

# While You Wait



ADVOCACY TOOLS FOR PROSPECTIVE FOSTER AND ADOPTIVE PARENTS

JUNE 2005

## *Learning All about a Child— Becoming the Best Possible Parent*

When you begin to think about taking on the responsibility of becoming a foster or adoptive parent, it is important to remember that it will benefit you and your prospective child to learn everything you can about the child you wish to foster or adopt. When children join a new foster or adoptive family, they often bring complicated histories that include abuse and neglect. Some children have multiple diagnoses that affect their health, social and emotional well-being, and school performance. The more you know, the better prepared you can be to advocate for your child and handle situations as they may arise. Accurate information will also help you know more clearly why and when you may need to seek support from various professionals, get advice from experienced foster and adoptive parents, or tap into other community resources for help.

Start by learning as much as you can about your prospective child's social and medical history from your county or agency. You can ask former caregivers to share what they know and ask them to offer any insights they may have about the child. Learn as much as you can about diagnoses such as fetal alcohol spectrum disorder (FASD) and reactive attachment disorder (RAD), as well as learning disabilities, emotional and behavioral prob-



lems, and other mental health concerns. Discuss with experienced parents how those diagnoses and issues play out in family life and find out how other families have learned to cope with them.

Finally, attend a support group meeting and listen carefully and think deeply about the personal stories that other foster and adoptive parents share. Learn from hearing about foster children who withdraw or explode with emotion because of something—they see, hear, or smell, taste, or touch—that triggers a past trauma. Learn the key to success with foster children—to look for the root of what others may describe as negative behavior, for the pain that lies behind it. Then, commit to helping the child let go of the pain and face the future with hope.

## *Healing from the Past*

When Ginny Blade was gathering background information and preparing to adopt her daughter Tami, Tami's foster parents told Ginny that Tami sometimes stole food. When Ginny first brought Tami home, she took her to the grocery store and let her get anything she wanted to show her she wouldn't have to worry about having enough food to eat.

Years later, when Tami was nine, she was sitting on the floor in front of the refrigerator, propping the door open with her body as she unloaded yogurt onto a shelf. Her mother turned to see her suddenly frozen in place, staring in a daze, no longer putting the groceries away. Her mother asked, "Tami, what are you doing?" Tami didn't respond, so Ginny said, "Either put the yogurt away or close the door. You're wasting electricity." Tami stared straight ahead and then abruptly ran out of the kitchen to her bedroom, and slammed the door.

Tami's mother followed and opened Tami's bedroom door to find her looking tiny, curled up like a little baby on her futon, wrapped in her blanket. Upon entering the room, Tami screamed at her mother, "I hate you!"

Some parents might become upset and discipline a child for leaving her chores undone and then yelling at her mother, but Ginny knew something from Tami's past had triggered her unusual behavior.

Ginny carefully described the incident at Tami's next therapy appointment. Tami's therapist listened and believed something traumatic must have happened to Tami when her standing height equaled her 9-year-old sitting height. They determined she would have been about 2 1/2 years old. Ginny also knew Tami had lived in a family that was controlling about food and punished children by locking them in their rooms.

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# Understanding a Child's Medical and Social History

As you wait for a child, it is a good idea to prepare yourself for what you will need to know and do to ensure that you get adequate information about any child you are thinking about adopting. You can use the following tips to guide you through the process of advocating for you and the child.

State law requires that specific health and social histories be given to adoptive parents or other permanent caregivers. Such information provides a sound foundation for parents and children and helps parents plan for future care for their children.

The child-placing agency and the adopting family need to be in partnership regarding a child's social and medical history. While counties and private agencies are responsible for collecting and providing thorough and accurate health and social history information about the child to adoptive families, the adopting parents will need to comprehend the information. The following suggestions are made for parents to understand both verbal and written information about a child's social and medical history.



♥ Familiarize yourself with the Minnesota Department of Human Services Commissioner's designed formats for a child's social/medical history. found at: [www.dhs.state.mn.us/main/groups/children/documents/pub/dhs\\_id\\_005777.hcsp](http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs_id_005777.hcsp)

1. Background and Health History (DHS form 3235) includes the reason for the placement, describes the home from which the child was removed, education of the child, immunization record, peer and other relationships, and a behavior checklist.
2. Birth Parent Social and Medical History (DHS form 3205) is designed to include non-identifying information about the birth parents that is vital to the child's medical, emotional, and physical care. Information about the birth parents includes general background, education, employment, and armed services history; pregnancy and general health information; risk factors, drug usage, medical history, mental health history, other children born to either birth parent, and extended birth family history.

While a county or agency is not required to provide these **exact** two forms prescribed by the

Commissioner, make sure that you have an adequate social history about any child you may consider adopting. It should contain all the major categories outlined in forms 3235 and 3205. If the information you are given seems sketchy or is missing key information, ask for more thorough documentation. The county or placing agency should be able to tell why information is missing or sketchy. You can also ask for information found in the child protection file (parent file).

You can download a copy of forms 3235 and 3205 by going to the web site listed above or contacting NACAC for a copy at 651-644-3036 or [www.nacac.org](http://www.nacac.org).

♥ In addition to the social history, the county should provide edited copies (with identifying information removed) of psychological evaluations, IEPs, birth records, medical records, immunization records, and all other supporting documentation with the social history. Generally speaking, the longer a child is in out-of-home placement or the more diagnoses a child has, the more supporting documentation the county is likely to have on the child. In such cases, if the file seems too small to reflect the child's out-of-home placement history, ask why.

- ♥ If you think there is more information in a child's file that you have not received from the county, ask your adoption home study worker to review the file.
- ♥ Make sure you understand what everything means in the social history and supporting documentation. For example, don't just read that the child experienced three years of abuse and has RAD, but work toward understanding the implications of parenting a child with that kind of history. Do Internet or library research about any diagnosis with which you may be unfamiliar. Understand what is written and reported verbally. Ask many questions of your social worker, family physician, or experienced adoptive parent.
- ♥ Start a separate notebook with forms and questions you intend to ask when you actually meet with professionals. Always take the notebook into any meeting or training with questions ready to ask at the meeting. Social workers, psychologists, doctors, and teachers use acronyms and jargon. Don't be embarrassed to ask what the letters stand for in an acronym or about any term you don't understand. Then, do your homework by researching the terms through MN ASAP or NACAC materials or on the Internet.

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- ♥ Do more indepth research on any diagnosis the child may have, such as fetal alcohol spectrum disorder (FASD). Learn the implications for parenting a child with this diagnosis. What is the long-term prognosis? What are the effects at each developmental stage? What behaviors might a child exhibit? How might the diagnosis affect your immediate family including children and extended family members? What strategies might you need to use or develop to manage your child's behaviors? What extra support services might you need? How will the diagnosis affect your child's education, ability to make friends, ability to recognize and understand likely consequences, or the likelihood of living independently as an adult?
- ♥ Be inquisitive during collateral meetings. (Collateral meetings are pre-placement meetings where you gather information from your worker, the child's

workers, therapists, foster parents, and teachers, etc.) When you meet with your child's current foster parents, ask what kinds of behaviors the child demonstrates and the best methods they have developed to manage those behaviors. (see article below)

- ♥ Be knowledgeable about child development stages so that you can decipher what is typical development from what may be delayed or out of the ordinary.

*Understanding Your Child's Medical and Social History* was originally written for Minnesota Adoption Support and Preservation (MN ASAP) by Cathy Bruer-Thompson, Hennepin County Special Needs Adoption Trainer and Melissa Sherlock, Social Service Program Consultant for MN ASAP. *Understanding Your Child's Medical and Social History* and *Questions to Ask Former Care Providers* (below) have been adapted and reprinted with permission from MN ASAP.

## Questions to Ask Former Care Providers



The questions below are offered to help prospective adoptive parents think about the kind of information they may want ask former caregivers when they are beginning to learn about a child they are interested in adopting. Birth family members are usually the best source for collecting historical information about a child, but former and current foster parents also have many helpful insights to share.

- ♥ What information regarding the child's and the birth family's social and medical history do you believe is significant? What is missing from the paperwork? How can I get more information?
- ♥ Is there a family history of drug or alcohol abuse? Was the birth mother drinking during pregnancy?
- ♥ Is there a history of mental illness or other possible genetically related illnesses?
- ♥ What is known about the child's prenatal care and birth?
- ♥ What is known about the child's developmental history — physical, emotional, cognitive, and language?
- ♥ Currently, how is the child's health? Are there any diagnoses or allergies?
- ♥ Why was the child removed from the birth family?
- ♥ When was the last contact the child had with the birth family?
- ♥ Does the child have siblings? Does the child have contact with the siblings? Will contact continue and to what degree?



- ♥ Is the child showing behaviors related to abuse, separation, or other trauma? Have other children been victimized by this behavior? If so, how?
- ♥ How many moves has the child experienced in foster care? What were the reasons for the moves? How is the child functioning as a result?
- ♥ How does the child relate to peers in the neighborhood and school?
- ♥ What methods of discipline does the child respond to best?
- ♥ What comforts the child? What comforting objects do you think should follow the child into adoption?
- ♥ Would you be willing to express your permission for this child to join our family? (Such permissions have been found to be helpful for some children when they begin to attach to new families.)

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Ginny Blade is the Parent Network Coordinator for MN ASAP, a nonprofit collaborative that provides statewide post-adoption services to adoptive families. She knows all too well that foster and adoptive families face these kinds of experiences with their children all the time. Since the refrigerator incident Ginny has supported Tami through other unusual situations that seem to be triggered from her past.

Ginny recalls when Tami was first adopted, she often hid in their closets. When their family moved to a new home, Tami spent the whole first day in the closet. Moves and transitions can commonly trigger fear and a sense of loss for many foster and adopted children.

A couple of years ago, shortly after another move to a new house, Tami was helping her mother paint the kitchen. Ginny noticed that Tami was getting a little sloppy and told her to slow down and paint more carefully. Tami immediately set the brush down and left the room. Ginny could hear two doors slam—Tami's bedroom door and then her closet. Ginny gave Tami about 15 minutes and then entered her room. When she opened the closet

door, Tami reached out her hand to hold onto her mother's and said, "I can come out now, Mom."

Sometimes foster and adoptive families only get bits and pieces of information or don't learn about key events in the child's life because there wasn't an adult witness who reported it, or it just never made it into the child's file. Regardless, children will often unconsciously act out a past trauma in an effort to heal.

Ginny cautions parents to not assume their child will be able to talk about the trauma or have an explanation for their unusual behavior. For many children, the trauma may have happened when they were pre-verbal and therefore are unable to process the experience through words. Many children also have blocked memories of their experiences.

As you think about becoming a foster or adoptive parent, be aware that getting background information will help you better understand children who have experienced trauma. When you don't know all the information, realize that you will need to be sensitive to the needs of the children in your care, help them cope with their life now, and support them as they strive for a healthier future.

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## *Knowing the Rights of Foster Parents*

Foster parents not only nurture and care for children, they serve their community when they welcome youth into their families. Foster parenting is a rewarding and often challenging job, and adults who take on this responsibility deserve to be treated with dignity. Below are some of the rights afforded to foster parents that are written into Minnesota state statute.

- ♥ Prior to placement, foster parents will be informed of issues pertaining to a child that may jeopardize the health and safety of the caregiver's family or alter the manner in which the child should be parented. This should include any past allegations of abuse made by the child against previous foster or adoptive parents. (MN Stat. 260c.212 subd 1(c1)(c2); DHS Rules 9560.0600 D. E.)
- ♥ Prior to placement, foster parents will be allowed to review written information concerning the child and assist in determining if the child would be a proper placement for the prospective family. For emergency foster care placements where time does not allow prior review of such information, the department will provide information as it becomes available. (MN Stat. 260c.212 subd 1(c1)(c2); DHS Rules 9560.0600 D. E.)
- ♥ A clear written case plan concerning placement of a child in the foster parent's home will be provided to the foster parents. The case plan should be formulated with assistance from agency personnel and the foster parents. For emergency placements where time does

not allow prior preparation of such information, the department will provide the information as it becomes available, including, but not limited to, all information regarding the child's contact with the birth family and cultural heritage. (MN Stat.260.c.212 (b), 260.c.212 (d), subp. 1; DHS Rule 9560.0603, subp. 5)

- ♥ The department will provide the foster parent(s) with a clear written explanation and understanding of the role of the department and the role of members of the child's birth family in a child's foster care. (Minn. Stat. 260C.007, Sub. 27)

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We encourage you to reproduce and distribute this newsletter.

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