Introduction

Respite, temporary relief for caregivers and families, is an important support service to parents who have adopted a child. It is particularly important for families who adopt a child with medical, developmental, or psychological disabilities, or one who has experienced abuse or neglect. This factsheet provides strategies for addressing the needs of adoptive families using respite services, and their children, as well as the providers serving those families.

People who choose to adopt a child with special needs and make that child a permanent part of their family should be offered a range of support services to help them care for their child. The availability of these services should be known to the family at the start. An adoptive family that may have used neighbors or relatives for child care in the past may now discover that their new family member requires a higher level of care than an extended family member or neighborhood babysitter feels comfortable giving. In other cases, extended family members may not accept the adoption or may not live close enough to offer assistance. Respite can provide regular caregiving breaks for these families.

Important Issues in Adoption

It is critical that individuals working with children who have been adopted and their families be aware of the unique issues relating to adoption. The National Resource Center on Special Needs Adoption has identified eight core issues that affect all adoptive families to some degree.

**Loss, separation, and grief**—Loss is the feeling state experienced when something important is unexpectedly withdrawn. Separation from meaningful relationships precipitates an acute sense of loss. Grief is the process one passes through in order to recover from the loss.

Children who are adopted have experienced the loss of birth parents, possibly siblings, extended family members, and in some cases meaningful foster family members. Subsequent loss or threat of separation may seem more overwhelming for the child who has been adopted. Because loss is inherent to the adoptive relationship, it is important to understand the stages of grief. While grief will not proceed through the stages predictably and will never be fully resolved, it is important to work through the grief experienced with each new loss in a supportive environment.

**Bonding and attachment**—Bonding refers to a biological process between mother and child. Attachment, on the other hand, is the development of psychological ties between people. The ability to form attachments is acquired as a child moves through the developmental stages of life. Children adopted in infancy will develop the ability to form attachments, however, older children, due to poor parenting, may not have learned how to make meaningful attachments. These children may have difficulties in the following areas: impulse control, self-esteem, interpersonal interactions, and expression and recognition of their own and others’ feelings. They may also
experience a variety of developmental difficulties. Serious attachment disorders may require clinical attention.

**Entitlement**—Children who are adopted and their parents struggle with entitlement, or whether they have a "right" to one another. There are two forms of entitlement, legal and emotional. The court decides the former, while the latter is more complex. Parents who adopt may face external pressures from nonsupportive relatives, community attitudes that question their right to their child, and employment policies, which, for example, will rarely grant adoptive parents parental leave. Children who are adopted, especially those who have been abused or neglected, may question whether they deserve a family who loves and cares for them. Adoptive families need support in working through the issue of entitlement.

**Claiming**—This is the process by which adoptive parents come to accept the child who is adopted as their own. This process can be facilitated with the creation of new traditions which embrace the child into the family.

**Unmatched expectations**—Both children and families who are involved in adoption have high expectations. Frequently, the expectations that each brings to the relationship have little in common. This can pose greater challenges for the family than any other issue. Expectations are not easily changed and when change does occur, the loss of original expectations represents another loss to be grieved.

**Family integration**—When any family welcomes a new member, the balance of the family must shift. Birth children may resent the changes caused by the introduction of a new family member. Other children who have been adopted may feel insecure as this change causes them to re-experience emotions associated with their own adoption. This process takes time.

**Identity formation**—The process of developing a sense of "self" and recognizing that the self has boundaries and value. Personal identity is formed through interactions and exposure to other people, and by making decisions concerning who and what one will be. Without consistent role models, children who are adopted often struggle with this natural process.

**Mastery/control**—Most individuals strive for a sense of control or mastery over their lives. Families and children involved in adoption have had numerous experiences that threaten that mastery. These issues can impact family integration.

### Addressing the Needs of Children

As noted above, children who are adopted will experience a range of emotions related to separation and loss while adjusting to their new family. They may also experience difficulties forming attachments. Although the new living situation is seen as positive by all of the adults involved in the process, the child may find the transition difficult. As the adoptive family works through this transitional period, stress and exhaustion may occur. Both the family and child may benefit from planned breaks in the caregiving routine provided by a respite program. Even after the initial transition period is past, planned respite will offer the family the same opportunities to vary their routine as are available to any other family.

Children adopted under the special needs adoption programs in many states are often children who have been in an average of three placements prior to adoption, according to the Adopt-A-Rest Project in Arizona. These children may fear that the respite provider will become yet another change in their family life. These fears need to be recognized and validated by encouraging the children to ask questions and share concerns about receiving respite. Whenever possible, the children should be included in the process of matching providers with families.

Special needs adoption programs include children who have experienced abuse, neglect, exposure to drugs or alcohol, and/or abandonment. Behaviors related to the abuse, as well as issues of loss and separation, should be identified for individual children and addressed by their families, their respite program’s training coordinator, and their respite provider.

Children who have been adopted experience one, or a combination, of the stages of grief: shock, denial, anger, despair, depression, and/or acceptance/resolution. Children need to be encouraged to process this grief at their own
pace. It will help if providers have knowledge of child development, as many adopted children experience arrested or regressed development based on the trauma and many losses they have experienced. Providers should be trained to look for cues pointing to each stage of grief and how it may be expressed at different stages of the child’s development. Providers should also understand strategies to help ease the children’s transition through the grieving process.

**Addressing the Needs of the Adoptive Family**

Often the term "respite" will not be familiar to the adoptive family. Describing respite as a way to offer caregivers a break from the pressures of their daily tasks, much in the same way any family might use a relative or neighbor, may help to define the service in such a way that the family can readily accept it.

Because adoptive parents may believe their ability to care for their child is being questioned when respite is offered, it must be clear that the program is a service to help support family stability. The following suggestions may be used to assist parents in their adjustment to the concept of respite:

1. Ask the state agency or private agency contact person with whom the family is familiar to talk about the positive effects of respite on a family.
2. Ask adoptive families who are satisfied with respite to meet with new adoptive families to promote the idea.
3. Reassure families that the service is offered to all adoptive parents (in the program’s service area).
4. Highlight the positive benefits of respite and some success stories in a newsletter which will reach adoptive families.

Another common concern for parents regarding respite is the quality of the providers. Parents may be concerned that the providers will not understand and be able to meet their child’s needs and/or manage behavioral problems which may occur. In some cases, parents may simply need reassurance and complete information about the program, the providers, and the required provider training. Direct involvement of the parent(s) in the selection and training of the respite provider alleviates concern and builds trust. Providers and families should meet before the first respite stay to increase the family’s comfort with the provider they have selected. If possible, one provider should be assigned to a family for as long as the relationship is a positive experience for all concerned.

Siblings will experience a period of adjustment regarding their new family member. At times, families may want care for all their children, not just for the child who is adopted. This allows the siblings to stay together, rather than segregating the child who is adopted. This arrangement may also benefit parents, since they would only need to arrange for one child care provider. However, at other times, siblings may need a break from the new family member. Respite programs should have the flexibility to meet these changing needs.

**Addressing Provider Needs**

Respite providers working directly with adoptive families require the same general training as other respite providers. They must learn about the history and missions of the program, care techniques, first aid, confidentiality, universal precautions, and other related skills and information. Pre-service and in-service training should be required and offered on a regular basis. Beyond the typical training topics, there are others that may help providers working with families who have an adopted child:

- issues unique to adopted children and families
- the difference between foster care and adoption
- separation and loss
- bonding and attachment theories
- family integration
- behavior management techniques
- how children are affected by abuse and neglect
- disabilities, chronic and terminal illnesses
- independent living skills
children affected by drugs or alcohol
- care of children affected by HIV/AIDS
- understanding families affected by HIV/AIDS
- stress management
- child development
- therapeutic interventions

The term "therapeutic interventions" refers to a level of provider training which is more specialized, but needed by providers serving families who have adopted children experiencing emotional disturbance. Therapeutic skills are sometimes necessary to work with children whose behaviors may include aggression, suicidal tendencies, antisocial behavior, and depression. Some programs recruit specific providers to receive the specialized training and to work with children experiencing emotional disturbance.

Respite providers may exhibit the classic signs of burnout from time to time. Sometimes it is enough to encourage them to take a few days of vacation. At other times, their workload or family match may need to be re-examined. Regular opportunities for the staff members to receive support and participate in skill-building will also help. Respite providers need to know how important they are to the success of the respite program and be rewarded for their contributions to the program.

**Summary**

Respite services serving adoptive families can offer high quality, temporary care which eases the transition for both children and parents and provides a regular opportunity for the family to pursue other activities. Effective services have a thorough understanding that the process of forming a family differs for adoptive and biological families. They recognize and are prepared to handle issues related to loss, separation, grief, bonding, attachment, entitlement, claiming, unmatched expectations, family integration, identity formation, and mastery as they change throughout the life cycle. Once family concerns have been addressed, respite can become a vital element in the life of an adoptive family, enabling them to stay rested, relaxed and together.

**References**


**Resources**

National Adoption Information Clearinghouse, 11426 Rockville Pike, Suite 410, Rockville, MD 20852, (301) 231-6512, Fax (301) 984-8527.

National Resource Center for Special Needs Adoption, a division of Spaulding for Children, 17390 West Eight Mile Road, Southfield, MI 48075, (313) 443-0300, Fax (313) 443-2845

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A special "thank you" to Drenda Lakin, Director of the National Resource Center for Special Needs Adoption, and her staff, for reviewing and providing input for the development of this factsheet.

**ARCH Factsheet Number 33, February, 1994**

This factsheet was produced by the ARCH National Resource Center for Crisis Nurseries and Respite Care Services funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau—Cooperative Agreement No. 90-CN-0121 under contract with the North Carolina Department of Human Resources, Mental Health/Developmental Disabilities/Substance Abuse Services, Child and Family Services Branch of Mental Health Services, Raleigh, North Carolina. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the ARCH National Resource Center.
Respite as a Support Service for Adoptive Families