Disrupted Adoptions

Julia Kesler, MA, LSW
Children’s Home Society of WV
and
Christie Fortney
WV Department of Health and Human Resources
Love Alone Isn’t Enough
What’s In It for You?

* Identify potential causes
* Identify warning signs
* Identify what to do when it happens
* Identify some protective factors and ways to prevent
Disruption vs Dissolution

Disruption
An adoption process that ends after a child is placed in an adoptive home and before the adoption is legally finalized.
Results in the child’s return to foster care or placement with a new adoptive family.

Dissolution
An adoption in which the legal relationship between the adoptive parents and adoptive child is severed, either voluntarily or involuntarily, after the adoption is legally finalized.
Results in the child’s return to foster care or placement with new a new adoptive family.

(Child Welfare Information Gateway, 2012)
10% to 25% from individual studies, depending on population studied, duration, geographic, and other factors

Tended to be a higher rate in older children ages 12-17. Some studies call “older children” over age 3.

(Child Welfare Information Gateway, 2012)
Dissolution Rates

- Studies consistently report between 1% and 5%
- More difficult to obtain – identifying information is modified when adopted
- AFCARS can track children who come back into foster care due to dissolved adoption (sometimes inconsistently reported by States-some report on reentry into care, not necessarily a dissolution, may go back to adoptive parents)
- Many likely not counted who are placed with relatives, in treatment, or other out-of-home placement without dissolving the adoption/adoptive family may still be invested
- May be relinquished and readopted privately

(Child Welfare Information Gateway, 2012)
More Research Needed

- No national studies
- Most is focused on narrowly defined populations or only adoptions from public agencies
- Need to distinguish between voluntary disruptions/dissolutions to obtain services for child
- More info on risk and protective factors
- More info needed on links between pre- and post-adoption services
What about WV’s Kids?

* New View Evaluation for 2013-14 and 2014-15
* 71 total children viewed
* 11 children’s permanency plans were dissolved (adoption & legal guardianship) 15%
* 17 disruptions of pre-adoptive placements – 24%

* Note: New View looks at cases of children/youth who are likely to linger in care

(WV Court Improvement Board, 2017)
Disruption Rates
Intercountry Adoption

* 2015-2016
* 10 Disruptions FY 2016 (pre-adoption)
* 102 Children Entered State Custody as a Result of a Disruption or Dissolution (from APSR-FY 2015 & FY 2016)

* Real number likely higher—Would not include any potential replacements by adoptive parents through a private arrangement or private adoption

(US Dept. of State, 2017)
Two major studies reflect a decrease in disruption and dissolution rates

- Implementation of Adoption and Safe Families Act (ASFA) in 1997
- Shortened time frames to adoption, concerns less time for prep of families, rush to placement, etc.
- Illinois study showed a 12 percent higher risk of disruptions before ASFA
- Another study also reflected a decrease since the 80’s/90’s

(Child Welfare Information Gateway, 2012)
Contributing Factors

* Not a Good Match
* Lack of Preparation
* Lack of Post-Placement Support & Resources
* Unrealistic Expectations
* Lack of Attachment
* External Stressors
* Unforeseen Circumstances

(A Family for Every Child, 2017)
1. The Honeymoon
2. Disappointment
3. The Problem Child
4. Public Issues
5. Turning Point
6. The Ultimatum
7. The Last Straw
8. Disruption/dissolution

(A Family for Every Child, 2017)
Common Factors in Dissolutions

- Parent repeatedly stating afraid for physical safety, survival of marriage, safety of other children
- Statements the child’s behaviors are intentional
- Intent by child to personally attack individuals in the family
- Tendency to over-pathologize some behaviors
- Labels child with “diagnoses” not clinically warranted for a child (sociopathic, psychopathic)
- At least one parent absolutely convinced of these labels/negative lens of all behaviors (can do no right)

(Bergeron, 2013)
Common parental characteristics:

- Many tend to be highly educated
- Especially mothers
- Upper middle to upper income brackets
- Older parents (come to realize lack energy, flexibility, physical ability to parent highly challenging kids)
- One spouse has died in early years of the adoption (usually surviving mother seeks dissolution after loosing husband)
- Adoptive mother reaches her breaking point (father may not be as involved, mother overwhelmed, more division in the home develops)

FURTHER STUDY NEEDED!

(Bergeron, 2013)
MDT Process Continues or Reconvenes

1. An MDT Must be Convened within 7 Days
2. Provide MDT with current assessments
3. Determine if further assessment needed and any changes to the Youth and Family Case Plan
4. Follow Ongoing MDT procedure

Adoption Placement Review Committee can be utilized to guide the MDT in selection of a new family

(WVDHHR Adoption Policy, 2017)
When it Does Happen.....
WV DHHR Policy & Procedure

* Post-Finalization Adoption Preservation Services
  * To preserve an adoption that may be at risk of disruption or dissolution
  * Children from WV DHHR foster care, private adoptions, and international adoptions
  * Services are offered through the Administrative Service Organization system
  * Recommends use of Foster/Adopt Support Groups
  * Recommends pairing new adoptive families with more tenured families for support and advice

(WVDHHR Adoption Policy, 2017)
When it Does Happen.....

WV DHHR Policy & Procedure

- Adoption Dissolutions/Re-Adoptions
  - Report any removal, relinquishment, or other move from an adoptive home to the circuit court of origin, the Department and the child’s counsel
  - Convene MDT within 30 days of receipt of notice
  - Update the Uniform Case Plan
  - Court schedule permanency hearing within 60 days of report to the circuit court
  - Notice to appropriate parties

(WVDHHR Adoption Policy, 2017)
Adoption Dissolutions/Re-Adoptions (continued)

* Once re-adopted, subsidy follows
* Death of Adoptive Parent(s) their previous arrangements for child are honored, subsidy follows child
* New parent not required to have homestudy or PRIDE
* New parent may make application for non-recurring assistance to adopt

(WVDHHR Adoption Policy, 2017)
When it Does Happen...

* FOCUS ON THE CHILD’S NEEDS and make sure their best interest is the focus of everything we all do

* Don’t forget about the adoptive parent(s)
Clinical Review Process

* Adoptive Family Involvement
* Releases of Information to gather history
  * Psych evals, treatment plans, behavior logs, IEP’s, other treatment history
  * Other background info for assessment use
* Individual Reviewer/licensed social worker or counselor-interview family and others involved in treatment and CANS (Child & Adolescent Needs Assessment)
Clinical Review Process

- Presented at Clinical Review Team Meeting
- Participation from Adoptive Parent(s), other professionals working with youth
- Youth does not participate at this point in the meeting
- Clinical Review Team provide recommendations
  - Placement, etc.
  - Ensure family understands the process
  - Keep family engaged, open communication
General Legal Steps for Dissolution

* WV DHHR Policy requests adoptive family or anyone with knowledge to notify them
* Best practice is to include an adoption agency
* Adoptive Parents need to consult an adoption attorney
* Family can relinquish parental rights to the State or through a private attorney
* Legally frees child to be readopted
* Current state law does not prevent this from happening privately (re-adoption/re-homing)
**General Legal Steps for Dissolution**

- Child often returns to the foster care system
- Sometimes Adoptive Parents relinquish in order to access services, but remain involved
- Former WV DHHR children/youth should go back through the State
Best Practice for Prevention

* Adoptive Family Preparation
  * Thorough Assessment of Parental Expectations
  * Trauma Training before, during, and system wide
* Thorough Child and Family Histories
* Complete Disclosure
* Pre-Placement Visits
* Pre-Adoptive Support
* Post-Adoptive Support
Protective Factors

* Adoption by relatives or foster parents (known vs. stranger adoption)
* Adopted at younger age
* Supportive services to families before and after adoption
* Sufficient adoption subsidy
* Strong spiritual faith possibly reduces risk

(Jones, 2010)
Prevention... (things we can do without “An Act of Congress”)

* Learn more by reading (resources at end)
* Better assessment and pre-placement work
* Trauma informed training, preservice & ongoing
* Support groups addressing real issues, professional certifications for social workers/counselors in adoption issues
* Training that addresses families’ expectations and addressing special needs
* Regardless of your role: Reinforce to families all along the way to seek assistance at first signs of trouble
* Transparency with adoptive parents/build trust
Prevention....on a larger scale

* More, well trained, quality foster families
* More support for our kinship & relative families
* Increase in support services, such as encouraging service providers (counselors/social workers) to become certified in adoption issues

More Ideas and Discussion....
Reference List


Reference List


WV Court Improvement Board, New View Program. 2013-12015.
More Resources

* https://chronicleofsocialchange.org/featured/first-incomplete-measure-adoption-success
More Resources

* Adoption Disruption/Dissolution Survey for Adoption Professionals, Michigan Adoption Resource Exchange
  http://www.mare.org/Portals/0/Worker%20Forms/Forms/Disruption%20Dissolution%20Survey%20for%20Adoption%20Workers%20(editable).pdf