

	Stages and Ages in Adoption		
	Infants (birth to 12 months)	Toddlers (12 to 36 months)	Preschoolers (3 to 6 years)
Typical	Parent helps restore feelings of safety and security	Exploration, autonomy, sense of self as separate from caretaker; if child feels secure in parent's support, he/she is free to move out on his/her own, returning for "re-	Growth in self-regulation and impulse control Still depends on parent to soothe hurts and anxieties
	Parent responds sensitively to baby's cues and signals	fueling" Curiosity, learning about the world around her/him; can	Gains interpersonal skills; able to empathize; interested in peer friendships
$\mathbf{T}\mathbf{y}$	Emotional back and forth communication begins	cope with the anxiety of new things because he/she has learned to use the parent to recover from fear or other	Expresses attachment needs verbally; can negotiate
	Secure base: by end of first year, baby exploring on his/her own	negative emotions Language development	Makes cognitive gains; can understand limits and explanations
*_	Loss of initial attachment figures destroys basic trust and security	For adopted kids, sometimes this is the beginning of control and power struggles (the "terrible twos" to an extreme); Feeling out of control may remind kids,	Child begins realizing his/her family is different; tries to make sense of what adoption means for him/her.
Adoption*	If inadequate caretaking in first families, baby unable to develop capacity for regulation	viscerally, below conscious thought, of situations that were too scary to bear and constant strangers as caregivers	Fears and worries: Permanence (will these parents stay with me? Why didn't my other parents keep me?); Hypervigilance (on the lookout for disaster)
Typical in Ac	Children can look blank, frozen, unresponsive; or they can be irritable, constantly fussing and crying, problems with feeding and sleeping, inconsolable.	Ongoing insecurity issues make it hard to explore without anxiety. Limits often feel triggering. Temper tantrums abound.	Emotionally younger than chronological age; insecure attachments delayed emotional development: Clingy, whiny, afraid to let parent go, wants to be a "baby". "Bossy" and
Typ	More extreme with more moves and homes	For children who were born in another culture, language may be delayed – creates frustration	"Not listening" to parents and teachers, meltdowns, disruptive
			behaviors in daycare and school
	Understand what is happening.	Create predictable, consistent routines and structures.	Help child identify, name, and normalize feelings.
70	Get enough support and respite for yourselves that you can stay patient, loving, and soothing with the baby.	Pick your battles. Give the child choices.	Parents ask themselves: What was your own attachment history in your family of origin? What are the buttons that get pushed when child is out of
Strategies	Provide reassurance and nurturing.	Stay calm.	control? Do you assume, maybe not quite consciously, that it is your fault, or the child's fault? Do you feel angry, guilty, or
Stra	Work on reciprocal interactions every day: tune into subtle cues like direction of baby's gaze,	Minimize physical control and coercion.	disappointed, or all three?
	response of baby to your voice, etc. Begin backand- forth games.	Treat the child with respect – explain rules and consequences.	Maintain empathy for child, seeing the world from his/her point of view.
		harant and typical to adopted people, whose lives started with a huge tran	Conscious limit-setting: intentional planning

^{*}Difficulty with life transitions (and sometimes small transitions) is inherent and typical to adopted people, whose lives started with a huge transition





	School-Age Children (7 to 12 years)	Teens/Adolescents (13 to 18 years)
Typical	"Industry vs. Inferiority": issues of competence, ability, excellence: skills, sports, hobbies	Identity vs. confusion: who am I? (in relation to family, peers, world of work, the past/future)
	Tasks: self-confidence and self-esteem	
	Child moves into the larger world: less dependent on parents, more involved in peer group	Hormonal changes at puberty: emotional mood swings, conflict with parents, drama with peers, focus on romantic relationships
Ţ	More impulse control; moral development increases	Adolescent's pre-frontal cortex not yet fully developed, contributes to lack of impulse control, risk-taking behaviors
	Child still needs closeness, connection to parents; revisits earlier attachment feelings	
		Separation from family is the individuation process.
a)e	More questions and feelings about adoption, may start asking specifics about birth parents	For adopted teens, identity confusion often focuses on birth family questions, including racial identity issues in trans-racial families.
Typical in Adoption*	Continued insecurity for many children: anxiety, anger, difficulty with rules, school structures; feelings of difference, inferiority, lack of self-esteem	Adolescent emotional upheaval and drama can be even more
pti		intensified, driven by fear insecurity, anger, self-doubt; Risk-taking,
do	Various kinds of acting out; may get labeled at this stage by school staff/mental health professionals as	impulsive behaviors very common.
I A	"oppositional," "defiant," "hyper-active," or "conduct disordered" (Labels pathologize, but our goal is to normalize what is happening and change learned behaviors)	Prospect of separation from parents brings up any unresolved
lii	to normalize what is happening and change learned behaviors)	attachment issues. Extremes: the teenager who can't wait to turn 18 to
ica	May have learning delays, developmental lags, perceptual differences, sensory processing issues	get out of the house, vs. the one who can't manage to leave home,
y		needs parents' close and constant emotional support into his/her 20's.
		A child adopted later may not be developmentally ready to
		individuate.
	Importance of "life narrative" for children, making sense out of their own history	De-fuse, divert, and reduce conflict, rather than escalating it.
	Important for child to know parents are OK with his/her feelings/questions, for child to feel supported	Sometimes a mediator is needed, or even respite: somewhere else for teen to be on temporary basis
	important for child to know parents are OK with his/her reenings/questions, for child to reer supported	teen to be on temporary basis
Strategies	Information and validation is a soothing emotional regulation strategy and helps diminish anxiety.	Priority in parenting all adolescents should be keeping lines of communication open, rather than winning arguments.
	Don't wait for child to ask about adoption: it is not the child's job to bring things up – that is for the	
	adults to do.	Need limits to maintain safety, but not to establish who's in charge
Stı	Continue conscious, intentional limit-setting structures, communicated to child when calm.	If searching for birth parents/family, manage your own emotions, reactions; provide support and reassurance; normalize the process
	Get school staff/helping professionals on same page; all use the same language with the child.	(Good to have professional help in this effort).
	Get help from competent, sensitive mental health professionals trained in and expert about adoption and post-adoption issues. Adoption is, after all, a lifelong issue.	

^{*}Difficulty with life transitions (and sometimes small transitions) is inherent and typical to adopted people, whose lives started with a huge transition.