opposed to the "happy ending stories," these adoptive parents will likely view the content as applicable to other adopted families but not to themselves. They may be required to attend the training by either their adoption agency or social worker; therefore, they may be less receptive to the information. Adults who are attending due to their desire to be enlightened about the possible challenges associated with adopted children will be more open to the training and will be more open to active participation.

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



Parents who have an adopted child may be feeling overwhelmed by the challenges they face day to day with their child. They may feel defeated and lost realizing that the “dream of their new family” is far removed from the reality of their daily lives. They have recognized that there is a problem within their family. Decision making occurs as a reaction to a problem; that is, a discrepancy exists between the current state of affairs and some desired state, requiring us to take alternative courses of action (Robbins & Judge, 2010, p. 36).

Given the diversity of participants’ personal situations, their motivations for learning will be different. Some “need to know why they need to learn something before undertaking to learn it” (Knowles, Holton & Swanson, 2005, p. 199).

Some may be motivated to learning that helps them solve a problem, which ties to the parents’ readiness to learn. Adults become ready to learn those things they need to know and be able to do in order to cope effectively with real-live situations (Knowles, 2005, p. 67).

## **Learning Preferences**

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

## LEARNING CONTEXT

The learning context for this program will be a neutral, private environment such as a small hotel's meeting room or library. The room will be large enough to accommodate the families, yet small enough to allow the families to create a sense of intimacy and connectedness. Families will feel safe—there is little risk of learners suffering any form of personal embarrassment from lack of knowledge, personal self-disclosure, or hostile or arrogant social environment (Gupta, 2008, p. 221).

The room will be arranged in a fan-type seating.

This seating arrangement is conducive to allowing participants to see from any point in the room. Participants can easily switch from listening to a presentation to practicing in small groups, and they can communicate easily with everyone in the room. Fan-type seating is effective for training that includes participants working in groups and teams to analyze problems and synthesize information. (Noe, p. 151)

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

## PROGRAM DURATION

The program will be delivered in three 3-hour sessions for a total of nine hours within three calendar weeks.

## PREREQUISITES

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

It is also expected that the participants can use search engines, such as Internet Explorer and Safari, to complete searches for resources. All participants must speak English. Participants will be knowledgeable of blogging (such as blogger.com), and online group discussions and will be open to using these tools to continue to connect with each other.

## INSTRUCTIONAL STRATEGIES

The program will be divided into three 3-hour sessions. The following outline identifies the content that will be presented in each session and the instructional strategies that will be used.

### Session One

This session will focus on the introduction of the children who struggle in their adoptive families and their behaviors. The session will begin with the facilitator sharing her story.

A type of effective sharing is to relate a *credible intense experience*. This may be trouble we have had on the job, a difficult learning experience, a crisis within our family, an unexpected surprise, an accident—something that tells the learners that we have mutual concerns and a shared reality (Wlodkowski, 2008, p. 139).

This will be followed by an icebreaker activity. The two main purposes of using icebreakers are, first, to allow the participants to introduce themselves to each other and, second, to lead into topic matter (Kroehnert, 1993, p. 11).

The remainder of the session will focus on the symptoms and behaviors associated with RAD and PTSD and encourage parents to consider the challenges of parenting a child with a trauma history.

Duration	Activity/Description	Materials
<b>Session 1 – Introducing the Challenges of Children with Trauma Histories</b>		
<b>Objectives:</b>		
<p>Based on the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR)</i> and printed pages from various adoption support websites that provide information on RAD and PTSD, participants will verbally state at least five behaviors that are associated with RAD and five behaviors that are associated with PTSD.</p> <p>Given a child that exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.*</p> <p>After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day-to-day lives and then share their emotional reaction to the situations presented in the case studies.</p>		
40 minutes	<ul style="list-style-type: none"> <li>Facilitator welcomes parents and then builds common ground between herself and the parents</li> <li>Facilitator explains the objectives</li> <li>Facilitator initiates icebreaker activity, asking parents to identify, using single words, the characteristics of their vision of their adopted child, their family, and themselves</li> </ul>	<ul style="list-style-type: none"> <li>PowerPoint slides</li> <li>Sticky notes (two colors)</li> <li>Note cards</li> <li>Tent cards for names</li> <li>Markers</li> <li>Parent’s Guides</li> </ul>
45 minutes	<ul style="list-style-type: none"> <li>View the video: <i>Disruption–When Adoption Isn’t Happy</i></li> <li>Facilitator initiates activity asking parents to identify, using single words, the characteristics of the children they saw in the video</li> </ul>	<ul style="list-style-type: none"> <li>LCD for showing the video from facilitator’s laptop</li> <li>Screen or blank wall for projecting video</li> <li>Sticky notes (different color than those used for the first activity)</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>Facilitator leads a discussion/debriefing of the video introducing the symptoms of RAD and PTSD</li> </ul>	<ul style="list-style-type: none"> <li>PowerPoint slides</li> </ul>
10 minutes	<ul style="list-style-type: none"> <li>Break</li> </ul>	
50 minutes	<ul style="list-style-type: none"> <li>Facilitator leads a discussion about attachment and the definition and symptoms of RAD and PTSD</li> </ul>	<ul style="list-style-type: none"> <li>PowerPoint slides</li> <li>Flipchart and markers</li> </ul>
10 minutes	<ul style="list-style-type: none"> <li>Facilitator presents a summary of the key points</li> <li>Facilitator presents case studies and homework assignment including further research of RAD and PTSD (using <i>DSM IV</i> and other sources)</li> </ul>	<ul style="list-style-type: none"> <li>PowerPoint slides</li> <li>Case studies</li> </ul>

Duration	Activity/Description	Materials
10 minutes	<ul style="list-style-type: none"> <li>• Facilitator fields any last-minute questions</li> <li>• Facilitator suggests parents create a blog as a means for documenting and sharing their emotions connected with the training</li> <li>• Facilitator informs parents there is a “class group” they can join to continue discussion among themselves</li> <li>• Facilitator thanks parents and previews next session</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
*	<p>The content supporting some of the objectives will be spread over the three sessions. For example, parents will begin to explore how a child’s behavior may be negatively impacting the family in the first week. The expectation is that by the end of the third session parents will have a more in-depth understanding.</p>	
<b>Session: 180 minutes</b>		

## Session Two

This session will begin with the parents sharing what they discovered about RAD and PTSD including the resources they found, followed by a debriefing of the case studies. For the case studies, parents will work in groups of four (splitting partners into different groups). The groups will discuss their reactions to the case studies, then report back to the larger group their “discoveries.” By working in small groups, trainees can obtain diverse perspectives on problems and issues, perspectives they would never hear if they worked alone (Noe, 2008, p. 146).

The remainder of the session will be a panel discussion. The panel will include a psychologist who specializes in adoption, an adoption/family social worker, a SPED professional, and two parents, one parent who struggles with her adopted child and one parent who has had few issues. These professionals will discuss the impact trauma can have on a child’s emotional well-being and the types of behaviour associated with trauma. Panelists will also provide information on the supports and services parents should put in place prior to or soon after the adoption.

Duration	Activity/Description	Materials
<b>Session 2 – Hearing from the Professionals</b>		
<p><b>Objectives:</b></p> <p>Given a child that exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.*</p> <p>After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day-to-day lives and then share their emotional reaction to the situations presented in the case studies.*</p> <p>Given the background of a child who has a trauma history, parents will describe (verbally) at least four types of behaviors the child may exhibit, how these behaviors tie to RAD and/or PTSD, and the assumed psychological reasoning behind the behavior.</p> <p>Before an adoptive child joins the family, the pre-adoptive parents will jointly create a written list of 10 professional resources (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional resources (including at least one set of adoptive parents, a support group, a children’s camp that caters to children diagnosed with RAD/PTSD, and friends) they can contact should their child’s behaviors become unmanageable or there is a need for respite from the child.</p>		
45 minutes	<ul style="list-style-type: none"> <li>• Facilitator welcomes the parents and briefly describes the objectives</li> <li>• Facilitator asks the parents to share their outcomes of their RAD and PTSD research</li> <li>• Facilitator initiates group activity, asking groups to share and discuss their reactions to the children/families in the case studies (using the case study review guide included in their Parent’s Guides)</li> <li>• Facilitator asks a group representative to share the results of their group’s discussion with all the parents for further discussion</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart</li> <li>• Parent’s Guides</li> </ul>
120 minutes	<ul style="list-style-type: none"> <li>• Facilitator introduces the panelists</li> <li>• Facilitator explains “ground rules”</li> <li>• Facilitator ends panel discussion and thanks panelists</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitator’s panelist question guide (included in the Facilitator’s Guide)</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>• Facilitator fields any remaining questions</li> <li>• Facilitator suggests parents continue (or start) blogging</li> <li>• Facilitator suggests parents continue communicating via the discussion group</li> <li>• Facilitator instructs parents to begin making their list of resources</li> <li>• Facilitator thanks parents and previews the next session</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>



Duration	Activity/Description	Materials
*	The content supporting some of the objectives will be spread over the three sessions. For example, parents will begin to explore how a child’s behavior may be negatively impacting the family in the first week. The expectation is that by the end of the third session parents will have a more in-depth understanding.	
<b>Session: 180 minutes</b>		

## Session Three

This session will begin with a case study with a particular focus on a parent's response to a child's negative behavior. Parents will evaluate the case study parent's responses to the child and discuss what they might have done differently.

This will be followed by a group table activity called "Empathy Map." Each group will be provided a short description of a child, a situation, and an empathy map for taking notes. The group will answer, from the child's point of view, the following questions: What is the child hearing? What is the child seeing? What is the child saying? What is the child feeling? What is the child doing?

The next section will be a review of the supports and services parents identified as part of their homework assignment.

The final section will provide the parents an opportunity to reflect on what they have learned. Parents will be asked to think about the following topics: Family, Child, Concerns, Preparedness. Parents will write one- or two-word thoughts about each topic. The parents will then share and discuss their thoughts.

Duration	Activity/Description	Materials
<b>Session 3 – Supports and Services</b>		
<p><b>Objectives:</b></p> <p>Given a child that exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.*</p> <p>After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day-to-day lives and then share their emotional reaction to the situations presented in the case studies.*</p> <p>Given the background of a child who has a trauma history, parents will describe (verbally) at least four types of behaviors the child may exhibit, how these behaviors tie to RAD and/or PTSD, and the assumed psychological reasoning behind the behavior.</p> <p>Before an adoptive child joins the family, the pre-adoptive parents will jointly create a written list of 10 professional resources (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional resources (including at least one set of adoptive parents, a support group, a children’s camp that caters to children diagnosed with RAD/PTSD, and friends) they can contact should their child’s behaviors become unmanageable or there is a need for respite from the child.</p> <p>Given a child with special needs (medical, emotional, and/or social), identify (create a written list) services the child may require and associated estimated costs. Based on these estimated costs, determine if your family (calculated costs against income) is able to financially provide all of these services.</p>		
40 minutes	<ul style="list-style-type: none"> <li>• Facilitator welcomes the parents and briefly describes the objectives</li> <li>• Facilitator presents case study and asks parents to share their reactions to the child and to present alternative parenting methods</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart</li> <li>• Case study</li> <li>• Parent’s Guides</li> </ul>
50 minutes	<ul style="list-style-type: none"> <li>• Facilitator initiates group activity by distributing to each group a child profile and an empathy map</li> <li>• Facilitator explains activity</li> <li>• Facilitator asks a group representative to share the results of their group’s discussion with all the parents for further discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Child profiles</li> <li>• Empathy map</li> </ul>
30 minutes	<ul style="list-style-type: none"> <li>• Facilitator asks the parents to share the resources and support services they identified</li> <li>• Facilitator explores other resources with the group and potential costs</li> </ul>	<ul style="list-style-type: none"> <li>• Flip chart</li> </ul>
50 minutes	<ul style="list-style-type: none"> <li>• Facilitator initiates reflective activity, asking parents to use sticky notes to write down several one- or two-word thoughts for the following four categories: Family, Child, Concerns, Preparedness</li> <li>• Facilitator then asks parents to share and discuss their thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Sticky notes</li> <li>• Flip chart</li> </ul>

Duration	Activity/Description	Materials
10 minutes	<ul style="list-style-type: none"> <li>• Facilitator instructs parents to complete the expense table included in their Parent’s Guide, encouraging them to consider potential post-adoption costs</li> <li>• Facilitator fields any remaining questions</li> <li>• Facilitator suggests parents continue (or start) blogging</li> <li>• Facilitator suggests parents continue communicating via the discussion group</li> <li>• Facilitator thanks parents for their time and participation</li> </ul>	<ul style="list-style-type: none"> <li>• Parent’s Guide</li> </ul>
*	<p>The content supporting some of the objectives will be spread over the three sessions. For example, parents will begin to explore how a child’s behavior may be negatively impacting the family in the first week. The expectation is that by the end of the third session parents will have a more in-depth understanding.</p>	
<p><b>Session: 180 minutes</b></p>		

## TRAINING MATERIALS

The training materials will consist of the following: a Facilitator's Guide (FG), a Parent's Guide (PG), and PowerPoint deck.

### Facilitator's Guide

The FG will include all the information the facilitator will need to execute the training sessions. The Guide will include:

- An overview of each session
- Seating arrangement
- Workshop-At-A-Glance, which lists the objective for each session and a high-level glance at the flow and content included in each session
- Materials checklist needed for the workshop
- Instructions for executing and debriefing activities
- Bullet points for presenting content
- Timing to ensure the facilitator stays on track
- Copy of the PG included in the appendix
- Copies of handouts included in the appendix

The Facilitator's Guide is designed and written to be used by both an experienced facilitator and a junior facilitator. The facilitator will need to be knowledgeable about the issues of adoption and adopted children. The facilitator will be an adoptive parent. This will allow the facilitator to build credibility with the parents. The facilitator should also have training experience and the ability to easily read his or her audience. The topic is sensitive and, therefore, the facilitator must be compassionate.

See the Appendix for the Facilitator's Guide.

## **Parent's Guide**

The PG includes copies of the slides, handouts, activity instructions, and pages for taking notes. The PG will be distributed to the parents at the start of the first session in 3-ring binders. At the start of each session the facilitator will distribute the corresponding pages for parents to add to their Guide. They will also be emailed to parents as a PDF.

See the Appendix for the Facilitator's Guide.

## **PowerPoint Deck**

The PowerPoint slides will be embedded in the FG and will be provided as a separate file for projecting during each training session.

## EVALUATION

A *formative evaluation* (sometimes referred to as internal) is a method for judging the worth of a program while the program activities are *forming* (in progress). This part of the evaluation focuses on the process. Thus, formative evaluations are basically done on the fly. They permit the designers, learners, and instructors to monitor how well the instructional goals and objectives are being met. Their main purpose is to catch deficiencies so that the proper learning interventions can take place that allow the learners to master the required skills and knowledge.

A *summative evaluation* (sometimes referred to as external) is a method of judging the worth of a program at the end of the program activities (summation). The focus is on the outcome (Clark, 2010).

This program will use formative evaluation in “real-time” and will be an on-going process. The facilitator will perform informal formative evaluations “on the fly.” She will be aware of parents’ body language and questions; using these visual and verbal cues, the facilitator will adjust the content and presentation to ensure all parents understand the content and are engaged, and the goals are being met. These adjustments will be incorporated into the training materials to improve future sessions.

Summative evaluations will be used at the end of each session in the form of homework and case studies. At the start of each subsequent session, parents will use teach-backs and presentations to present their findings, case study analysis and reactions. These teach-backs and presentations will allow the facilitator to evaluate whether or not the goals and objectives are being met and the learning outcomes of each session.

In addition, at the end of each session, parents will be asked to complete a survey, which asks them to react to the content and to determine what learning is needed to achieve their learning goals. Whether or not the parents will gain knowledge and expertise is based on their personal goals (Knowles, p. 175).

The Don Kirkpatrick Model of evaluation identifies four levels (Kirkpatrick Partners, 2013):

**Level 1: Reaction** - To what degree participants react favorably to the training. This will be done in real-time by the facilitator and via written survey completed by the parents.

**Level 2: Learning** - To what degree participants acquire the intended knowledge, skills, attitudes, confidence, and commitment based on their participation in a training event. This will be done in “real-time” by the facilitator during teach-backs and participation.

**Level 3: Behavior** - To what degree participants apply what they learned during training when they are back on the job. Parents will be asked if the facilitator can contact them six months post training. If parents agree, they will be asked the following questions:

- What services and resources did you put in place prior to your child’s arrival?
- What RAD/PTSD behaviors were you able to identify?
- What traumas had your child experienced and how are these experiences manifesting themselves?
- How have you adjusted your parenting skills?
- What types of emotional responses have you had to your child?
- Now that your child is in your family, what information from the training did you find most helpful?

**Level 4: Results** - To what degree targeted outcomes occur as a result of the training event and subsequent reinforcement. If parents agree to a follow-up call, level 4 can be evaluated simply by determining if the child is still with the family and the adoption did not result in dissolution.



## BIBLIOGRAPHY

Adoption.com, Adoption Media, LLC. (n.d.). *Pre-adoption training and education*. Retrieved from <http://adopting.adoption.com/child/training-education-for-adoptive-parents-2.html>

Chauncey, D. (2002). *Instructional design for the corporate trainer*. Lincoln, NE: Writers Club Press.

Child Welfare Information Gateway. (2012). *Adoption disruption and dissolution*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Clark, D. (2010). *Types of evaluations in instructional design*. Retrieved from [http://www.nwlink.com/~donclark/hrd/isd/types\\_of\\_evaluations.html](http://www.nwlink.com/~donclark/hrd/isd/types_of_evaluations.html)

Cline, F.W., & Holding, C. (1999). *Can this child be saved? Solutions for adoptive and foster families*. Franksville, WI: World Enterprise.

Cohen, D., & Crabtree, B. (2006). Semi-structured Interviews. *Qualitative Research Guidelines Project*. Retrieved from <http://www.qualres.org/HomeSemi-3629.html>

Delaney, R.J. (1998). *Fostering changes treating attachment-disordered foster children* (2nd ed.). Oklahoma City, OK: Wood 'N' Barnes Publishing.

Dick, W., Carey, L., & Carey, J. (2009). *The systematic design of instruction* (7th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Gupta, K., Sleezer, C., & Russ-Eft, D. (2007). *A practical guide to needs assessment*. San Francisco, CA: John Wiley & Sons, Inc.

Kirkpatrick Partners. (2009). The Kirkpatrick philosophy. Retrieved from <http://kirkpatrickpartners.com/OurPhilosophy/tabid/66/Default.aspx>

Knowles, M.S., Holton, E.F. III, & Swamson, R.A. (2005). *The adult learner* (5th ed.). Burlington, MA: Elsevier.

Kroehnert, G. (1993). *100 training games*. Sydney, Australia: McGraw-Hill Book Company.

Mayoclinic.com. (2012). *Reactive attachment disorder*. Retrieved from <http://www.mayoclinic.com/health/reactive-attachment-disorder/DS00988>

McKinney, E. B. (2008). Post-traumatic stress disorder. Retrieved from <http://suite101.com/article/posttraumatic-stress-disorder-a178882>

Merriam-Webster, Inc. (2013). Capstone. Retrieved from <http://www.merriam-webster.com/dictionary/capstone>

Noe, R.A. (2008). *Employee training & development* (4th ed.). New York, NY: McGraw-Hill/Irwin.

Robbins, S.P., & Judge, T.A. (2009). *Essentials of organizational behavior*. Upper Saddle River, NJ: Pearson Education, Inc.

Senge, P. (2006). *The fifth discipline*. New York, NH: Doubleday.

Thomas, N.L. (1997). *When love is not enough: A guide to parenting children with RAD-reactive attachment disorder*. Glenwood Springs, CO: Families by Design.

United States Department of Veterans Affairs. (2012). *PTSD in children and adolescents*. Retrieved from [http://www.ptsd.va.gov/professional/pages/ptsd\\_in\\_children\\_and\\_adolescents\\_overview\\_for\\_professionals.asp](http://www.ptsd.va.gov/professional/pages/ptsd_in_children_and_adolescents_overview_for_professionals.asp)

Wingert, P. (2013). *When adoption goes wrong*. Retrieved from <http://www.thedailybeast.com/newsweek/2007/12/08/when-adoption-goes-wrong.html>

Wlodkowski, R. (2008). *Enhancing adult motivation to learn* (3rd ed.). San Francisco, CA: Jossey-Bass, A Wiley Imprint.

# *APPENDIX*

---

## INTERVIEW GUIDES

### Interview Guide for Professionals

**Notes:**

Each interview shall last no longer than 60 minutes.

Answers to questions may result in follow-on questions not included in this Guide. When asking follow-on questions, be sure to note them in the interview notes.

Be sure to thank each interviewee and ask if you may call to clarify information or to ask additional questions.

Interviewee Name:

Title/Position:

Number of years in this position:

### Questions

1. Describe your exposure to adopted children and their families.
2. In your position, describe how you interact with parents of adopted children.
3. Assuming some of these parents have been struggling with integrating the child into their family, what challenges have the families shared with you?
4. Describe the adoption preparation training these parents received prior to their adoption.
5. Do you think this training was effective?  
Why or why not?
6. Describe the ideal training for pre-adoptive parents.
7. What advice would you give pre-adoptive parents to help them prepare for the challenges of adopting a child?
8. What type of supports would you suggest a family put in place either prior to or after completing their adoption?
9. What role, if any, do you think you could play in a parent's pre-adoption journey?

## Interview Guide for Adoptive Parents

### Notes:

Each interview shall last no longer than 60 minutes.

Answers to questions may result in follow-on questions not included in this Guide. When asking follow-on questions, be sure to note them in the interview notes.

Be sure to thank each interviewee and ask if you may call to clarify information or to ask additional questions.

Interviewee Name:

Adoption Status:

## Questions

1. Was your child's adoption private or through an agency?
2. What type of training did you receive prior to completing your adoption? (Please describe.)
3. Do you think this training was effective with regard to helping you prepare for the challenges of integrating an adopted child into your family?  
Why or why not?
4. How would you change this training (delivery media, content, length, timeliness, etc.)?
5. With regard to some of these challenges, what do you know now that you wish you had known before you completed your adoption?
6. What role did your social worker play in helping you prepare for integrating your child into your family?
7. What supports did or do you have to help when you are struggling or in crisis?
8. What advice would you give pre-adoptive parents to help them prepare for the challenges of adopting a child?
9. If you could start over, what would you do differently with regard to preparing yourself for this journey?
10. Do you think receiving some of this training online would be beneficial?  
Why or why not?



# **Seeing Adoption with Eyes Wide Open:**

*Understanding the Special Needs of Traumatized  
Children*

Facilitator's Guide

## CONTENTS

Introduction .....	1
Seating Arrangement.....	1
Materials Checklist.....	2
Session One.....	3
Session Two.....	25
Appendix	
Session One Survey.....	40
Panelists Bios .....	44
Session Two Survey.....	45

## INTRODUCTION

The program is divided into three 3-hour sessions. As the facilitator, you are expected to lead all sessions. Use this Guide for completing all sessions; it includes all the information you need to:

- Present session information
- Execute and debrief activities

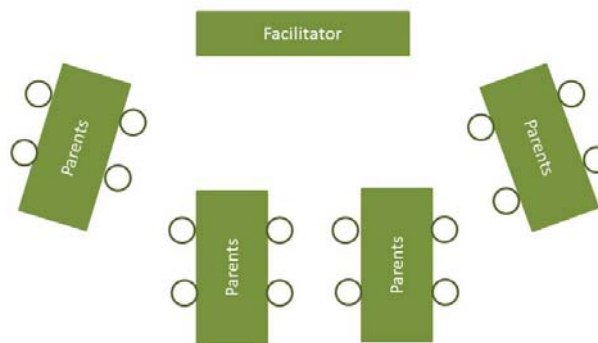
The appendix includes the Parent's Guide and all handouts.

At the start of each session, distribute the corresponding section of the Parent's Guide.

## SEATING ARRANGEMENT

Prior to the parents' arrival, arrange the room in a fan-type setting. This setting allows the participants to collaborate and discuss content in small groups. The setting will also allow participants to easily see both the presenter and guest speakers and a video screen without having to rearrange chairs.

### Fan-Seating Arrangement





## MATERIALS CHECKLIST

The following is the list of materials you need. If materials are needed for one or two of the sessions, it is noted.

✓	MATERIALS
	Laptop
	LCD for projecting PowerPoint deck and video from a laptop
	Sign-in sheet
	Parent's Guide
	PowerPoint deck loaded on a laptop
	20 copies of PG (each session will have additional pages to add to the Guide)
	16 markers
	20 pens
	20 tent cards (session one)
	40 stacks of sticky notes (20 of one color and 20 of another)
	2 Flip charts
	Masking tape for taping flip chart pages to the wall
	Timer (such as a watch or egg timer)
	Sieve (session one)
	Sponge (session one)
	Water (session one)
	Basin for catching the water (session one)
	Video: <i>Disruption – When Adoption Isn't Happy</i> installed on laptop (session one)
	20 copies of the feedback form (unique form for each session)
	20 copies of panelist bios (session two only)

## SESSION ONE

This session focuses on the introduction of the children who struggle in their adoptive families and their behaviors. Begin this session by sharing your story.

This is followed by an icebreaker activity. The three main purposes of using icebreakers are to allow the participants to introduce themselves to each other, to encourage parents to think about and verbalize their vision of their new family, and to lead into subject matter.

The remainder of the session introduces the symptoms and behaviors associated with RAD and PTSD and encourages parents to consider the challenges of parenting a child with a trauma history. This content is very dense and may take time for parents to absorb. Prior to the next session parents are expected to continue to investigate RAD and PTSD in preparation for the panel discussion, at which time they will hear and learn about how RAD and PTSD may impact a family.

## Session One At-A-Glance

Duration	Activity/Description	Materials
<b>Session 1 – Introducing the Challenges of Children with Trauma Histories</b>		
<b>Objectives:</b>		
<p>Based on the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR)</i> and printed pages from various adoption support websites that provide information on RAD and PTSD, participants will verbally state at least five behaviors that are associated with RAD and five behaviors that are associated with PTSD.</p> <p>Given a child that exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.*</p> <p>After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day-to-day lives and then share their emotional reaction to the situations presented in the case studies.</p>		
40 minutes	<ul style="list-style-type: none"> <li>• Welcome parents and then build common ground between yourself the parents</li> <li>• Initiate icebreaker activity, asking parents to identify, using single words, the characteristics of their vision of their adopted child, their family, and themselves</li> <li>• Present session objectives</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Sticky notes (two colors)</li> <li>• Note Cards</li> <li>• Tent cards for names</li> <li>• Markers</li> <li>• Parent's Guides</li> </ul>
45 minutes	<ul style="list-style-type: none"> <li>• View the video: <i>Adoption Disruption – When Adoption Isn't Happy</i> (Produced by abc News ©2008)</li> <li>• Initiate activity asking parents to identify, using single words, the characteristics of the children they saw in the video</li> </ul>	<ul style="list-style-type: none"> <li>• LCD for showing the video from facilitator's laptop</li> <li>• Screen or blank wall for projecting video</li> <li>• Sticky notes (different color than those used for the first activity)</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>• Lead a discussion/debriefing of the video introducing the symptoms of RAD and PTSD</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> </ul>
10 minutes	<ul style="list-style-type: none"> <li>• Break</li> </ul>	
50 minutes	<ul style="list-style-type: none"> <li>• Lead a discussion about attachment and the definition and symptoms of RAD and PTSD</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart</li> <li>• Markers</li> </ul>

Duration	Activity/Description	Materials
10 minutes	<ul style="list-style-type: none"> <li>• Present a summary of the key points</li> <li>• Present case studies and homework assignment including further research of RAD and PTSD (using <i>DSM IV</i> and other sources)</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Case studies</li> </ul>
10 minutes	<ul style="list-style-type: none"> <li>• Field any last-minute questions</li> <li>• Suggest parents create a blog as a means for documenting and sharing their emotions connected with the training</li> <li>• Inform parents there is a “class group” they can join to continue discussions among themselves</li> <li>• Thank parents and preview next session</li> </ul>	None
*	<p>The content supporting some of the objectives will be spread over the three sessions. For example, parents will begin to explore how a child’s behavior may be negatively impacting the family in the first week. The expectation is that by the end of the third session parents will have a more in-depth understanding.</p>	
<b>Session: 180 minutes</b>		



**Activity**

Welcome

**Facilitator Direction**

- Place Parent's Guide, sticky notes (two stacks, one of each color), markers, and name a tent card at each seat
- Display slide while parents arrive
- Show slide until parents are settled

**Additional information | Notes**

- Welcome parents to the workshop.
- Instruct parents to sit anywhere.
- Instruct parents to write their names on the name tent cards.

## Who Am I?

- Cheryl Millman
- Adoptive Mom:
  - Son Yuriy
  - 20 years old
  - Adopted from Russia  
2007



### Activity

Welcome

*10 minutes—Elapsed 10 minutes*

### Facilitator Direction

- Show slide

### Additional information | Notes

- Introduce yourself and share your family's story.
- Share the spectrum of behaviors Yuriy has exhibited and how he arrived at his current living arrangement.



**Activity**

Parent Introductions

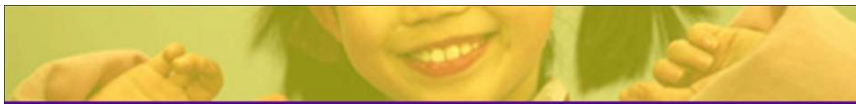
*12 minutes—Elapsed 22 minutes*

**Facilitator Direction**

- Show slide

**Additional information | Notes**

- Ask parents to introduce themselves and to briefly share their story about their adoption or impending adoption.
- Ask parents to share what they know about the challenges of adoption, with specific focus on the types of behaviors they should expect from their adopted child. Note these behaviors on a flip chart.



## Opening Our Eyes

- Get to know one another
- Bring your child home
- Discuss visions of new families
- Take a close-up view
- Introduce attachment, RAD, PTSD, and associated behaviors
- Talk about emotional challenges for the child and the family

### **Activity**

Objectives and session preview  
*3 minutes—Elapsed 25 minutes*

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

- Show slide
- Note parents' goals and expectations on the flip chart
- Save these for debriefing at the end of the session

### **Additional information | Notes**

Introduce the objectives and flow of the session including:

- Families will become very familiar with each other.
- The person sitting to your (participant's) right or left may become a friend and a resource as you travel through your journey of building your new family.
- Parents will share personal information about their hopes and dreams for their new family.
- Inform the families they will see a video that highlights a difficult adoption.
- Introduce RAD and PTSD and common behaviors associated with them.
- Conduct a discussion around the emotional challenges the adopted child may face and how those challenges may impact the family.
- The idea of the program is not to scare or sugarcoat, but to be honest and help families prepare.
- State there will be "homework."
- Ask parents to share their goals and expectations for the session.



---

### **Instructions for Ice Breaker Activity**

The purpose of this activity is to encourage parents to talk about their visions of their new families.

The activity lasts 15 minutes including 5 minutes for parents to note their thoughts and 10 minutes for discussion.

- Tear three sheets from the flip chart. In the center of one sheet write (categories): Child; on sheet two write: Family; on sheet three write: Concerns.
- Ask parents to write one word on a sticky note (all parents should use the same color sticky notes) using at least three sticky notes for each category that describes how they feel or what they envision when they think of their:
  - Adopted child
  - New family
  - Concerns associated with the adoption
- Provide an example for each:
  - Child: Smiles
  - Family: Supporting
  - Concerns: Attaching
- After 5 minutes, ask each person to place their sticky notes on the flip chart sheets.
- Spend the next 10 minutes talking about the words on the sticky notes to get a sense of how people feel and their vision of their adoption.

### **Activity**

Ice Breaker

*15 minutes—Elapsed 40 minutes*

### **Materials**

- Sticky notes
- Flip Chart
- Markers

### **Facilitator Direction**

- No slide for this activity

---

### **Instructions for Introducing the Video**

Before you watch the video, set the stage that not all children are capable of accepting the love of their adoptive parents.

- State that there are many children who thrive and benefit from loving parents who open their hearts and homes to abandoned children; these children are like sponges (pour water onto the sponge).
- Explain that not all children are able to trust the love of adoptive parents (pour water through the sieve).
- State that all parents must be prepared to experience both or either of these reactions from their adoptive child.
- Provide background information on the video:
  - Produced by ABC News.
  - Discusses the challenges a family experienced when they adopted siblings from Ukraine.
  - Explain that one child was able to adjust while the other struggled.
- Ask parents to make notes on the “other colored” sticky notes about what they find troubling, characteristics of the children that they did not expect, or did expect, and what they feel they need to learn as part of their preparation for adding a child to their families.
- Ask parents to keep the notes to a single word or phrase.
- Show the video.

### **Activity**

Video

*45 minutes—Elapsed 1 hour 25 minutes*

### **Materials**

Sticky notes (different color than for the ice breaker)

- Sieve
- Sponge
- Water
- Basin
- Video

### **Facilitator Direction**

- No slide
- Show video

---

**Additional information | Notes**

- Allow parents a moment to reflect on the video.
- Ask parents to place their sticky notes they created while watching the video on the flip chart sheets—matching them as best they can to the three categories.
- Ask parents to share their reactions to the video.
- Review the sticky notes, encouraging parents to talk about their emotional response.
- Compare the “before” and “after” notes.
- Identify which category had the most additions that were different from the first set of notes.
- Ask parents to share their thoughts on this activity and how it has impacted their feelings about their adopted child, and how it aligned with what they “knew about the challenges” of adoption, and what they feel they must still learn.
- Allow parents a 5 minute break.

**Activity**

Video debriefing

*15 minutes—Elapsed 1 hour 40 minutes*

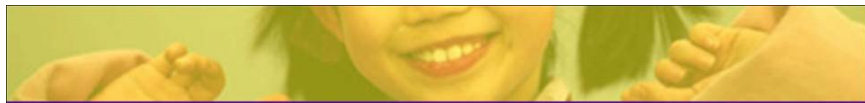
*5 minute break—Elapsed 1 hour 45 minutes*

**Materials**

- Flip chart
- Markers

**Facilitator Direction**

No slide for the debrief



**Disruption**

- Disruption – adoption process ceases **before** adoption is complete
  - 10 to 25% in the US

**Dissolution**

- Dissolution – ending an adoption **after** it is complete
  - 1 to 10% in the US

**Activity**  
Disruption and Dissolution  
*3 minutes— Elapsed 1 hour 48 minutes*

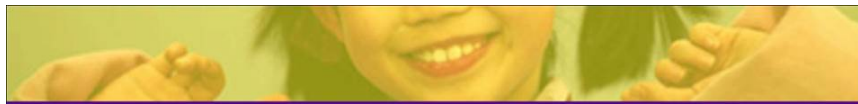
**Materials**  
None

**Facilitator Direction**

- Show slide
- Slide content builds

**Additional information | Notes**

- Read information on **disruption**.
- State reasons for **disruption**:
  - Child factors: age, emotional behavioral issues, trauma such as sexual and physical abuse and neglect, strong attachment to birth mother, children with physical disabilities, length of time in residential or group home or institution.
  - Family: lack of support.
  - Agency: inadequate or insufficient information, lack of services, lack of staff continuity (different staffers prepare family).
- Read information on **dissolution**.
- State reasons for **dissolution**:
  - Child factors: age, emotional and/or behavioral issues, trauma such as sexual and physical abuse and neglect, strong attachment to birth mother, children with physical disabilities.
  - Family: lack of support, lack of services, financial burden, lack of preparation.



## Attachment

- What does attachment mean?
- What does it feel like when two people attach?
- How do you know when you are attached to someone?
- When does the process begin?



### **Activity**

Attachment

5 minutes— Elapsed 1 hour 53 minutes

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

- Show slide
- Note answers on the flip chart

### **Additional information | Notes**

**Note:** During this portion of the session, it is important to draw out from parents what they already know about attachment, RAD, and PTSD and to help them expand their knowledge about these topics. It is likely they have definitive ideas about attachment, and not as much knowledge about RAD and PTSD.

- Ask parents to take a moment to think about attachment.
- Go around the room and ask everyone to share at least one thought about attachment; everyone must contribute.



**Healthy Attachment**

- Two-way relationship built on trust, common respect, and caring
- For parents it begins before the child arrives
- Develops as the child learns to trust
- Continues over time
- Parents and child strive to meet each other's needs and have their needs met in return

**Activity**  
Attachment  
*3 minutes— Elapsed 1 hours 56 minutes*

**Materials**  
None

**Facilitator Direction**  
Show slide

**Additional information | Notes**

- Define attachment: “Lasting psychological connectedness between human beings. It is the emotional bond which grows between child and parent and vice versa” (Delaney, 1998, p. 3).
- Some believe bonding begins at conception. The “in utero” experience has a direct effect on bonding (Thomas, 1997, p. 6):
  - Drug and/or alcohol exposure.
  - Maternal stress.
  - Unwanted pregnancy.
- Attachment is a two-way relationship—a kind of dance that parents and children do together.
- It begins before a child even joins the family, when parents begin to anticipate the arrival and make plans for the future.
- It develops as the child learns to trust his parents to meet his needs (provide food, respond when the child cries, keep the child safe, be consistent in their caring for the child). It continues, over time, as a negotiation, with the parents and child each striving to meet the needs of the other, and having their needs met in return.
- Highlight the input presented by parents and tie to this content.



## Healthy Attachment Behaviors

- Eye contact
- Reaching
- I am safe
- Smiling
- Signaling or calling
- I am capable
- Pouting
- Seeking to be held
- I am worthy
- Protesting separation
- Clinging
- You are available
- Following
- Sitting with
- You are responsive
- Searching
- You meet my needs

**Activity**

Attachment  
10 minutes— Elapsed 2 hours 6 minutes

**Materials**

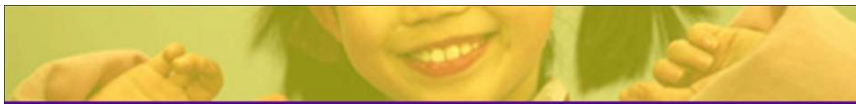
- Flip chart
- Markers

**Facilitator Direction**

- Show slide
- Slide builds after each part of the activity

### Additional information | Notes

- Instructs parents to close their eyes and envision the behaviors a child who has healthy attachment might exhibit and to call out the behavior. If necessary, provide an example, such as reaching out for your hand.
- Note parents' thoughts on the flip chart. Once all input is exhausted, show the list on the slide and compare the parents' input with the slide.
- Ask parents how that child might feel about himself or herself and how the child might feel about the parent. Provide an example, such as "I'm a good person."
- Note parents' thoughts on the flip chart. Once all input is exhausted, show the list on the slide and compare the parents' input with the slide.
- Conclude that children who are able to develop healthy attachments will trust and embrace the love a family has to offer.
- Explain that many children who are abandoned, either by the death of parents or because parents have either relinquished their rights or had their rights removed, may be unable to easily develop attachments or bond with others.



## **RAD – Reactive Attachment Disorder**

A child with reactive attachment disorder is typically neglected, abused, or orphaned. Reactive attachment disorder develops because the child's basic needs for comfort, affection, and nurturing aren't met and loving, caring attachments with others are never established (Mayoclinic.com, 2012).

"The world is unsafe and it cannot be trusted, and therefore I must control everything to be safe!"

"If you cannot be trusted, I will not follow your direction!"

"I will control everything and everyone!"

### **Activity**

RAD

*5 minutes— Elapsed 2 hours 10 minutes*

### **Materials**

None

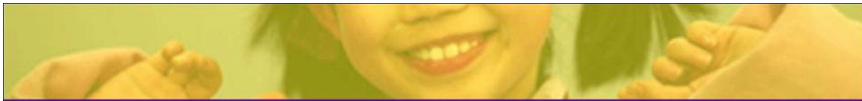
### **Facilitator Direction**

- Show slide
- Slide builds

### **Additional information | Notes**

- Read definition of RAD.
- Allow parents a moment to internalize the meaning.
- State RAD is the result of trauma: the trauma of neglect and abuse.
- Ask parents how they think a child who is traumatized and is diagnosed with RAD might feel in the family setting.
- Read the statements; do they align with what parents were thinking?





**RAD**

<b>Behaviors</b>	<b>Signs and Symptoms</b>
<ul style="list-style-type: none"><li>• Control</li><li>• Low self-esteem</li><li>• Anger</li><li>• Delayed emotional development</li><li>• Negative attitude</li></ul>	<ul style="list-style-type: none"><li>• Inability to give or receive affection</li><li>• Control issues (extreme anger or defiance)</li><li>• Manipulative or superficially charming</li><li>• Stealing</li><li>• Hoarding</li><li>• Lack of conscience</li><li>• Lying about the obvious</li></ul>

**Activity**  
RAD  
20 minutes— Elapsed 2 hours 31 minutes

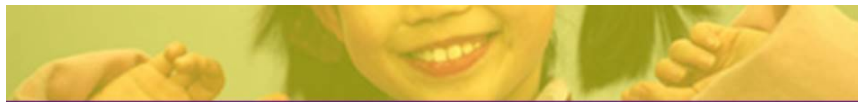
**Materials**  
None

**Facilitator Direction**  
Show slide

**Additional information | Notes**

- Explain parents need to be aware of the behaviors, signs, and symptoms of RAD.
- Behaviors initially may seem appropriate; however, if left unaddressed or assumed to be “normal,” things can escalate over time.
- Discuss each behavior. As you discuss each behavior, ask parents to provide examples of how they think the behavior might manifest itself in the family setting. Provide examples as needed.
- Control
  - Testing limits
  - Having last word
  - Talking nonsense to keep an argument going
  - Doing things his way
  - Making his own decisions
- Low self-esteem
  - Poor peer relationships
  - Cannot accept praise
  - Not deserving of good things
  - Sabotaging efforts of parents/adults
- Anger
  - Frequent rages
  - Long duration of anger
  - Child feels hopeless, helpless—others are untrustworthy or uncaring
  - Child sees himself or herself as victim and wants to get back
  - Pushing your buttons until you explode

- Delayed emotional development
  - Early needs not met
  - Lack of positive responses in early development
  - Lack of positive examples
- Negative attitude wears parents down.
- Encourage parents to think of how a “normal” child might behave and how the behavior would be different with traumatized children. Provide examples to encourage discussion.



## PTSD – Post-traumatic stress disorder

- PTSD is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event (Mayoclinic.com, 2012).
- PTSD sometimes occurs in people who have experienced a traumatic event. The International Society for Traumatic Stress Studies (ISTSS) defines traumatic events as "shocking" situations that lead to feelings of "intense fear, horror, numbness, or helplessness," such as natural disasters and acts of violence. The ISTSS includes child abuse and neglect as events that may lead to PTSD (McKinney, 2008).
- What events cause PTSD in children? Any life-threatening event or events that threaten physical harm (U.S. Department of Veterans Affairs, 2012).

### Activity

PTSD

*20 minutes— Elapsed 2 hours 51 minutes*

### Materials

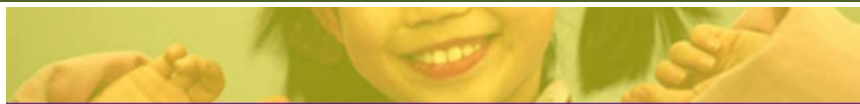
None

### Facilitator Direction

- Show slide—begin with just the title
- Slide builds

### Additional information | Notes

- Ask parents to think about what they know about PTSD: What is it? What causes it? What are the associated behaviors?
- Instruct parents to note their thoughts in their workbooks. Allow 1 minute for parents to make notes.
- Read the text on the screen, building each bullet as you go.



## PTSD – Behaviors

- “Time skew”
- “Omen formation”
- Trauma reenactment
- Sexual inappropriateness
- Anxiety
- Anger
- Aggression
- Poor school performance
- Impulsivity
- Isolation
- Depression
- Fear
- Self-destructive
- Low self-esteem

### Activity

PTSD

20 minutes— Elapsed 2 hours 51 minutes

### Materials

None

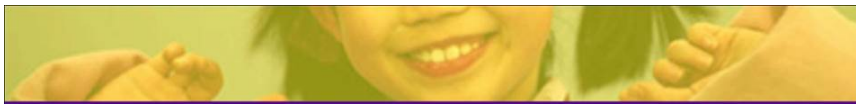
### Facilitator Direction

Show slide

### Additional information | Notes

- Explain that many of these behaviors are the same or similar to RAD behaviors. RAD is the result of trauma, as is PTSD.
- Discuss the behaviors at a high level.
  - Elementary-aged children:
    - Time skew—mis-sequencing of events when recalling the memory
    - Omen formation—children believe if they are alert enough they will recognize warning signs (hypervigilance; all ages)
    - Trauma reenactment—through drawings, storytelling, play
  - Increased anxiety and emotional arousal:
    - Difficultly sleeping
    - Irritability and outbursts of anger
    - Difficultly concentrating (poor school performance)
    - Jumpiness
      - Avoidance and numbing
  - Avoidance of places and activities
    - Loss of interest in activities and life
    - Detachment from others and emotionally numb
    - Sense of limited future (marriage, career, life span)

- Re-experience the trauma
  - Flashbacks
  - Nightmares
  - Intrusives memories
  - Physical reactions to triggers (rapid breathing, rapid heart rate, sweating, muscle tension)
- Feelings of low self-esteem
  - Suicidal ideation
  - Hopelessness
  - Substance abuse
- Ask parents if this information aligns with their original knowledge of PTSD.



## Summary

- Dreams and reality may not align
- Adoption is a difficult journey
- Knowing the behaviors associated with trauma is critical
- Knowledge is power and necessary for your survival
- Not every child can be saved
- Adoption will change your life
- Most adoptions have happy endings

### **Activity**

Summary

*9 minutes— Elapsed 3 hours*

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

- Show slide with just the title
- Note parents' "takeaways" on the flip chart
- When all points have been captured, show the slide

### **Additional information | Notes**

- Ask each parent to present a key takeaway from the session.
- Explain that before the next session parents must complete the following using the worksheets in their Parent's Guide:
  - Research RAD and PTSD, including the information in the *DSM IV* (Diagnostic and Statistical Manual of Mental Disorders); this is what health care professionals will use to diagnose RAD and PTSD.
  - Identify helpful/valuable RAD and PTSD resources and explain their potential value to adoptive parents.
  - Note new "learnings" about RAD and PTSD, such as treatments.
  - Explain that there are three case studies in the Guide. For each case study, parents should answer the following questions using the forms in their Guide:
    - What are the RAD and PTSD behaviors exhibited by the child?
    - How might you parent the child?
    - What questions do you have about the child and/or the family?
    - What are the challenges for the families?
    - How did you feel when you read the case study?
- State that at the start of the next session you'll parents will review the case studies in small groups and then share their analysis with the larger group.
- Explain that at the next session, the majority of the session will be a live panel discussion including a social worker, parents of adopted children, a special education professional, and a psychologist.

- Suggest that parents participate in a blog so they can share ideas and information between sessions.  
Explain:
  - You have started a blog called Seeing Adoption with Eyes Wide Open.
  - The blog is on blogger.com.
  - All parents will be invited to participate in the blog.
  - The blog will be private for just this group.
  - Parents need a gmail account to participate.
  - Participation is optional.
- Go back to the first flip chart of parents' expectations. Verify that all expectations have been met or explain how they will be addressed in the next session(s).
- Distribute the feedback form and ask parents to complete it before leaving.
- Thank parents and invite them to stay should they have any additional questions.

## SESSION TWO

This session begins with the parents sharing what they discovered about RAD and PTSD including the resources, followed by a debriefing of the case studies. For the case studies, parents will work in groups of four (splitting parent partners into different groups). The groups will discuss their analysis of each of the case studies, then report back to the larger group. By working in small groups, trainees can obtain diverse perspectives on problems and issues, perspectives they would never hear if they worked alone (Noe, 2008, p. 146).

The remainder of the session will be a panel discussion. The panel will include a psychologist who specializes in adoption, an adoption/family social worker, a SPED (Speccial Education) professional, and two parents, one parent who struggles with her adopted child and one parent who has had few issues. These professionals will discuss the impact trauma can have on a child's emotional well-being and the types of behaviors associated with trauma. Panelists will also provide information on the supports and services parents should put in place prior to or soon after the adoption.



Duration	Activity/Description	Materials
<b>Session 2 – Hearing from the Professionals</b>		
<p><b>Objectives:</b></p> <p>Given a child who exhibits challenging behaviors that are negatively impacting the relationship between the child and adoptive parents/family members, the parents will identify (create a written list) at least three behaviors and describe how they might respond to these behaviors.*</p> <p>After reviewing three case studies of families with adoptive children who have RAD and/or PTSD, participants will describe the challenges these families face in their day-to-day lives and then share their emotional reaction to the situations presented in the case studies.*</p> <p>Given the background of a child who has a trauma history, parents will describe (verbally) at least four types of behaviors the child may exhibit, how these behaviors tie to RAD and/or PTSD, and the assumed psychological reasoning behind the behavior.</p> <p>Before an adoptive child joins the family, the pre-adoptive parents will jointly create a written list of 10 professional resources (including at least one psychologist, social worker, pediatrician, developmental psychologist, and school advocate) and 10 non-professional resources (including at least one set of adoptive parents, a support group, a children’s camp that caters to children diagnosed with RAD/PTSD, and friends) they can contact should their child’s behaviors become unmanageable or there is a need for respite from the child.</p>		
45 minutes	<ul style="list-style-type: none"> <li>• Facilitator welcomes the parents and briefly describes the objectives</li> <li>• Facilitator asks the parents to share their outcomes of their RAD and PTSD research</li> <li>• Facilitator initiates group activity, asking groups to share and discuss their reactions to the children/families in the case studies (using the case study review guide included in their Parent’s Guides)</li> <li>• Facilitator asks a group representative to share the results of their group’s discussion with all the parents for further discussion</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart</li> <li>• Markers</li> <li>• Parent’s Guides</li> </ul>
120 minutes	<ul style="list-style-type: none"> <li>• Facilitator introduces the panelists</li> <li>• Facilitator explains “ground rules”</li> <li>• Facilitator ends panel discussion and thanks panelists</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>• Facilitator fields any remaining questions</li> <li>• Facilitator suggests parents continue (or start) blogging</li> <li>• Facilitator suggests parents continue communicating via the discussion group</li> <li>• Facilitator instructs parents to begin making their list of resources</li> <li>• Facilitator thanks parents and previews the next session</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

SEEING ADOPTION WITH EYES WIDE OPEN:  
UNDERSTANDING THE SPECIAL NEEDS OF TRAUMATIZED CHILDREN  
FACILITATOR'S GUIDE  
CAPSTONE PROJECT

Duration	Activity/Description	Materials
*	The content supporting some of the objectives will be spread over the three sessions. For example, parents will begin to explore how a child's behavior may be negatively impacting the family in the first week. The expectation is that by the end of the third session parents will have a more in-depth understanding.	
<b>Session: 180 minutes</b>		



**Activity**

Welcome

**Facilitator Direction**

- Distribute name tent cards
- Display slide while parents arrive
- Show slide until parents are settled

**Additional information | Notes**

- Welcome parents to the workshop.
- Instruct parents to sit anywhere.
- Distribute name tent cards to parents.
- Ask parents to sign the sign-in sheet.



## Where Are We Going?

- RAD and PTSD findings
- Analyze case studies
- Meet the specialists

### **Activity**

Objectives and session preview  
*3 minutes—Elapsed 5 minutes*

### **Materials**

None

### **Facilitator Direction**

Show slide

### **Additional information | Notes**

- Introduce the objectives and flow of the session including:
  - Review parents' results of their investigation of RAD and PTSD.
  - Work in groups to review case study analysis and then share reviews with each other.
  - Meet professionals who specialize in dealing with children with trauma backgrounds.

### **Instructions for RAD and PTSD Research Debriefing**

- Explain that in this activity parents will share what they found out about RAD and PTSD.
- Explain that you will randomly call on parents.
- Listen to their responses, ensuring that the parents present at least five behaviors. This activity ties to the first objective. Encourage all parents to participate so you can assess whether or not they are able to identify RAD and PTSD behaviors.
- RAD listen for:
  - Persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions
  - Inability to exhibit appropriate selective attachments
  - Hypervigilance
  - Withdrawal from others
  - Obvious and consistent awkwardness or discomfort
  - Engage in soothing behaviors (rocking, self-stroking)
  - Failure to ask for support or assistance
  - Seek attention from everyone
- PTSD listen for:
  - Agitated behavior
  - Persistent avoidance of the event
  - Persistent experiencing of the event
  - Behavior impairs social, occupational, or other important areas of functioning
  - Avoids thoughts, feelings, or activities associated with the event
  - Difficulty sleeping
  - Hypervigilance
- Call on the first parent and ask him or her to share some “discoveries,” including at least five behaviors associated with RAD and five with PTSD.
- Note the discoveries on the prepared flip chart pages.
- Continue around the room until all “discoveries” have been shared.

### **Activity**

RAD and PTSD Research Debriefing  
*10 minutes—Elapsed 15 minutes*

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

- Prepare two flip chart pages; label one PTSD and one RAD



## RAD

<b>Behaviors</b>	<b>Signs and Symptoms</b>
<ul style="list-style-type: none"><li>• Control</li><li>• Low self-esteem</li><li>• Anger</li><li>• Delayed emotional development</li><li>• Negative attitude</li></ul>	<ul style="list-style-type: none"><li>• Inability to give or receive affection</li><li>• Control issues (extreme anger or defiance)</li><li>• Manipulative or superficially charming</li><li>• Stealing</li><li>• Hoarding</li><li>• Lack of conscience</li><li>• Lying about the obvious</li></ul>

### **Activity**

RAD Comparison

*10 minutes—Elapsed 15 minutes*

### **Materials**

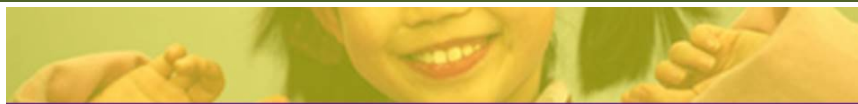
None

### **Facilitator Direction**

Show slide

### **Additional information | Notes**

- Compare the RAD flip chart page with this content, which you presented at the last session.
- Comment on the comparison. Note: there should be more behaviors presented by the parents than what is listed on this slide. If not, encourage parents to continue their research.



## PTSD – Behaviors

- “Time skew”
- “Omen formation”
- Trauma reenactment
- Sexual inappropriateness
- Anxiety
- Anger
- Aggression
- Poor school performance
- Impulsivity
- Isolation
- Depression
- Fear
- Self-destructive
- Low self-esteem

### **Activity**

PTSD Comparison  
*15 minutes—Elapsed 15 minutes*

### **Materials**

None

### **Facilitator Direction**

Show slide

### **Additional information | Notes**

- Compare the PTSD flip chart page with this content, which you presented at the last session.
- Comment on the comparison. Note: there should be more behaviors presented by the parents than what is listed on this slide. If not, encourage parents to continue their research.

---

### **Instructions for Case Study Debriefing**

- Explain that in this activity parents will work in groups of four.
- Each group will spend 10 minutes sharing amongst themselves their analysis of each case study, including their emotional reactions.
- Ask parents to count off with the numbers one through four. Instruct all “ones” to sit together, ask all “twos” to sit together, etc.
- At the end of 10 minutes, one person from each group will share the group’s analysis.
- At 8 minutes, announce groups have 2 minutes to complete their analysis.
- At 10 minutes, ask the first group to share their analysis of one of the four case studies. Each group will discuss a different case study.
- As each group presents their analysis, listen for the following. This activity ties to two of the program objectives.
  - At least three behaviors the child exhibited and how the parents would respond
  - Impact of the child on the family
  - Parent’s emotional response to the child
- Note key points on a flip chart.
- Allow each group 4 minutes to present. For the last minute, ask the other groups if they have anything they would like to add.
- At the end of this activity state that there are no crystal balls to predict how a child may respond to and behave in a new family. The best thing parents can do is educate themselves and set up supports to help them when they do feel at a loss.
- Transition to the panelists, who will help parents identify some of those resources.

### **Activity**

Case Study Debriefing

*30 minutes—Elapsed 45 minutes*

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

Note analysis key points on a flip chart



---

### **Panel Discussion**

- Introduce each of the panelists.
- Explain that after 1 hour there will be a 5 minute break.
- Explain parents can ask questions at any point. However, if it turns out that there are more questions than there is time, you will ask that parents note their questions to be posed later.
- At 2 hours, stop the panel discussion and thank the panelists.
- Use the following questions to ensure that panelists cover the necessary information. Note that these questions align with the panelist preparation, which occurred prior to the session.

### **Activity**

Panel Discussion

*2 hours 5 minutes—Elapsed 2 hours and 50 minutes (includes a 5 minute break)*

### **Materials**

None

### **Facilitator Direction**

- Facilitate discussion
- Keeping panelists on track

#### ○ **Social Worker and Therapist**

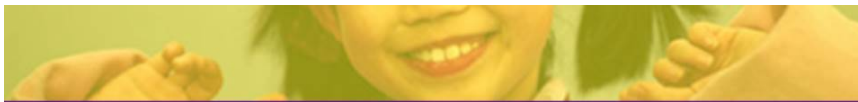
- How does trauma impact a child and his or her ability to integrate into a family in a healthy way?
- What are some of the behaviors you have seen children with trauma backgrounds exhibit?
- What are some of the emotional challenges you have seen parents face?
- What are the behaviors parents should look for that might be clues that bigger things are “brewing” than just “normal” kid behaviors?
- How does parenting differ when dealing with a child with a trauma history versus a “normal” child?
- How can a family (parents and other children) prepare for bringing an adopted child into their family?
- What types of support services do you recommend parents enlist?
- What are some of the most challenging situations you have seen parents encounter?
- What role would you play when contacted by a family?
- What types of expenses do they need to anticipate?
- What advice do you have for these families who are here tonight?

#### ○ **SPED Professional**

- How does trauma impact a child in school, academically and/or socially?
- What can parents do if they feel their child is struggling in school?
- What role can the school play in supporting the parents?
- Who are the people at the school who can support the child?
- How can the school support the child?
- What are the experiences you have had with adopted children with trauma histories?
- Who would you suggest parents contact if they have a child who is struggling in school?
- What advice do you have for these families who are here tonight?

○ **Parents**

- What types of challenges have you encountered with your children?
- Looking back, what do you wish you had done differently with regard to preparing for integrating your child into your family?
- What are the behaviors parents should look for that might be clues that bigger things are “brewing” than just “normal” kid behavior?
- What are some of the emotional challenges you have faced?
- How did you take care of yourself when things were difficult or out of control?
- What types of support services do you recommend parents enlist?
- What types of expenses do they need to anticipate?
- What advice do you have for these families who are here tonight?



## Summary

- Adoption is a difficult journey
- Knowing the behaviors associated with trauma is critical
- Understanding a child's history is critical
- Knowledge is power and necessary for your survival
- Resources are critical
- Not every child can be saved
- Adoption will change your life
- Most adoptions have happy endings

### **Activity**

Summary

*10 minutes— Elapsed 3 hours*

### **Materials**

- Flip chart
- Markers

### **Facilitator Direction**

- Show slide with just title
- Note parents' "takeaways" on the flip chart
- When all points have been captured, show the slide

### **Additional information | Notes**

- Ask each parent to present a key takeaway from the session.
- Note that many of the points are the same as in session one. Each session is building on the premise that adoption can be difficult, and that the more a parent knows about the child and his or her history and the possible behaviors that child might exhibit, the better prepared parents will be to succeed.
- Explain that before the next session parents must complete the following homework using the worksheets in their Parent's Guide:
  - Review the descriptions of the children and identify the assumed psychological reasoning behind the behavior. This exercise may require parents to further research RAD and PTSD.
  - Complete the resource sheets.
- Distribute the feedback form and ask parents to complete it before leaving.
- Thank parents and invite them to stay should they have any additional questions for either you or the panelists.

# *APPENDIX*

---

# *Session One Handouts*

---

## **SIGN IN SHEET SESSIONS ONE**

<b>SIGN-IN SHEET SESSION ONE</b>		
<b>NAME</b>	<b>EMAIL ADDRESS</b>	<b>CONTACT PHONE NUMBER(s)</b>

## SESSION ONE SURVEY

Seeing Adoption with Eyes Wide Open— Post-Workshop Survey	
	Circle ONE Number for Each Statement
I would rank my knowledge of RAD <i>prior</i> to this workshop as:	1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor
I would rank my knowledge of RAD <i>after</i> this workshop as:	1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor
I did research on RAD <i>prior</i> to today's workshop.	1. Yes 2. No
I would rank my knowledge of PTSD <i>prior</i> to this workshop as:	1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor
I would rank my knowledge of PTSD <i>after</i> this workshop as:	1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor

Seeing Adoption with Eyes Wide Open— Post-Workshop Survey	
	Circle ONE Number for Each Statement
I did research on PTSD <i>prior</i> to today's workshop.	1. Yes 2. No
I learned useful information in today's workshop.	1. Yes 2. No
Based on what I learned today, I feel it is important to continue my research on challenges associated with integrating an adopted child into my family.	1. Yes 2. No Explain: _____ _____ _____ _____
My expectations about this workshop were met.	1. Yes 2. No Explain: _____ _____ _____ _____

Name (optional): \_\_\_\_\_

Contact information (optional): \_\_\_\_\_



# *Session Two Handouts*

---

## SIGN IN SHEET SESSIONS TWO

SIGN-IN SHEET SESSION TWO		
NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER(S)

## PANELIST BIOS

These will need to be developed by the panelists. Insert copies of bios (in this section of the Facilitator's Guide) once received from panelists. These handouts will be delivered once the panelists are identified and prior to the session.

Distribute the bios to the parents at the start of the panel discussion.

Bios include, at a minimum:

- Name
- Contact information
- Place of employment
- Number of years in your profession
- Description of experience with adopted children

## SESSION TWO SURVEY

Seeing Adoption with Eyes Wide Open—Post-Workshop Survey	
	Circle ONE Number for Each Statement
The effects of abuse and neglect in early childhood development:	<ol style="list-style-type: none"> <li>1. Were a new concept to me</li> <li>2. Deepened my understanding of the concept</li> <li>3. Provided a nice reminder</li> <li>4. Validated my understanding of the concept</li> <li>5. Are common knowledge among potential adoptive parents</li> </ol>
The types of neglect discussed in this training:	<ol style="list-style-type: none"> <li>1. Were a new concept to me</li> <li>2. Deepened my understanding of the concept</li> <li>3. Provided a nice reminder</li> <li>4. Validated my understanding of the concept</li> <li>5. Are common knowledge among potential adoptive parents</li> </ol>
The personality characteristics of the “traumatized child” that may negatively impact the relationship between child and adoptive parents:	<ol style="list-style-type: none"> <li>1. Were a new concept to me</li> <li>2. Deepened my understanding of the concept</li> <li>3. Provided a nice reminder</li> <li>4. Validated my understanding of the concept</li> <li>5. Are common knowledge among potential adoptive parents</li> </ol>
The needs of a RAD child:	<ol style="list-style-type: none"> <li>1. Were a new concept to me</li> <li>2. Deepened my understanding of the concept</li> <li>3. Provided a nice reminder</li> <li>4. Validated my understanding of the concept</li> <li>5. Are common knowledge among potential adoptive parents</li> </ol>

Seeing Adoption with Eyes Wide Open—Post-Workshop Survey	
	Circle ONE Number for Each Statement
<p>The challenges we may face as adoptive parents:</p>	<ol style="list-style-type: none"> <li>1. Were a new concept to me</li> <li>2. Deepened my understanding of the concept</li> <li>3. Provided a nice reminder</li> <li>4. Validated my understanding of the concept</li> <li>5. Are common knowledge among potential adoptive parents</li> </ol>
<p>I learned useful information in today's workshop.</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<p>Based on what I learned today, I feel it is important to continue my research on challenges associated with integrating an adopted child into my family.</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Based on the information shared with me today, I feel it is critical that I put together a list of supports and people whom I can call when I feel I cannot manage either my emotions or my child's behaviors.</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Seeing Adoption with Eyes Wide Open—Post-Workshop Survey	
	Circle ONE Number for Each Statement
My expectations about this workshop were met.	3. Yes 4. No Explain: _____ _____ _____ _____

Name (optional): \_\_\_\_\_

Contact information (optional): \_\_\_\_\_





# **Seeing Adoption with Eyes Wide Open:**

*Understanding the Special Needs of Traumatized  
Children*

Parent's Guide



## CONTENTS

Introduction .....	1
RAD Research .....	18
PTSD Research .....	19
Case StudIEs .....	20
Child profiles .....	39
Starter Resource Lists .....	43


## INTRODUCTION

This Guide is for you to use during this training program. The guide includes copies of the slides presented in the program, worksheets for completing activities, and starter lists.

This guide provides ample space for taking notes. Be sure to bring your guide with you to every session.

# *Session One*

---



## Opening Our Eyes

- Get to know one another
- Bring your child home
- Discuss visions of new families
- Take a close-up view
- Introduce attachment, RAD, PTSD, and associated behaviors
- Talk about emotional challenges for the child and the family

**Notes:**

---

---

---

---

---

---

---

---

---

---

---



## Disruption

- Disruption – adoption process ceases **before** adoption is complete
  - 10 to 25% in the U.S.

## Dissolution

- Dissolution – ending an adoption **after** it is complete
  - 1 to 10% in the U.S.

Notes:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





## Healthy Attachment

- Two-way relationship built on trust, common respect, and caring
- For parents it begins before the child arrives
- Develops as the child learns to trust
- Continues over time
- Parents and child strive to meet each other's needs and have their needs met in return

**Notes:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Healthy Attachment Behaviors

- Eye contact
- Reaching
- I am safe
- Smiling
- Signaling or calling
- I am capable
- Pouting
- Seeking to be held
- I am worthy
- Protesting separation
- Clinging
- You are available
- Following
- Sitting with
- You are responsive
- Searching
- You meet my needs

**Notes:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

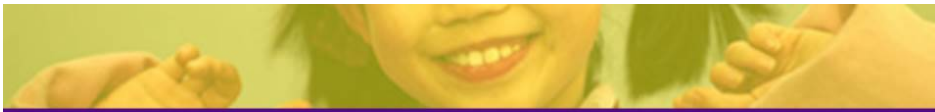
---











## PTSD – Behaviors

- “Time skew”
- “Omen formation”
- Trauma reenactment
- Sexual inappropriateness
- Anxiety
- Anger
- Aggression
- Poor school performance
- Impulsivity
- Isolation
- Depression
- Fear
- Self-destructive
- Low self-esteem

### Notes:

---

---

---

---

---

---

---

---

---

---

---

---

---

---















## **RAD RESEARCH**

Prior to the next session, use the spaces provided to answer these questions:

**DSM IV definition and at least five RAD behaviors:** \_\_\_\_\_

---

---

**What resources did you find/use? Why did you consider them valuable? \*** \_\_\_\_\_

---

---

---

---

---

---

---

---

**What else did you learn during your RAD research? \*** \_\_\_\_\_

---

---

---

---

---

---

---

---

*\*Be sure to include where you found the information so you can share with the group.*

## PTSD RESEARCH

Prior to the next session, use the spaces provided to answer these questions:

**DSM IV definition and at least five PTSD behaviors:** \_\_\_\_\_

---

---

**What resources did you find/use? Why did you consider them valuable?\*** \_\_\_\_\_

---

---

---

---

---

---

---

**What else did you learn during your PTSD research?\*** \_\_\_\_\_

---

---

---

---

---

---

---

---

*\*Be sure to include where you found the information so you can share with the group.*

## CASE STUDIES

Review the case studies on the following pages. Use the worksheets to analyze each one. During the next session, you will work in teams to compare your analysis and to present your analysis to the larger group.

### Dima

Lisa and Mike adopted Dima, a seven-year-old boy from Russia. Upon joining the family, Dima had a new sister, a year older than him, who was Lisa and Mike's birth child.

He was cute and caring and a bed-wetter. His parents researched how to handle his enuresis and followed the advice they were given. However, Dima's bed-wetting continued, and over time, this behavior escalated: he continued to bed-wet, would throw his soiled underwear in a drawer with clean clothes, lie about his bed-wetting, etc.

He started to exhibit other "intolerable" behaviors including stealing and lying. No matter how hard his parents tried, denying him the things he liked to do (punishing the bad behavior), sending him to his room, talking with him to uncover the reasons behind his behaviors, and trying to teach the differences between right and wrong, nothing seemed to work and the intolerable behaviors only escalated with time.

At Christmas time, Dima would find the presents and open them before Christmas, any present, not just presents for him. He would hide the wrapping paper in his room and then lie about what he did.

According to his mother, everyone he met thought he was so cute and such a nice boy, but they didn't know the real Dima. His mother would complain about his silences and his just not fitting in, his not listening to her, and his all-around bad behavior. He just "didn't get it." Lisa tried to find a therapist, but she had little luck. No matter what Lisa tried, his behavior only seemed to worsen. He would not obey her.

Nothing worked and his impact on the family became more and more disruptive. After three years, Dima's adoption was dissolved.

**Dima Case Study Analysis:**

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

**What questions do you have for this family?** \_\_\_\_\_

---

---

---

---

**What are the challenges for this family?** \_\_\_\_\_

---

---

---

---

**Do you think Lisa and Mike's responses to Dima's behaviors were effective?** \_\_\_\_\_

---

---

---

---

---

**How might you parent with Dima?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**How did you feel after reading this case study?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Other notes, questions, concerns:** \_\_\_\_\_

---

---

---

---

---

---

---

---

## Tabitha

Tabitha is a resistant, oppositional 10-year-old adopted girl with a sad history of multiple losses, abandonment, and neglect. In her adoptive home, Tabitha is doing poorly. After 12 months in the adoptive home, Tabitha's parents are finding her oftentimes too unpleasant, distant, and passive-resistant. Though her parents cannot pinpoint any single remarkable problem, Tabitha is experienced as totally unrewarding, emotionally draining, and immature. The adoptive mother, in a moment of frustration, stated, "She is driving us crazy with her stubbornness, and her refusal to grow up... She will not pick up after herself, she still battles with us over what to wear, and she acts as if she can't do anything for herself... She is draining us dry... You just want to ask her, 'Why don't you act your age?'"

Tabitha is doing poorly in school. Her teachers report that she daydreams during class and does not turn in her homework on time or at all. She is not interacting with her peers and as a result is spending much of her time alone. When she does get one-on-time with a teacher, Tabitha engages and completes some of her assignments. However, this is not a realistic approach, given that there are 20 other students in Tabitha's class.

Tabitha's parents try to work with her. They talked with a social worker, but after a few visits felt they were not making any progress and have decided to work it out for themselves. They have decided to have Tabitha evaluated to see if there are more serious issues that may be prompting Tabitha's behaviors.

Tabitha's parents feel trapped by love, commitment, legal responsibility, and compassion.



### **Tabitha Case Study Analysis:**

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

**What questions do you have for this family?** \_\_\_\_\_

---

---

---

---

**What are the challenges for this family?** \_\_\_\_\_

---

---

---

---

**Do you think Tabitha's parents' responses to her behaviors were effective?** \_\_\_\_\_

---

---

---

---

---

**How might you parent with Tabitha?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**How did you feel after reading this case study?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Other notes, questions, concerns:** \_\_\_\_\_

---

---

---

---

---

---

---

---

### **Nina (Wingert, 2013)**

Peggy wanted to be a good mother. But day after day, she got out of bed feeling like a failure. No matter what she tried, she couldn't connect with Nina, the two-year-old girl she'd adopted from Russia as an infant. The toddler pulled away whenever Peggy tried to hug or kiss her. Nina was physically aggressive with her four year-old sister, who had been adopted from Ukraine, and had violent tantrums. Whenever Peggy wasn't watching, she destroyed the family's furniture and possessions. "Every day with Nina had become a struggle," she recalls now.

As the girl grew older, things got worse. Peggy fell into a deep depression. She started drinking heavily, something she'd never done before. Ashamed, she hid her problem from everyone, including her husband.

On the morning of July 1, Peggy was packing for a family vacation, all the while downing one beer after another and growing increasingly aggravated and impatient with Nina's antics. "Everything she did just got to me," Peggy said. When Peggy caught her reaching into her diaper and smearing feces on the walls and furniture, "a year and a half of frustration came to a head," Peggy says. "I snapped. I felt this uncontrollable rage."

### **Nina Case Study Analysis:**

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

**What questions do you have for Peggy?** \_\_\_\_\_

---

---

---

---

**What are the challenges for Peggy?** \_\_\_\_\_

---

---

---

---

**Do you think Peggy's reactions to Nina's behaviors were effective?** \_\_\_\_\_

---

---

---

---

---

**How might you parent with Nina?** \_\_\_\_\_

---

---

---

---

---

---

---

**How did you feel after reading this case study?** \_\_\_\_\_

---

---

---

---

---

---

---

**Other notes, questions, concerns:** \_\_\_\_\_

---

---

---

---

---

---

---

## Amy

A large, previously successful adoptive family with nine children, several of them with special needs, adopted Amy, a three-year-old child described by the placement agency as appearing to have “a little trouble trusting.”

In Amy's first few years with the family, she appeared to have made a remarkably uneventful and smooth adjustment and, from everyone's point of view, had become well integrated into the family structure. She was charming, compliant, and played well with her new siblings. She seemed to respond to the love her family offered, and was beginning to show signs of trusting them.

Soon after her eighth birthday, a gala occasion celebrated with her first birthday party ever, she started to exhibit strong aggressive tendencies. She began hurting the other children, pushing them down the stairs, opening a window and trying to force the two-year-old to jump out, stabbing her brother with a freshly sharpened pencil, and holding a pillow over the baby's face.

Her adoptive parents felt that in order to protect the other children in the family, they would have to place her out of the home, taking the chance of losing her trust and shaking her security. The alternative was to lock her in her room at night, which they felt was emotionally if not physically abusive, or provide 24-hour line-of-sight supervision, which was virtually impossible to provide unless they slept in shifts and sat outside her door at night. The family was at a loss and felt there was no good solution.

### **Amy Case Study Analysis:**

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

**What questions do you have for this family?** \_\_\_\_\_

---

---

---

---

**What are the challenges for this family?** \_\_\_\_\_

---

---

---

---

**Do you think Amy's parents' responses to her behaviors were effective?** \_\_\_\_\_

---

---

---

---

---

**How might you parent with Amy?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**How did you feel after reading this case study?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Other notes, questions, concerns:** \_\_\_\_\_

---

---

---

---

---

---

---

---



# *Session Two*

---













## CHILD PROFILES

Review each of the profiles on the following pages then answer the associated case study questions. At the next session, you will share your analysis with the group.

### Michael

Michael is sic. On any given day, Michael may take his mother's jewelry and hide it. When his mom asks if he has seen it, he says no. He has also been known to take food and hide it under his bed until it rots. When in school, he steals items from his classmates' backpacks. He is gentle with Cooper, the family's golden retriever, but has been known to destroy his toys. He has been known to withdraw both at school and at home.

After reading Michael's information, answer the following:

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you were to talk with a therapist or social worker, how might she explain the reasons behind these behaviors?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Rachel

Rachel is 11. She frequently shows aggressive behavior toward her siblings and toward her parents. She frequently refuses to go to school and when she does go, she does not participate. She does not make friends very easily and has been known to be overly friendly to adults other than her parents. When someone tries to provide her instructions for completing an activity, she responds with anger, which is inappropriate in the situation. She has been known to be impulsive, stopping activities for no reason.

After reading Rachel's information, answer the following:

**What RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

**If you were to talk with a therapist or social worker, how might she explain the reasons behind these behaviors?** \_\_\_\_\_

---

---

---

---

---

---

---

---

## Jill

Jill is a charming five-year-old. She is very friendly and always trying to please. When adults come to visit, she acts the little host, offering to get drinks for people. She can be very insistent when sharing her items, such as dolls and food. She just won't take no for an answer. She is an overachiever in her kindergarten class, always doing a little extra and wanting to be first in line, first to raise her hand, first to be the teacher's helper. At home she sometimes will tell her dad lies about her mom. For example, she once told her dad that her mom wouldn't let her play with her dolls and made her stay in her room for the afternoon. Of course, this was not true.

After reading Jill's information, answer the following:

**What are RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

---

**If you were to talk with a therapist or social worker, how might she explain the reasons behind these behaviors?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## Bob

As a child, it was difficult to know just how Bob would respond. Sometimes he would be quiet and cooperative, and others time he would rage. He did not respond well to direction, feeling that he knew everything and that he didn't need any help from anyone. Bob was often contrary: if his parents commented on how cold it was outside, Bob would say how much he liked the cold and that he thought it was nice out. He would often stay home from school. Bob had been caught stealing from his parents' wallets and from the local convenience store. He also engaged in self injurious behavior by cutting his arms. He had been prescribed mood stabilizers by a psych-pharmacologist, but was non-compliant.

After reading Bob's information, answer the following:

**What are RAD and/or PTSD behaviors can you identify?** \_\_\_\_\_

---

---

---

---

---

**If you were to talk with a therapist or social worker, how might she explain the reasons behind these behaviors?** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## STARTER RESOURCE LISTS

The following are starter list of resources you may want to have available. Complete the lists prior to the next session.

Adoptive Parents I Can Call at Any Time (minimum 5 names)		
1. Sally Jones Bob Jones Springfield, MA	978-555-5555 (home) 978-555-6666 (cell)	Adopted son, Adam, domestic adoption, age 10
2.		
3.		
4.		
5.		

Medical /Professional Resources	
1. Psychologist	978-555-5555
2. Psychiatrist	978-555-5555
3. Pediatric Neuropsychologist	978-555-5555
4. Pediatrician	978-555-5555
5. Social Worker	978-555-5555
6. Special Education Services/Support	978-555-5555
7.	
8.	
9.	
10.	

Intervention Resources		
1. Summit Camp and Travel Parsippany, NJ	800-323-9908	<a href="http://www.summitcamp.com/">http://www.summitcamp.com/</a>
2. Summit Achievement Stowe, ME	603-733-6723	<a href="http://www.summitachievement.com/">http://www.summitachievement.com/</a>
3. Health and Human Services Intervention	978-921-1293	<a href="http://www.hes-inc.org/contact.htm">http://www.hes-inc.org/contact.htm</a>
4. Child In Need of Services (CHINS)		<a href="http://www.masslegalhelp.org/children-and-families/chins">http://www.masslegalhelp.org/children-and-families/chins</a>
5. Attachment Institute of New England Worcester, MA	508-799-2663	<a href="http://www.attachmentnewengland.com/">http://www.attachmentnewengland.com/</a>
6. Child & Family Services	508-996-8572	<a href="http://www.child-familyservices.org/index.html">http://www.child-familyservices.org/index.html</a>
7.		
8.		
9.		
10.		

Publications	
1. Can This Child Be Saved	Foster W. Cline Cathy Holding
2. When Love is Not Enough	Nancy L. Thomas
3. Fostering Change	Richard Delaney
4. Troubled Transplants	Richard Delaney Frank Kunstal
5.	
6.	
7.	
8.	
9.	
10.	



## REFLECTION

I am the mother of a 20 year old son who suffers from a variety of mental illnesses, including reactive attachment disorder (RAD), post-traumatic stress disorder (PTSD), anxiety, depression, mood swings, self-injurious behavior, and suicidal ideation. When my son joined our family at the age of 14 after spending the previous 10 years in a Russian orphanage, I had no idea how our lives would be turned upside down. I quickly learned I was ill-prepared to parent my son. My husband and I received no training regarding the risks and challenges associated with adopting an older child with a trauma history. Along the way, I met other parents who faced the same challenges. My goal with this training is to ease the journey that adoptive parents may face.

Having a clear vision of my project topic, my next hurdle was to execute the design and development. Although, I have done aspects of the design and development process over the years, I have never completed a project with the content of my choosing and as the sole designer/developer. This experience validated my skills as an instructional designer and reinforced all that I have learned during my tenure as a student at UMass.

As I worked through the different stages of the Capstone development, I realized how interconnected and how critical each step in the design and development process is. So often I work with clients who have already decided what the solution will be before they define the problem; they deliver the trainer and pat themselves on the back for a job well done without ever knowing whether or not the training was effective.

Overall, I found that the experience of completing my Capstone, although time-consuming, was rewarding. I connected with classmates to discuss progress and approaches. We griped and complained about the amount of work we had to do to get this done, then gloated about how much we had learned and embraced the value of the Capstone exercise.

According to Merriam-Webster, the capstone is the high point, the crowning achievement. I agree.

# CHERYL MILLMAN MED

132 THURLOW STREET  
GEORGETOWN, MA 01833  
Cheryl@Spirallearning.net  
978.239.3509

---

## *SERVICES*

---

Independent instructional designer, project manager providing design and consulting services to organizations that are using technology to deliver e-learning as well as project management services for large scale training and documentation projects – January 1998 – Present

### **Project Management Services:**

- Develop and manage project schedules and budgets
- Determine project resources and timelines
- Partner with clients to ensure their needs and expectations are met
- Work with development team to ensure their needs are met
- Ensure project quality
- Resolve project issues
- Act as liaison between subject matter experts, target audiences, client and development team

### **Design Services:**

- Design interactive programs for web, CD-ROM, webinars/webexes, business television, and instructor-led training as well as facilitation
- Consult with clients who are designing their own programs providing feedback and guidance throughout the design process
- Design evaluation and assessment tools including tests, feedback, and follow-up

### **Consulting Services:**

Work with clients who are transitioning to e-learning using an interactive technology-based medium for delivering training including:

- Perform job analyses and needs assessments
- Develop training strategies based on objectives, learning styles, and subject matter
- Develop overall project goals and objectives
- Determine and develop internal processes, define project resources and project timeline
- Select the appropriate content medium mix



# CHERYL MILLMAN

---

## ***WORK HISTORY***

---

**Convergent Media:** Littleton, MA August 1995 – January 1998

**Director Interactive Learning Services/Senior Project Manager**

Responsible for all sales support and management of program development:

- Consult with clients pre- and post-sales regarding critical processes related to transitioning to technology-based training. Directly involved with and responsible for acquisition of several multi-million dollar accounts.
- Create and manage development teams that produce technology-based interactive training solutions for both live (business television) and stored (CD-ROM) media. Responsible for vendor/supplier selection.
- Produce and document critical processes for technology-based training development used to guide clients through the training transition. Processes used as internal sales tools as well as product provided to clients.
- Provide internal products and services training to divisional sales teams increasing their pipe line and sales.
- Plan and support industry trade shows and conferences educating attendees about interactive training services resulting in several vendor/supplier and sales leads.

# CHERYL MILLMAN

---

## *Past Client Partnerships*

---

### **Educational Resource Services—ERS (EMD Serono, Boehringer-Ingelheim, BMS)**

- Project manage the development of multi-module e-learning modules and print modules for pharmaceutical sales representatives
- Project manage the development of multiple training workshops for pharmaceutical sales representatives

### **Cramer (Abbott Laboratories, Zoll, Novartis, Merck, F. W. Webb, National Elevator Industry Educational Program)**

- Lead designer for multiple multi-module e-learning programs
- E-learning programs targeted towards a variety of audiences including sales representatives, retail sales employees, scientists and lab technicians
- Program content repurposed from a variety of existing materials as well as from new sources

### **Philips Medical**

- Project manage the development of a multi-module e-learning software application program for internal clients
- Project manage the development of online help and end-user support documentation for a software application that allows end-users to view ultrasound images and for the ultrasound products
- Conduct multiple training needs assessments to recommend a training solution for an image viewing product that would be appropriate for multiple audiences with varying needs

### **Swimfish (Nicholas Applegate, Babson Financial, Prism Venture Partners)**

- Conduct training and rollout needs assessments specific to the implementation of InterAction, a client relationship management software application
- Develop and deliver InterAction end-user training via classroom and webinars
- Develop and deliver InterAction system administrator training, via classroom and webinars

---

## ***EDUCATION and AWARDS***

---

B.S., cum laude, Technical Communications, Northeastern University

Masters of Education, University of Massachusetts 2013

Book Award recipient, U Mass 2013