

Self-Care: Barriers and Basics for Foster/Adoptive Parents

by Deena McMahon

A licensed independent social worker, Deena McMahon has worked with families and children for more than 20 years. She is currently director of in-home services at Therapeutic Services Agency, where she supervises more than 25 staff who deliver in-home services in nine east central Minnesota counties. She also conducts parenting assessments, provides attachment therapy, is a staff consultant for social services agencies, and presents at regional and national training events. Through the years, Deena has developed expertise in the areas of childhood trauma, childhood sexual abuse, grief and loss, family violence, adoption, and attachment.

When a foster or adopted child has special needs, parents must juggle appointments with mental health therapists, occupational therapists, physical therapists, speech therapists, psychiatrists, ophthalmologists, allergists, and asthma specialists. They must attend IEP meetings, keep in touch with the school principal and their child's teacher, check in with the social worker, and establish a schedule for personal care attendants (PCAs). Ongoing appointments and emergencies keep parents so busy that attending to their own feelings and needs may be put on hold.

Self-care, however, is crucial for foster and adoptive parents. The physical and emotional toll of caring for traumatized children can be overwhelming. Children can project hurt onto parents and, at the same time, blame parents for feelings of loss and despair. Parents must understand both the complexities of foster care and adoption, and their child's unique needs. With that knowledge and an ongoing commitment to self-care, parents can more easily remain effective and balanced.

Barriers to Good Self-Care

Unfortunately, adoptive and foster parents face many barriers to taking care of themselves.

To start, the phrase—"Take care of yourself!"—has become so trite that, for many, it has lost all meaning. When someone casually tells an adoptive mom whose kids have special needs to take care of herself, she may feel frustrated and angry. It's easy to say. It's not easy to do.

Second, many who choose to foster and adopt are natural caregivers. They have pets, partners, children, and aging parents who all require care and attention. Most days, the amount of energy they devote to others' needs far exceeds any energy directed to their well-being. In fact, many caregivers are uncomfortable being on the receiving end of others' attention and assistance. They don't want to be too

needy, or seem like they are not up to the challenges they have taken on.

Third, many adoptive and foster parents really want to be there for their families. They want to remember birthdays with a homemade cake. They want to be the cheerful volunteer at their child's school. They want to deliver a meal to a sick friend, help out at church, and serve on task forces that address children's needs. So, they work longer and try harder to meet their families' needs.

Fourth, too many parents simply do not know what would help them. They know something is missing, but can't put their finger on just what might make them feel better. Parents are often told, "Call if there is anything you need," but it is hard to call and ask for help, especially when you cannot even articulate what you need. This leaves many parents vulnerable and exhausted.

Even more significantly, too many foster and adoptive parents believe they somehow shouldn't need support. Many times I have heard parents say that they are in no position to complain or ask for help since they chose to foster or adopt their children. But even when parents know what challenges the child faces, it is often impossible to predict how living with a certain child will change a family.

Compounding matters, recent disasters—9/11, Hurricanes Katrina and Rita, the earthquake in Pakistan, and the prolonged conflict in Iraq—remind us all that there are always other people who are worse off. We are taught as children to be happy with what we have since other people have it much harder. It is little wonder we sometimes feel guilty because our ongoing trauma pales in comparison to these catastrophic tragedies.

The Road to Good Self-Care

From working with parents, I know that to overcome social, mental, and emo-

Contents

- 3 *The Importance of Family*
- 4 *Child Welfare's Next Challenge: Parenting Meth's Young Victims*
- 6 *Positive Outcomes: What Workers Can Learn from Successful Teen Adoptions*
- 8 *Finding African American Families for Foster Children: Tips for Workers and Agencies*
- 10 *Parent Groups Positively Affect Members and Their Families*
- 11 *Eden's Secret Journal: A Review*
- 12 *Adoption Tax Credit Helps Parents Who Adopt*

Self-Care: Barriers and Basics for Foster/Adoptive Parents

... from page 1

tional barriers to self-care, you must first come to understand the importance of taking care of yourself, and then build self-care into your daily routine. You must believe that you are worth taking care of, and that your happiness and well-being are not peripheral to, but essential for good parenting. Once you can accept that:

- **Give yourself permission to need something.** It is okay to ask for help. Having needs and trying to meet them is not a sign of incompetence or weakness. It is part of healthy family life. Thirst is your body's signal to drink and prevent dehydration. In the same way, when you feel stressed out, it is time to take a break so you can regain perspective and deal with the issue at hand more constructively.
- **Keep it simple.** Make life choices that fit your family. Develop consistent routines. Create a safe environment. Understand and respect both your limits and those of your children. Resist the impulse to over-commit what little time you have. Prioritize. Save energy for things that really matter, and seek outside help as soon as you need it. When possible, take advantage of respite opportunities and PCAs to relieve some of the stress during really rough times.
- **Stop comparing yourself to other adults and families.** They do not live your life, and they are not raising your

children. Get comfortable with compromising and being different. Your child may talk, think, achieve, behave, and live differently than other children. Instead of measuring your family's worth by other people's standards, set expectations for your family based on your children's capabilities and your family's reality.

- **Know which part of the day is the hardest and have a plan to make it go more smoothly.** If getting ready for school is rough, prepare as much as you can the night before. If bedtime is hard, start early and set a predictable routine. Decide beforehand how you will respond to behaviors that make that time of day so trying. Accept that you won't get anything else done, and do only what you must to get through the hard parts.
- **Join a parent support group.** Meeting with other parents who have similar experiences and feelings is one of the most powerful and renewing activities for anyone raising children who have special needs. Just knowing that you are with people who "get it" is affirming. Group members may also be able to trade respite care with you. If a group is not an option, find at least one person outside your immediate family with whom you can be real, and whom you can trust to understand.
- **Have down time every day.** Maybe it's a morning walk. It might be 10 minutes with the paper and a good cup of coffee. It can be writing in your journal before bed. It could be the drive into

work, or times of silent prayer in church. Your mind, body, and soul need time to regenerate from life's stresses. If you have no down time—a time without distractions and demands—you cannot benefit from moments of reflection and calm that may help you to center and stay balanced.

- **Routinely have something to which you can look forward.** Maybe it's coffee with a neighbor after the kids are at school. Or a glass of wine Friday night. Or date night with your partner. It could be going alone to the grocery store Saturday morning or having an uninterrupted bath. Remember, waiting too long to reward yourself for a job well done is not an effective way to shape your behavior. Immediate positive reinforcement works for adults too.
- **Accentuate the positive.** It may not be easy, but as you step back to evaluate how you and the family are doing, find time to laugh at the silly situations that come up. Recognize the good in yourself and your children. Celebrate every step forward, no matter how small. Stay connected with your partner. Eat something you really enjoy. (Nutrition is important. Indulgence is wonderful.) Find affirmation in the process of raising an adopted child.

Caring for children who have special needs is a matter of the heart. Self-care is a mind-set and a positive choice. If you can find a balance between caring for your children and meeting your own needs, you will ultimately be much better equipped to do both. ❁

Adoptalk

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Save the Conference Dates!

Held annually around the U.S. and Canada, the North American Council on Adoptable Children (NACAC) conference is one of the largest and most comprehensive adoption conferences in North America. More than 120 workshops and general sessions cover topics from parenting children with special needs to advocating for legislative change. To learn more, visit www.nacac.org/conference.html, and plan to attend an upcoming NACAC conference.



Two teens who attended the 2003 conference.

2008

July 31-August 2

Westin Ottawa & Ottawa
Congress Centre

OTTAWA, ONTARIO

2009

August 12-15

Hyatt Regency Columbus

COLUMBUS, OHIO

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The photos included in
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The Importance of Family

by Wendy Piccus

Wendy, who spent two years in foster care in her late teens, works for the University of California at Berkeley's Center for Social Services Research. She also holds a BA from Berkeley and plans to pursue MSW and JD degrees so she can promote foster care reform, support kinship caregiver rights, and work to institute structural case review standards to ensure child safety during reunification. In January 2006, she became a member of the NACAC board.



At age 16, I entered foster care after calling the police to pick up my mother. I remember the day very well. I waited outside my neighbor's house for my sisters to come from school so I could keep them from going in the house where my mother was waiting. After hoping for years that our family would become normal, my mother's most recent drunken binge and abusive behavior had proven to me it wasn't possible and that the only option was complete separation.

Unfortunately, I did not realize what kind of separation was in store for my five sisters and me. I understood I would probably never see my mother again and that I probably wouldn't go back to my high school, but it never occurred to me I would be separated from what I considered my sole purpose in life.

I could not believe I would not be able to live with and care for my sisters. It was devastating. If anything, I would find an apartment and mother them myself. Surely my social worker would understand how important being a big sister was to me and that my sisters kept me moving forward, gave meaning and joy to my life.

As it was, my social worker couldn't place me with my sisters. No family would take six older girls into their home all at once.

Luckily, I was able to live with my step-sister and her grandparents in foster care. They had known me for 10 years, and felt it was only a small burden to care for me until I went to college. I never had to walk into a strange home and introduce myself to a new family, and I never had a stranger ask me to call her "Mother."

There were, however, problems in my new life—the worst of which was the lack of meaning I felt. Who was I and what was I doing? Why and for whom did I continue to do well in school? Why was I moving forward when I just wanted to go back to the time when I could brush my sisters' hair and make their

breakfasts? What gave me the right to succeed and be happy when my little sisters were scattered all over? How could I ever consider myself a success when I had failed at the only truly important responsibility charged to me?

These questions burned in me, making me doubt my value. I felt nothing I ever did would make me worthy of the kindness and generosity afforded me. Over time, I worked harder and harder at school to prove to my foster parents that their care was well placed. I wanted to prove to them and to myself that I wasn't selfish and mean—that I didn't scatter my sisters to the winds for my benefit. I wanted not only to be loved, but to be worthy of love.

After several years, the feeling that I needed to prove myself worthy of love still haunted me. The more I worked for love, the more convinced I was that love I received wasn't real. The harder I tried to

be accepted, the more I felt it wasn't really me people accepted, but the person I created for them. I longed for a natural relationship where I could be imperfect, and loved unconditionally. I longed for family.

Then, I was able to restart a relationship with my younger sisters when they came to stay with me over spring break. Almost immediately, it struck me how self-confident and assured the girls felt about themselves and their relationships with each other. Whether they were sweet or unkind, it was clear they accepted one another. I think this was because they were placed together during most of their time in foster care.

After that visit, two sisters moved in with me. Then another sister came to live with us. As my sisters were moving in, I was shocked at how easy the transition was for all of us. Despite logistical problems with moving, their presence in my home brought an instant sense of peace and well-being I had forgotten could exist.

Even as I make mistakes confronting the challenges, disappointments, and frustrations of being a young mother to a pre-teen and two teenagers, my sisters give me almost instant forgiveness and understanding. Daily they allow me the uncompromising and unconditional love and acceptance I missed most of my life. In return, I try to give them guidance and direction with the same type of patience, acceptance, and understanding. In this environment, I have no doubt my sisters will continue growing into beautiful and amazing women, and I will continue learning how to give and receive the warm blessings of unconditional love. ❀

Did You Know?

During tax season, adoptive parents often ask two questions:

1. Can I claim my child as a dependent if I receive subsidy payments?

YES—just so long as you have provided more than half of the child's total support during the year. The support calculation can include a percentage of mortgage or rent payments, transportation or family recreation expenses, and utility bills, as well as expenses just for the child (clothing, educational fees, etc.). Parents do not have to file a special form with their tax returns, but new adoptive parents may want to complete the support calculation table included in IRS Publi-

cation 501. Visit www.irs.gov to download the form or call 800-829-3676 to request a mailed copy.

2. Do subsidy payments count as income for tax purposes?

NO. In 1974, the IRS ruled that adoption assistance payments are public welfare payments, and are consequently exempt from taxation.

To learn more about subsidies, visit NACAC online at www.nacac.org (then click on "Adoption Subsidy") or call NACAC's Adoption Subsidy Resource Center help line: 800-470-6665. Please consult with an accountant or tax attorney to obtain professional tax advice. ❀

Child Welfare's Next Challenge: Parenting Meth's Young Victims

by Diane Riggs, NACAC Staff

How seriously is methamphetamine (meth) use affecting child welfare? The answer varies by state and region, but Congress, when it reauthorized the Safe and Stable Families Program in 2006, agreed to spend \$40 million on the problem in fiscal year 2007. That is how much states—through \$500,000 to \$1 million grants—will have to address child welfare problems caused by addiction to meth and other drugs.

Once viewed as a crisis for only western states, meth use has been steadily tracking east in the past decade. Addiction and attendant family problems are now firmly anchored in the Midwest and further south, and in many states, foster care entries are rising as a result. In turn, more foster parents and other caregivers are parenting children who have been exposed to meth in utero or in their environment. The task can be overwhelming at times, but when parents know what to expect, have chances to learn more about their children, and receive adequate support, child outcomes can vastly improve.

The Scope of the Problem

"Meth has emerged as nothing short of a weapon of mass destruction," declared Marion County Oregon's district attorney recently. Home to the state's capitol city, the county used to see fewer than 40 children entering care each month, but it now takes in at least 100 children per month.

In Missouri, about 12 percent of children in state care were removed from homes where meth was being made, sold, or used in 2005. In Montana, where drug abuse plays into 66 percent of foster care placements, meth is the drug more than half the time. Released by the Department of Public Health and Human Services, statistics indicate that meth poses nearly as big a child welfare problem as alcohol.

Parenting Meth-Exposed Babies

As meth awareness grows, more hospitals are testing moms and babies for the drug. Positive tests or other signs of use give child protection workers the authority to place babies in foster care or with relatives.

Infants who are exposed to meth in utero have an elevated risk of being born pre-

maturely and developing serious medical and neurological issues—including brain and spinal cord damage, heart defects, skeletal abnormalities, and improper intestinal development. Even full-term newborns tend to weigh less and have smaller heads than their peers.

In April 2006, Dr. Rizwan Shah—a pediatrician who has been studying meth-exposed children since 1993—released findings from a study that showed:

- nearly 20 percent of meth-exposed infants fell below the 10th percentile for weight;
- more than one-third experienced feeding problems, often due to a poor suck or swallow reflex;
- breathing problems, including sleep apnea, as well as over- or under-sensitivity to stimulation were common; and
- 25 percent of pregnant meth users studied delivered babies pre-term.

Before welcoming a newborn home, caregivers should learn if he was exposed to alcohol or drugs besides meth. They should also learn infant CPR and be trained on equipment—like an apnea or heart monitor or feeding tube—that comes home with the baby. Once home, caregivers should closely watch for any signs of distress that might signal a breathing problem. Some other ideas:

- Monitor the baby's sensitivity to different stimuli. If he complains when a bright light is turned on, keep lighting softer. If he kicks off his blanket, bed him down in a one-piece sleeper.
- If hypersensitivity to light or sound keeps the baby from sleeping, keep her sleeping environment dark and quiet.
- If the baby is constantly fussy, consider "wearing" the baby in a soft carrier. Because babies are sensitive to caregivers' emotions, close proximity to a consciously tranquil and caring parent can ease distress and promote bonding.
- By the same token, avoid passing meth-exposed babies around to strangers. Seeing new face after new face can be over-stimulating and disconcerting.
- Introduce changes (noise, light, smells, environment, people) gradually.

- Consult with the baby's pediatrician before giving any medication, particularly any drug with ephedrine or pseudoephedrine, a component of meth.

One pound, 14 ounces at birth, Madilyn was born with fluid on her brain, cerebral palsy, a potentially blinding eye disorder, and chronic evolving lung disease. Doctors never expected her to walk, talk, eat independently, or take in stimulus. But her adoptive parents, Alissa and Sean, were firmly committed to Madilyn and even worked to bond with her during hospitalizations. Alissa tells parents:

- Impress upon hospital staff that families are part of the treatment team.
- Insist on being present during medical procedures. Your child needs to know that you will not abandon her during these stressful times.
- To avoid further trauma, teach medical staff to avoid forcibly holding the child down or poking her with needles any more than is absolutely necessary.

Yasmin* weighed one pound, 13 ounces when her mother, Angelica, gave birth at 26 weeks. She struggled with chronic lung disease, as well as a partially detached retina, defective heart valve, paralyzed vocal chord, and severely weakened immune system. Yasmin spent nearly three months on life support, and had a feeding tube for more than two years. She was also hospitalized 14 times before age two.

Angelica reports that the hardest thing was dealing with the medical problems, machines, and therapies. She also struggled with often paralyzing guilt for having caused her daughter's problems. A recovering meth addict, Angelica got the best support—useful caregiving tips and emotional assistance—from caring social workers and Yasmin's former foster parent. To other parents, she says:

- Learn all you can about how drug exposure affects infants.
- Focus on the day-to-day tasks of helping the child so you don't get overwhelmed by ongoing problems.
- Join a parent support group with experienced infant caregivers.
- Don't try to do it on your own; invite service providers into your home.
- Find a mentor who has first-hand experience dealing with premature infants.

* Names in this story have been changed to protect the family's privacy.

Parenting Meth-Exposed Children

Based on her research, Dr. Shah says 6 to 18 months of age is a relatively symptom-free time for meth-exposed babies. While this is less true for medically fragile babies like Alissa's and Angelica's, early breathing and excessive fussing problems can dissipate as the meth-exposed child approaches his second birthday.

As the toddler matures, however, parents may notice continuing problems with sensory integration dysfunction (a child's inability to process sensory input correctly), and more trouble with paying attention, controlling anger, and having aggressive outbursts. Once the child enters a more structured school setting, learning difficulties may become evident.

Overall, behaviors are consistent with those exhibited by many foster children, so caregivers must be ready to advocate for the child at school and seek other services that can help each child, given his specific challenges, to manage life more effectively. For example:

- **If a child has a sensory integration dysfunction, track his behavior and note what seems to upset or frustrate him.** If a child rejects certain clothing, fabric, or food textures, he may be hypersensitive to touch. An aversion to loud noises would signal auditory hypersensitivity, and conversely, under-sensitivity to body movement could provoke a child to strive for perpetual motion.
When you find out what causes certain behaviors, try to avoid the triggers and teach others to do the same. The child might also benefit from a sensory integration evaluation and occupational therapy. When treated at a young age, some children can gain better control over their sensory perceptions.
- **Because attention deficit hyperactivity disorder-like symptoms can stem from sensory integration problems, check that before seeking behavioral therapy or medicine.** If ADHD is diagnosed, practice positive reinforcement, seek classroom accommodations, and consider programs where the child can have more individual attention.
- **If speech delays are causing temper tantrums, introduce sign language.**
- **Learn to decipher messages behind behaviors.** Children who habitually prolong the bedtime ritual, for example, may be expressing a fear of aban-

donment about which they might not even be aware. When you know why your child is acting out, it is much easier to be objective and keep situations from escalating.

- **Bring the whole family to therapy.** Your child's issues must be addressed within the context of living with you.
- **Consider schooling options.** Alissa, whose two youngest children were exposed to meth in utero, is home schooling them. She knows that the children, who are prone to infections and have trouble focusing, are much less likely to catch colds at home, will be spared damaging labels like bad or stupid, and will not pick up undesirable behaviors from other kids at school.

Environmental Meth Exposure

Legislation controlling the sale of cold medicines with a meth-making ingredient has diminished the appeal of home meth-labs. Drug use, however, fueled by meth superlabs in Mexico, continues to rise. Unfortunately, children who live with meth-addicted parents, in addition to possible in-utero drug exposure, may be subject to drug fumes; the violent, paranoid, and libidinous highs of meth users; and neglect in the wake of each crash.

Whether they are in a dead sleep or planning their next high, meth-addicted mothers and fathers are disinclined to take care of themselves, much less their children. Dr. Richard Delaney, a psychologist with expertise in child abuse and neglect, says many children whose parents use meth are essentially like orphans. Though they live with a parent, the parent is largely unavailable.

To survive, these children learn to meet their needs without depending on an adult. Adults in their life are not nurturing or trustworthy, and that view will not change overnight when they find themselves in a new family. In fact, depending on how old the child is and how long he has been fending for himself, bonding with a new parent may not be anything he even understands or seeks.

Services for these children, as for other children in or adopted from foster care, must be provided according to each child's needs. And, as Dr. Delaney asserts in *Fostering Changes*, "the most impacting, radical therapeutic relationship for troubled foster and adoptive children is the foster or adoptive family itself."

...continued on page 7

Child Welfare Conferences

The organizations listed below hold annual conferences geared toward adoptive and foster families, child advocates, and child welfare professionals.

American Adoption Congress (AAC)
202-483-3399;

www.americanadoptioncongress.org

American Humane Association
303-792-9900;

www.americanhumane.org

American Professional Society on the Abuse of Children (APSAC)
843-764-2905; www.apsac.org

Association for Treatment and Training in the Attachment of Children (ATTACH)

866-453-8224; www.attach.org

Black Administrators in Child Welfare (BACW)

202-662-4284;

www.blackadministrators.org

Child Welfare League of America (CWLA)

202-638-2952; www.cwla.org

Child Welfare League of Canada (CWLC)

613-235-4412; www.cwlc.ca

Foster Family-Based Treatment Association (FFTA)

800-414-3382; www.ffa.org

Joint Council on International Children's Services (JCICS)

703-535-8045; www.jcics.org

National Association of Counsel for Children (NACC)

888-828-6222; www.naccchildlaw.org

National Black Child Development Institute

800-556-2234 or 202-833-2220;

www.nbcdi.org

National Children's Advocacy Center

256-533-5437; www.nationalcac.org

National Council of Juvenile and Family Court Judges (NCJFCJ)

775-784-6012; www.ncjfcj.org

National Court Appointed Special Advocate (CASA) Association

800-628-3233; www.nationalcasa.org

National Foster Parent Association

800-557-5238; www.nfpainc.org

National Indian Child Welfare Association (NICWA)

503-222-4044; www.nicwa.org ☼

Positive Outcomes: What Workers Can Learn from Successful Teen Adoptions

by Cynthia Flynn, Ph.D.

Cynthia Flynn, who has more than 20 years of experience working in education and other human service programs, is a research assistant professor with the Center for Child and Family Studies at the University of South Carolina's School of Social Work. In this capacity, she evaluates how well innovative human services programs are functioning. In 2004, she and two co-workers published *Successful Adolescent Adoption Study*—a report that shed light on some of the factors linked to promoting the successful adoption of teens in foster care.

According to the Children's Bureau, a child's chance of being adopted dramatically drops once he or she is within a few years of adolescence. It is also commonly understood that teens who age out of care face a very uncertain future. To address the need to seek stable homes for older children, Congress passed the Adoption Promotion Act of 2003—a law that gives states a financial incentive to place older children for adoption. States, in turn, have been calling upon public and private agency workers to locate more permanent families for waiting youth.

The *Successful Adolescent Adoption Study* (Flynn, Welch, and Paget, 2004)* analyzed successful teen adoptions through in-depth interviews with parents and the teens they adopted. The goal was to explore the concept of adoption success and learn what factors lead to positive outcomes. What we learned—through teens' and parents' perspectives—can help adoption workers prepare for challenges inherent in identifying and preparing permanent families for adolescents.

Advice from the Experts

The advice from parents and adoptees who participated in our study can roughly be translated into four major recommendations for adoption workers. They are:

1. Involve teens in recruitment.

To effectively recruit families for teens, adoption workers must work closely with youth. For one thing, a youth's memories of his past may help to identify an adoptive resource. Teens also know what they want from adoption.

For workers, steps in the recruitment process should include:

- asking teens about family members with whom they have connections.
- contacting extended birth family members to learn if any can or will adopt or provide a permanent home for the teen. Conduct a thorough search, and inform teens of family responses to avoid the possibility of relatives appearing after adoption to claim teens' loyalty by saying they wanted to adopt, but were never given the chance. One mother in our study, whose child had such an encounter, explains, "You can't make a child want to be with you and love you when they're confused like that."
- if a relative is not willing or able to step forward, helping the youth to understand and come to terms with the birth family's inability to parent. Teens must accept this reality to successfully move on to adoption.
- assessing waiting teens' needs, and those of potential parents. Some teens are very practical. As one said, "I knew that I couldn't be choosy when it came to adoption because I only had four years left until I would be 18. The time was short to find me a family and I had to give anyone a chance." Prospective adoptive parents who simply want to parent or expand their family (and don't have a specific child in mind) may be a good fit for pragmatic teens. Other teens and prospective adopters cannot even fathom making a commitment to adoption without first establishing a relationship. For them, work-



ers should create more opportunities for ongoing teen and adult meeting and connecting. Investigate existing connections in the child's life, or take advantage of community service programs that connect youth with adult volunteers. One father in the study volunteered as a Big Brother; another served as a mentor in a residential facility. Neither intended to adopt, but both became so attached to the youth that adoption was the logical outcome.

- once a match is made, helping teens and adoptive parents to get better acquainted before placement. Parents and adoptees in the study agree that they needed time to learn more about each other before living together. Workers must tell parents all they can about the teen's history and needs, and promote the teens' understanding of the adoptive family. Without adequate information or a thoughtful pre-placement visitation period, the adjustment process after a teen moves in can be much more difficult. Teens and their adoptive parents should help decide when the visitation period should end.

2. Help teens and adoptive parents make decisions that are right for them.

As successful as our study adoptions were, both parents and adoptees urged waiting youth and prospective parents to carefully consider adoption and how it will affect their lives before jumping in with both feet. And, to make the right decision, parents and teens need accurate information.

Because they are not adults, teens cannot make adoption decisions like parents, but they can influence the process by being involved in and accepting decisions made on their behalf. Workers can support teens through the process by:

- promoting open discussions about permanence. For many teens, adoption is a scary term. Conversations about permanence and options for ongoing support can be more productive, and may help teens more fairly consider adoption as one possible option.
- explaining their legal status. Some children in care are never informed when their parents' rights are terminated.

* Flynn, C.C., W. Welch, and K. Paget. *Field-initiated research on successful adolescent adoptions: Final report*. Columbia, SC: University of South Carolina's Center for Child and Family Studies, 2004.

Make certain teens know if and when their birth parents' parental rights ended, and what that means for them.

- providing ongoing support for teens who must accept that their birth parents cannot responsibly care for them.
- assuring teens that adoption (or even a termination of parental rights action) does not have to end their relationship with birth family members.

Some parents are as confused as teens about the adoption process. One parent in the study suggested, "During the adoption thing, we were pretty much, I figured, kept in the dark." To help parents make wise decisions, workers should:

- clearly outline the adoption process. Then, as parents go through the process, remind them of their accomplishments as well as upcoming challenges.
- refer prospective adopters to training specific to parenting teenagers. Training should emphasize handling challenging behaviors common to teens adopted from foster care.
- promote ongoing learning. "One thing that happens when a person wants to adopt," observed one parent, "is that they hear all of these horror stories, but they think they are different and they are capable. Then, when it happens to them, they wish they had listened." Make sure every parent knows how to find a support group and other training opportunities.

3. Ensure that supports are in place before and after the adoption.

Adoptees and adoptive parents bring different concerns to adoption. Adoptees may worry that the new family will reject them as others have, or that they will never fit into a new community. Keeping in touch with siblings is another concern. Parents worry most about how to help teens become part of the family, cope with adolescence, and deal with any emotional and mental problems they have. As one couple explained, "He came at 13, and it's hard to attach to 13-year-olds, even if you really like them and they're really good."

Adoptive families need a lot of support. At the same time, however, most parents in our study admitted that they did not know just what support they needed or could access at the beginning of the process. To get adoptions off to a good start, workers must proactively establish a

network of support suited to the specific family and teen in question. For example, workers should:

- work toward a point where the teen and adoptive parent(s) mutually agree to the adoption, and then expedite the adoption process to make it official.
- discuss with parents and teens a plan for maintaining contact with birth family members, former foster families, or other important people in teens' lives.
- brief adoptive parents about teens' medical and behavioral needs—including ongoing medication, therapy, or other treatment.
- ensure that subsidy agreements are in place, and eligible teens are enrolled in medical assistance programs.
- suggest how families and teens can take a break from one another periodically. For instance, parents might be able to use respite money for summer camps or weekend retreats for their teens.

In short, the adoption worker needs to anticipate obstacles and remove as many of them as possible.

4. Encourage flexibility in defining adoption success.

How does one know if an adoption is succeeding? Fortunately, there is no single right answer. Success varies according to the children and parents involved, so workers should help parents and teens to realistically shape their own measures of success.

In the *Successful Adolescent Adoption Study*, for example, parents and the children they adopted said preserving the legal family connection is one aspect of success. As one couple put it, "It's successful because he's still here. While he has rebelled, he has not left." A teen phrased

it this way, "Before the adoption I was real hesitant because none of the other relationships ever worked out, and I didn't think this one would. But I'm still here."

Other teens and parents described success in terms of feeling like a family. As one parent said, "I feel good that they feel the love that we have for them and they feel a part of something, of a family, whereas they didn't before."

Success can also be measured by favorable outcomes for adopted teens. One person who was adopted as a teen explained, "Everything I ever wanted from a family, I got—love, comfort, warmth, someone to love me." For some parents, having their children function well as adults (finishing school, holding down a job, getting married, having children—in that order) is success. For others, favorable outcomes are more realistically tied to their child's history. "We celebrated when he had not been in jail for a year," said one parent.

In Summary

"Adopting teenagers is important," noted a parent in our study, "and it is doable." Happily, workers who share this view can do a lot to help teens find and enjoy the benefits of connecting with a permanent family. ❁

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Child Welfare's Next Challenge: Parenting Meth's Young Victims ... from page 5

The Bottom Line

As states confront the rising tide of children coming from meth-addicted parents, they must offer caregivers—foster/adoptive/birth parents, and relatives—appropriate training and support. A parent who knows his child's history and prognosis, and has resources to meet her unique needs, can considerably improve outcomes for the child and the family.

Finally, despite troubles that can plague children exposed to meth, there is hope. According to Dr. Shah's early research, some children who are exposed to meth in utero catch up with their peers by grade school, especially if their birth mothers stopped using before the final trimester. In addition, while premature babies may never fully outgrow some of their health issues, Alissa and Angelica are happy to report that their girls, one seven, one six, are living a much more normal life than anyone ever dreamed they would. ❁

Finding African American Families for Foster Children: Tips for Workers and Agencies

by Diane Riggs, NACAC Staff

Issued Fall 2006, the 13th AFCARS report* suggests that by October 2005, more than 36 percent of children in foster care who needed adoptive families—nearly 41,000—were African American. By contrast, as of March 2004, only 14.3 percent of the entire U.S. population was black. This appalling disproportionality makes the task of recruiting African American families particularly important. Of course, the Multiethnic Placement Act makes recruiting families who are representative of the communities from which the children come a legal imperative as well. Below are reminders about and examples of effective ways to recruit African American families.

Some Basic Truths

No matter whom you are trying to recruit, the following truths apply. The reminders may, however, be even more important if you are trying to reach a new community or one that is unfamiliar with your agency.

- **Good customer service is essential.** Recruiters and other staff who work with prospective adoptive parents should be warmly welcoming, sincere, respectful, and responsive. Live people should answer the phone. Staff who promise to call back should do so right away. Families should always know what comes next.
- **Flexibility must be the rule.** To reach and accommodate families who might be interested in adopting, recruitment workers cannot adhere to a nine-to-five schedule. Recruiters must be available some evenings and weekends, and make efforts to reach out to prospective adopters on their home turf.
- **Family strengths should be the agency's focus.** Each person's fitness to adopt should not be judged by a first impression, appearance, or baseless assumptions. Whenever possible, staff should help prospective applicants

identify personal traits (sense of humor, patience, willingness to learn new parenting strategies, etc.) that could make them good foster or adoptive parents. It also helps to have an agency philosophy to screen applicants *in* rather than out.

More Specifics

There is no magical, one-size-fits-all approach to recruiting families of color. Depending on staff characteristics, agency or state directives, and other variables, you may not be able (or need) to implement certain strategies. Nonetheless, the tips below, generously offered by experienced recruiters, can help strengthen your African American recruitment program.



Tip 1: Include members of the African American community in your recruitment efforts.

First, agencies that need to recruit black families should employ African American staff. Sabrena McAllister, director of Adoptions Together's African American recruitment project in Maryland, points out that it is helpful for prospective families to see a face like their own, and it can be good for waiting children of color too.

If your nonprofit agency has a board of directors, make certain the board includes people of color who can represent your agency in the black community. African American volunteers can also help to enhance specific recruitment activities.

Homes for Black Children in Detroit uses a formally organized group of volunteers to help plan and attend community recruitment events. Most volunteers are adoptive or foster parents of color, so they can offer potential adopters information about the agency, specific waiting children, and the challenges and joys of raising foster and adopted children.

Dunbar Association, Inc. in Syracuse, New York is a respected community-based black service agency that has had an adoption and foster care program since 1989. One way the agency broadens its reach is by asking parents who have adopted through Dunbar to invite friends, colleagues, and church members into their homes for adoption information parties.

In Brooklyn, New York, You Gotta Believe! uses a "recruitment army" of 12 volunteers. Made up of experienced adoptive parents, former foster children who have found permanence, and youth adopted as teens, these diverse recruiters work about 10 hours a week, mostly in the evening. They distribute literature, answer questions, and invite prospects to youth permanency orientation meetings.

Tip 2: If your agency is predominantly white or new to recruiting black families, take time to assess or re-assess the agency's cultural competence.

McAllister suggests that all staff honestly examine personal biases and stereotypes about African American families. Agencies, she says, should also consider how current policies and practices are likely to alienate or welcome members of the black community. If cultural competence is not your agency's strength, bring in a facilitator to help you conduct a fair assessment.

Tip 3: Take time to build trusting relationships in the black community.

In the push to quickly place more children in adoptive families, taking time may seem like a luxury you cannot afford. But if your agency is not located in an ethnically diverse area of town, or you have few community connections, you must invest time and energy into establishing trust and credibility in the community from which you hope to find families.

Many agencies attend festivals and events organized by or for people of color. For

* The September 2006 Adoption and Foster Care Analysis and Reporting System (AFCARS) report includes data submitted for the period 10/1/04 through 9/30/05.

example, annual Juneteenth celebrations—which commemorate the end of slavery in the U.S.—and Black History Month observances present good opportunities to learn from and share information with people of color.

While this is a common and worthwhile strategy, Sharon Richardson, director of the Coordinators2, Inc. waiting child program, warns that workers cannot build solid relationships by “just showing up at an event”—especially if they are white. It may help to partner with black organizations, or have a black mentor along. Better yet, try volunteering to help plan events so you can contribute to the community before asking for its help.

To enhance their credibility within the black community, Coordinators2 staff often share a booth with representatives from One Church, One Child of Virginia. They have also gone into black-run businesses and offered lunch to employees in exchange for a chance to talk about adoption. Some of the same businesses have agreed to display child-specific flyers. Most businesses, Richardson says, are very cooperative once they understand you are trying to find homes for black children within the black community.

Adoptions Together works with the Parks and Planning Commission in Prince George’s County—a county whose population is more than 60 percent African American. The Commission advertises the agency’s adoption orientation schedule, and provides free meeting space at park buildings located in black neighborhoods. Like Coordinators2, Adoptions Together knows black businesses are eager to help. One black bookstore even volunteered to include flyers with every purchase.

Pat O’Brien, founder of You Gotta Believe!, has found a unique way to bring adoption information to his intended audience. At his store-front office on Coney Island, local residents can access free copying, faxing, and notary public services while You Gotta Believe! staff informally chat about the need for older child permanency. Interested patrons are invited to a lively orientation meeting where they can get more information.

Tip 4: Emphasize and tailor community education efforts for the intended audience.

Sherry Anderson, from Three Rivers Adoption Council in Pittsburgh, emphasizes that community education about

the need for African American families is crucial. Black families cannot respond if they don’t know that black children are waiting for adoptive homes or where, how, and if they can apply to adopt.

In 2002, when Adoptions Together and DePelchin Children’s Center in Texas were awarded federal grants to recruit adoptive families for black children, the agencies wisely spent time finding out how best to communicate and deliver recruitment messages. DePelchin conducted a cultural and ethnographic study to target specific neighborhoods of color, and Adoptions Together examined the characteristics of black adoptive families.

Both agencies soon realized that a mix of informal personal contact, engaging written materials, and media outreach were needed. DePelchin staff participated in more than 40 community events to reach prospective parents where they live. Adoptions Together also focused on media appeals. Staff arranged for radio interviews on urban stations, shared their message on cable TV stations, and were able to air, without charge, a public service announcement on a cable network that caters to African American adults.

Tip 5: Enlist support from African American churches.

Historically, explains Reverend Wilbert Talley (director of the National Network of Adoption Advocacy Programs), church is the “one institution that offered African Americans a sense of wholeness and provided leadership around issues like social services, education, and civil rights.” Today, churches are still an important focal point of African American life and, if approached correctly, can be valuable recruitment allies.

If you are white, Reverend Talley cautions, “you can’t just walk in off the street” and ask for help. To work with a black church, recruiters must have a good relationship with the pastor or another church member who can vouch for them and introduce them into the church.

Once you are introduced, inquire about groups within the church (missionary societies, women’s or couples’ ministries, support groups) that might be able to help you. The ultimate goal, says Reverend Talley, is to find “an individual within the church whom you can train to do what you want to have done”—organize information ses-

sions, distribute flyers, refer interested church members, etc.

Tip 6: Reach out to the types of people whom your agency has successfully recruited before, but don’t ignore untapped resources.

Every agency should track the type of African American families (people of faith, single women, married couples with grown children, community leaders, etc.) specific efforts have successfully recruited. Adoptions Together found, as federal adoption data bears out, that a significant number of single black women are now adopting children. As a result, some of their recruitment efforts target that group.

While it is wise to recruit families you have successfully recruited before, agencies must not ignore other resources. For example, though many waiting children would benefit from a single male role model, single men are rarely asked to adopt. To address this oversight, Another Choice for Black Children, a successful black adoption agency in North Carolina, began a new initiative in 2002. MECCA (Men Embracing Children Collectively through Adoption) is run by male staff and supported by adoptive fathers.

Final Thoughts

Lisa Lumpe, an experienced recruitment consultant based in Ohio, offers this final advice: “Be yourself, and be true to your mission—helping children. Benefit from the knowledge of African American mentors in and outside of your agency to connect with families the children need. Most families who adopt, regardless of race, do so after years of reflection. They can tell who truly cares about helping waiting children to have a better life.” ✪



Parent Groups Positively Affect Members and Their Families

by Janet Jerve, NACAC Staff

Founded by adoptive parent group leaders, NACAC has long believed in the power of peer-led adoption, foster, and kinship parent support groups. An independent study confirmed this belief recently, and we want to share the good news about parent support groups.

Background

For the past two years, with funding from the Freddie Mac Foundation, NACAC has offered parent leadership training and support to 110 parent group leaders in Chicago, Los Angeles, Washington D.C., Atlanta, and Philadelphia. Through these services we enhanced adoptive parent groups' ability to provide free, effective peer support to families who adopt children from foster care.

To evaluate the program's effectiveness, NACAC hired Wilder Research. Wilder conducted interviews with 90 parent leaders as well as 45 members of their support groups. One of the most gratifying findings of these interviews was that leaders have a tremendous affect on their groups. As such, any skills that group leaders gain directly benefit the groups' members.

Parent Group Member Outcomes

As we had hoped, parent group leaders agreed that they acquired practical new strategies and skills. Even more importantly though, group members testified about the positive changes experienced after their leaders worked with NACAC.

Group members also reported the following personal and family changes that have resulted from their membership and participation in the support group:

How Much Members' Parenting Skills Improved by Being in the Group

Feel good about your parenting	84%
Stand up for self/family when dealing with workers/other professionals	82%
Feel you can handle your adopted/special needs child's problems	82%
Ask for help when you need it	78%
Feel hopeful about the future	78%
Have appropriate child expectations	76%
Feel less isolated	74%
Have fun as a family	71%
Feel that your family is stable	70%

- "It's given me...resources as a parent to better meet the needs of my...child."
- "I have more information dealing with children's behavior problems."
- "We're more stable and we get along better. We do things as a family."
- "I am better able to protect my children and their rights."
- "Now I tend to talk more with my children and...listen. I have learned new strategies, and am more patient."

Fully half of the parent support group members surveyed thought the group had helped them avoid an unplanned out-of-home placement for their children.

When group members assessed their satisfaction with group-provided information and support, 95 percent said they were "very satisfied" or "satisfied." Below they suggest why they were so satisfied:

- "I have support no matter what, 24 hours a day. The leader always leaves a number.We never are alone. The classes are outstanding."
- "The group has been extremely instrumental in helping me hang in there when things are tough."
- "There are a lot of issues that I have fixed and learned through...the group."
- "[T]he leader always comes with great information."
- "Two women travel over 90 minutes one way to attend...because of the information and support they receive."
- "I've learned a lot.... I can now share information that I've learned with other parents."
- "The group meeting has helped me work better at dealing with my...child. At the meetings I have learned about resources that have benefited me greatly."

By quantifying all the group members' responses, Wilder found that members perceived the following changes in their group since their leader received services from NACAC:

- The group was doing more advocacy work or standing up for the things the group cares about or working for system change. (94 percent)

- Leaders were sharing the leadership role with more members, and running meetings better. (89 percent)
- More people were attending the group. (88 percent)
- Leaders were asking more what members needed from the group. (86 percent)
- More parents were actively participating and involved. (85 percent)

Parent Group Leader Outcomes

When Wilder asked parent group leaders about their leadership ability, their self-assessment tended to be much harsher than their members' appraisal of them. They felt good at "making people feel welcome," "making sure all parents get a chance to talk," and having "enthusiasm to lead the group." But only 14 percent ranked themselves as "excellent" at leading efforts to make the child welfare system better; forty-seven percent of members rated leaders as excellent in this area.

Since working with NACAC, however, leaders were quick to identify positive changes for the families in their group. Member families, leaders asserted:

- are better informed about resources (100 percent)
- have improved their parenting skills (98 percent)
- feel better and are better supported (96 percent)
- are less isolated (94 percent)
- have more information about special needs (90 percent)
- are better able to avoid adoption disruption (87 percent)

The Wilder study, and what NACAC has observed for decades, affirm that parents and their children benefit in a variety of ways from participating in peer-led support groups. Within the security of a group whose members share similar life experiences and challenges, it is easier to solve problems and advocate for change.

In summarizing the value of leadership training, one leader said that she had made progress—personally and with the group. Another added, "The training took me out of the box [and] empowered me to use the tools and information...to teach the group to be more resourceful." The simple fact is that when leaders can inspire parent support group members to stay committed to their children's current and future well-being, we all benefit. 🌟

Eden's Secret Journal: A Review

Eden's Secret Journal: The Story of an Older Child Adoption. *Brenda McCreight, Ph.D. Mount Hermon, CA: Adoption Press, 2003. 59 pp.*

by *Cathy Gilbert*

Informed by more than 20 years of professional and personal experience in foster care and adoption, Brenda McCreight has written a wonderful book for children and parents.

Eden, the main character in the story, is a tough client. To get the young teenager to open up, her therapist suggests that she use the computer to write about her life and her adoption. Eden sees computer journaling as a way to get out of pounding pillows, making clay dolls, and talking about herself, and so agrees—albeit reluctantly—to tell her story.

Eden's story, told in the first person, begins with questions about why she had to be in foster care and why her parents could not take care of her. For Eden, it is a mystery why people would have children when they cannot take care of them. She recalls her foster homes: some nice, some scary, and the one she thought she would stay in for the rest of her life where she had a dog to cuddle. But most of all, Eden is confused and frightened about what could be so terribly wrong with her that no one has ever kept her.

Eden also writes about her problem with crying. She wants to cry like other kids, but for some reason the tears won't fall. She believes they are trapped in her head and because of that, teachers and foster parents think she doesn't have feelings. Eden knows she has feelings; what she doesn't know is how to tell people about them without yelling or throwing things.

At the age of 10, Eden reports, she was amazed to be adopted by a single woman. At first, Eden waited for her new mom to kill her while she slept; then, she waited for her new mom to find out about the terrible thing that is wrong with her and give her back to the social worker. As the first year went by, Eden was pleasantly surprised that she was still alive. Even better, Eden felt happier and her mom was not showing any signs of giving her back. She began to make friends, started to have success at school, and felt love for her new grandparents.

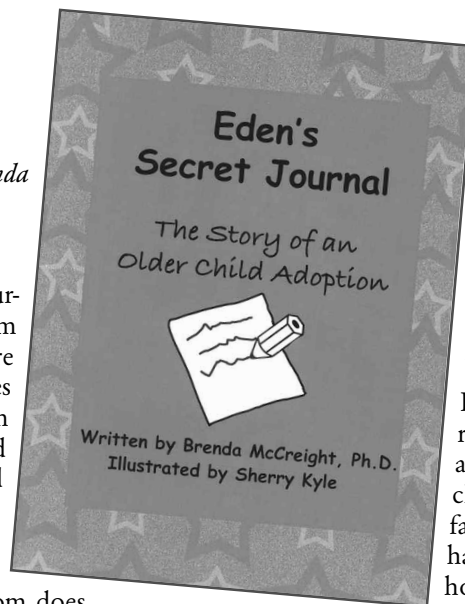
By the end of the journal, Eden and her mom find that they are adjusting to their lives together. Eden's mom helps her to understand what a family is, and Eden begins to hope that her mom will stick by her, at least for a while, even if Mom does find out about the awful thing that is so wrong with Eden. Eden does not learn to cry tears, but she begins to tell people her feelings without screaming at them. And, best of all, she gets a dog to cuddle, a yard to play in, and a mom who loves her. And Eden knows that is enough for now.

This book speaks to Brenda's clear understanding of what it is like for many children who enter adoption at older ages. Eden describes well her confusion about many aspects of her life, and reminds us that many of the children we parent and work with have these same thoughts.

When some of my children read this book, it triggered memories and created discussion for us. A daughter who joined us by adoption at age nine said, "I remember in my last foster home wondering who would ever want me."

A son, who joined our family at age nine after two disrupted adoptions, said that he told lies all the time like Eden because no one ever told the truth until he lived with us. Another son, like Eden, wanted a pet of his own. His way of communicating this was to make a list of everyone in the house and pets they had (or had had in the past), and his own name with the word "nothing" beside it. He did not tell us he wanted a pet, but his list let us know. (He received a kitten shortly afterward).

Another son, who joined us by adoption at age 10 after a disrupted adoption, could relate to Eden's fear that her mom would find out what was wrong with her and send her back. This same son periodically gets suspended from school. The first few times he was terrified to tell us for fear of our reaction, but he now knows that, like



Eden's mom, we will try to fix the problem as best we can. The book also helped our 13-year-old daughter by birth to better understand her siblings and some of their experiences and behaviors.

It is refreshing to read a book for and about an adopted child where the birth family is portrayed as having drug and alcohol dependencies. I say this because there

are many adopted children where these factors have been a part of their existence, either by prenatal exposure, or as a part of their early parenting, or perhaps both.

There are many books for adopted children that describe birth parents as loving, caring people who made a plan for their children's care, and only thought of their best interests. These stories are a great resource too. However, for children who join adoptive families and come from situations where birth parents have not acted in their children's best interests, the story of Eden rings more true and gives them a sense of normalcy. If someone is writing a book about it, they think, it must be happening to other kids too.

As a tool for professionals working with children and for families with children who joined by adoption (particularly at older ages and with challenging histories), this book is a great gift. Pre-teens through young teens can read the book on their own and not feel overwhelmed. While the content may be familiar territory for some children, it is written in a way that presents Eden's problems in a humorous and not too intense manner.

The insight and reality of this book make it one not to be missed. I highly recommend it. ✿

Cathy Gilbert, an early childhood educator and family support worker, has worked with children and families for more than 20 years. Currently she is the Central Vancouver Island Regional Coordinator for the Adoptive Families Association of British Columbia. With her partner Dave, she is also the parent of 14 children—10 by adoption and 4 by birth.

Adoption Tax Credit Helps Parents Who Adopt

Starting in 2003, U.S. parents who finalized the domestic adoption of a child with special needs—that is, those adopted from foster care who are eligible for federal adoption assistance—could claim a flat tax credit of \$10,000 (adjusted annually for inflation; for 2006 taxes, the amount is \$10,960) without documenting their adoption expenses. Families who adopt children without special needs or adopt internationally can claim up to \$10,000 (plus the cost of living adjustment) for qualified and documented adoption expenses.

To be able to claim the credit in tax year 2006, adoptive families must have an adjusted gross income of \$204,410 or less and pay income taxes. In addition, while the credit can only be subtracted from the taxes owed for the year, it can be applied against five years of tax liability—starting with the year in which the adoption was finalized.

Below are three examples of how the adoption tax credit works:

- Deb Smith (who finalized her daughter's adoption in 2006) paid \$3,000 in taxes that year, but owed just \$2,000. When she filed her 2006 taxes, Deb was eligible for a \$1,000 tax refund, but after applying the adoption tax credit, received the full \$3,000 in taxes paid as a refund. She can now use the \$8,960 remaining from the adoption credit to offset her tax liability in 2007, 2008, 2009, and 2010.
- Dr. and Mr. Alvarez—who finalized 10-year-old Billy's adoption in 2006—owed \$12,000 in taxes that year. By claiming the full \$10,960 adoption credit, they reduced their tax burden to \$1,040, and have no credit to carry over.
- Regina and Lamar Jacob permanently welcomed a sibling group of four into their family in 2006. Since the tax credit is awarded per child, the Jacobs

are eligible for a \$43,840 credit, but they owed just \$5,000 in taxes. Assuming their tax burden remains the same, they will be able to claim a total of \$25,000 of the credit over five years.

The adoption tax credit is intended to encourage more families to adopt and help them recoup some of the costs of adopting and raising children. To learn more, please review the instructions for IRS Form 8839, "Qualified Adoption Expenses." It can be found on the IRS web site (go to www.irs.gov) or can be obtained by calling 800-829-3676. ☼

NACAC Mission:

NACAC promotes and supports permanent families for children and youth in the U.S. and Canada who have been in care—especially those in foster care and those with special needs.

NACAC Membership

NACAC needs member support to continue working effectively on behalf of children who wait. All members receive *Adoptalk* and are eligible for a 20 percent discount on *Adoption Quarterly* subscriptions. Parent group and individual members receive one discounted NACAC conference registration, and other members receive discounts for multiple members or employees, as well as discounts on NACAC publications.

Individual/family membership:

one year: \$45 (U.S.) \$50 (Canadian)
 three years: \$115 (U.S.) \$130 (Canadian)

Parent group membership:

one year: \$45 (U.S.) \$50 (Canadian)
 three years: \$115 (U.S.) \$130 (Canadian)

Enhanced parent group membership:

one year: \$200 (U.S.) \$220 (Canadian)
 three years: \$515 (U.S.) \$570 (Canadian)

Organizational membership:

one year: \$200 (U.S.) \$220 (Canadian)
 three years: \$515 (U.S.) \$570 (Canadian)

National/corporate membership:

one year: \$1,000 (U.S.) \$1,100 (Canadian)
 three years: \$2,600 (U.S.) \$2,850 (Canadian)

NOTE: Enhanced parent group and organizational members receive 5 free copies of *Adoptalk*. National and corporate members can request up to 25 free copies. Please contact NACAC to learn more. Extra subscriptions cost \$20 U.S. and \$25 Canadian.

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