



ANTICIPATORY GUIDANCE FOR PEDIATRICIANS ON ADDRESSING DIFFICULT ADOPTION, FOSTER CARE, & KINSHIP CARE TOPICS

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Many children who have been adopted or who live with kin or foster families have experienced stressful, traumatic circumstances before joining their current families. Parents and caregivers often turn to pediatricians for help in navigating conversations about those hard topics.

The language pediatricians and their staffs use to talk about adoption and traumatic experiences can have significant positive or negative impacts on children and their families. Tips on respectful ways to converse with adoptive families and language to avoid are available from the American Academy of Pediatrics' (AAP) *Let's Talk! Respectful Adoption Language and Behavior* fact sheet (www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Foster-Care-Adoption-Kinship/Documents/COFCKAC-LetsTalkRespectfulAdoptionLanguageBehavior.pdf).

Understanding the usual development of adoption is also helpful. Guidance on how and when to initiate age-appropriate discussions about adoption and foster care as well as how to address complicated family and life situations is available in AAP's *Talking With Families About Adoption, Foster Care, & Kinship Care in the Pediatrician's Office* fact sheet (www.aap.org/en-us/Documents/TalkingWithFamilies.pdf).

Parents often come to parenting with their own adverse childhood experiences, anxieties, feelings of loss because of infertility, and/or ambiguities about their ability to raise a child. Parents need to address these issues if they are to help the children in their care. For children and families who are struggling with complex, painful issues, referral to a therapist who is knowledgeable about childhood trauma as well as adoption can be invaluable.

SUGGESTIONS THAT APPLY TO ALL ADOPTION CIRCUMSTANCES

- From the beginning, talk about the difficult, as well



- ♥ Over time, children come to understand their stories; this gradual process is easier to adjust to than a "bombshell" discussion at which all the unpleasant details are shared at once.
- Recognize that, for children who have been traumatized, developmental, cognitive, and emotional maturity may not match their chronologic age.
- ♥ Parents and caregivers should share information at the maturity level where their children are functioning at the time of the discussion.
- Help children accept that the bad things that happened were not their fault.
- Recognize that, even after experiencing severe abuse or neglect, children want to love their birth parents.
- ♥ Parents and caregivers should not vilify birth parents—they may have made bad choices or acted irresponsibly, but they are not bad people.
- Acknowledge and share a child's pain, but don't try to erase it—you can't.

SPECIFIC ADOPTION CIRCUMSTANCES AND SUGGESTIONS ON WAYS TO ADDRESS THEM

- Involuntary infant placements—Be aware that addiction or mental disorders, incarceration, severe cognitive disability, and other distressing experiences might have resulted in involuntary infant placements.
- ♥ In these circumstances, parents are not able to provide the child with the care that the child needs and deserves.
- ♥ Children need to understand that they are not at fault, that their birth parents did the best they could at the time, and that other adults are looking out for their safety.





- Abandonment—Recognize that children may have been abandoned and have little or no information about their birth parents or the circumstances of their birth and placement.
 - ♥ Accepting that “I’ll never know the details” can be very hard for some children.
 - ♥ Parents and caregivers can explain that the birth parent thought long and hard about their decisions to place a child for adoption. The birth parents realized that they could not take care of their child at the time and that other adults could look out for child’s best interests.
 - ♥ Parents and caregivers can speculate with their child about positive talents, character traits, and skills that she may have inherited from her birth parents.
 - ♥ The family could set aside a special time or develop a special way to honor the child’s birth parents.
- Abuse and neglect—Realize that often the needs of abusers prevented them from meeting their child’s needs: “Your mom was angry, and she did a bad thing with her anger.”
 - ♥ If the birth parents’ rights have not been terminated, caregivers can help children to understand efforts birth parents are making to address their issues.
 - ♥ If the birth parents’ rights have been terminated, caregivers can explain that the judge and caseworkers worked hard to ensure that the child was safe and well cared for and that both the child and the birth parents likely found the termination to be very difficult.
 - ♥ The adoptive parents should be encouraged to admit that their child’s experiences make them sad and angry. This is an opportunity to model healthy ways to express of anger.
- Prenatal drug and alcohol exposures—Be aware that the birth mother’s behavior during her pregnancy may leave her children with long-term struggles.
 - ♥ A child needs to understand that his birth mother’s poor decisions were due to her own struggles, not his fault.
 - ♥ Adoptive parents can acknowledge that their child’s hardships make them angry and sad.
- ♥ The positive ways that the child works to overcome her struggles should be celebrated.
- Conception by rape or incest—Do not deny that the birth mother may have been sexually assaulted.
 - ♥ Children may feel sadness for the birth mother and anger at the birth father.
 - ♥ They may justify their birth mother’s decision to place them for adoption by feeling “that she couldn’t love me anyway.”
 - ♥ Children need to understand that the violence that their birth parents may have experienced was not their fault; they are, in fact, proof that good things can result from bad situations.
 - ♥ Older children and teens need to know the difference between healthy sexual behaviors and sexual violence and that they “are not doomed to repeat it.”
- Multiple placement changes—Recognize that multiple uprootings are challenging and that new starts are stressful.
 - ♥ These changes can leave children feeling as if they are disposable or not worth keeping and can lead to attachment difficulties and behaviors that make future placements even harder.
 - ♥ Parents, caregivers, and pediatricians need to acknowledge how hard these changes have been and that the child may be exhibiting adaptive behaviors, given the circumstances.
 - ♥ If more changes are coming, children need to be prepared for them:
 - ✓ Make a plan for transition
 - ✓ Develop a checklist of questions the child can ask in the new home, to help them feel more comfortable
 - ✓ Make sure the child has important transition objects such as photos and favorite toys to take to his new home.

