



PATRONATO NACIONAL DE LA INFANCIA

ADOPTIONS DEPARTMENT

PROFILE OF FAMILY COMPETENCIES FOR THE PROSPECTIVE ADOPTIVE PLACEMENT OF A MINOR WORK TOOL FOR PROFESSIONALS AND FAMILIES

Introduction for professionals

Minors in need of protection and connection with a new family via adoption, who meet the necessary technical and legal requirements, present a wide range of diverse characteristics, circumstances and needs. Some of these children are very young, whereas others are much older; some are an only child, while others need to be adopted together with a sibling; and there are those with few issues, and others have many challenges and needs.

Beyond their individual differences and characteristics, minors who find their forever families through adoption, after having experienced the National Child Protection System, share a life history of adversity. Such a life story carries implications that every adoptive family must understand and prepare for. Furthermore, all of these children have experienced separations of various kinds; the adoption experience itself signifies a break from their past. Furthermore, all these children have experienced some form of separation —ultimately, adoption itself entails separation, a break with the past.

Professional intervention in adoption involves finding adult persons capable of responding effectively to these minors' painful stories and the resulting consequences. Professionals also seek to identify whether families have the potential to address specific needs or conditions that may coexist with the aftermath and effects of trauma experienced by most children and adolescents in the National Child Protection System.

As part of the process to assess family suitability, professionals encourage self-reflection and self-analysis to identify capabilities and limitations with regard to adoption. Self-reflection should motivate families, regardless of their composition, to ask themselves questions such as "Does my family meet the necessary characteristics and conditions to promote integration into the family of an adopted child who has experienced early adversity and trauma (e.g. chronic suffering, complex trauma, multiple significant losses all at once)? Is my family presently in the best position to adopt a minor and provide all that is needed to support their healing process?"

Below is a list of child characteristics and needs as well as family background characteristics used by professionals to determine adoption suitability based on family competencies. This conclusive analysis requires the participation of both disciplines (social work and psychology).

Professionals must ensure families have access to this document in advance of the working session with the Agency. Applicants are to be instructed to fill out the form after deep self-reflection and introspection on their own capabilities and limitations to adopt. Make sure they use the Glossary provided to the family in the information package (supplementary information document). If the case of a couple adoption, a second step will be necessary as they must share their individually completed forms and reach a mutual agreement. And finally, the results of this self-reflection exercise will be shared with the professionals conducting the psychosocial assessment of the individual/couple to determine parent suitability and ensure an appropriate fit between the needs of the child and the strengths of the family.

The final psychosocial assessment report must contain an in-depth analysis of the reasons why the family was approved for a specific set of child characteristics. The Special Needs Checklist Form summarizes the collaborative process between the adoptive family and accompanying professionals, concluding whether the family possesses the required competencies or not.

It is very important that families understand that when it comes to the stories, characteristics, conditions, requirements and needs in all areas of development of the children and adolescents, we rely on available and properly documented information. Therefore, the processes of compatibility and theoretical match or equivalence always entail some level of weakness or risk given the unknowns and undocumented aspects of the minors' stories, characteristics and care needs.

Based on this premise, families must understand that, while these processes aim to create relationships and connections



PATRONATO NACIONAL DE LA INFANCIA ADOPTIONS DEPARTMENT

that are as controlled as possible in order to ensure maximum alignment between the competencies of the family and the needs of the minor, there is always uncertainties in adoption.

PROFILE OF FAMILY COMPETENCIES FOR THE PROSPECTIVE ADOPTIVE PLACEMENT OF A MINOR

General Aspects	Minimum Age		Maximum Age
1) Age (years and months)			
2) Sex	FEMALE ()	MALE ()	** GENITAL AMBIGUITY ()
3) Number of children they are able to adopt			
Socio-legal Status	With capabilities to accept		Doesn't have sufficient capabilities to accept
4) With a judicial declaration of abandonment (pending) authorized			
5) With a firm judicial declaration of abandonment			
6) Need to maintain ties with siblings (who remain with adoptive family and/or institutionalized)			
7) Interruption of Previous Adoption			
Racial characteristics	With capabilities to accept		Doesn't have sufficient capabilities to accept
8) Mestizo (of mixed white and brown ancestry)			
9) Afrodescendant			
10) Asian			
11) Indigenous origin or ancestry			
Background Information on the Minor	With capabilities to accept		Doesn't have sufficient capabilities to accept



PATRONATO NACIONAL DE LA INFANCIA
ADOPTIONS DEPARTMENT

<p>The family understands that any child or adolescent placed with a family through adoption may have experienced violence, either as a victim or witness, in any of its forms and in varying degrees of intensity. There are details of these stories and experiences that might not be documented in the minor's file. These forms of violence or abuse include:</p> <ul style="list-style-type: none"> 12) Negligent care 13) Physical abuse 14) Emotional or psychological abuse 		
<p align="center">15) Sexual Abuse</p>	<p align="center">With capabilities to accept</p>	<p align="center">Doesn't have sufficient capabilities to accept</p>
<p>The family understands that any child or adolescent placed with a family through adoption may have experienced sexual violence in any of its forms, and that the impacts of this violence vary (symptoms and intensity) regardless of the type of sexual abuse suffered.</p> <p>When working with the family, the different types of sexual abuse were addressed: intra/extra family violence, exposure to pornography, exposure to sexual activity between adults, touching and fondling, harassment, commercial sexual exploitation.</p>		
<p align="center">Other Documented Background Information</p>	<p align="center">With capabilities to accept</p>	<p align="center">Doesn't have sufficient capabilities to accept</p>
<p>16) Conceived under a situation of incest</p>		
<p>17) Childbirth complications ¹</p>		
<p>18) Prematurity (infants born between 33 and 36.6 weeks of pregnancy)</p>		
<p>19) Extreme prematurity (less than 32 weeks of pregnancy)</p>		
<p>20) Low birth weight</p>		
<p>21) Fetal exposure to drugs or alcohol²</p>		
<p>22) Neonatal abstinence syndrome³</p>		

¹ Perinatal hypoxia (oxygen deprivation), fetal distress, had to be resuscitated, both Apgar scores below 8.

² Related to the section on family history of alcohol and drug use.

³ If there was exposure to drugs and/or alcohol, even in the absence of a diagnosis, the child may have exhibited this condition. This postnatal withdrawal syndrome manifests shortly after birth; and once the child has overcome the symptoms, it no longer causes any inconvenience. However, having been exposed to drugs and/or alcohol during pregnancy is associated with other conditions that can develop later in life.



PATRONATO NACIONAL DE LA INFANCIA
ADOPTIONS DEPARTMENT

23) Minor has witnessed violent deaths		
Medical Aspects Documented at Time of Placement with the Family	With capabilities to accept	Doesn't have sufficient capabilities to accept
24) Asthma		
25) Allergies (food allergies, topic allergies, to environmental agents)		
26) Digestive disorders (intolerances and reflux)		
27) Malformations that do not restrict mobility and/or autonomy		
Other Disorders or Health Conditions Documented at Time of Placement with the Family	With capabilities to accept	Doesn't have sufficient capabilities to accept
28) Type 1 diabetes ⁴		
29) History of convulsive crises (has occurred at least once)		
30) Epilepsy		
31) Strabismus (squint)		
32) Myopia		
33) Astigmatism		
34) Cancer in remission		
35) HIV infection ⁵		
36) Any type of infections that have been treated, including sexually transmitted infections		
37) Food-related issues (malnutrition/obesity)		
Development and Learning	With capabilities to accept	Doesn't have sufficient capabilities to accept
38) Delayed psychomotor development ⁶		
39) Problems with language development		
40) Learning difficulties		

⁴ Daily injections are necessary coupled with a structured mealtime routine and a healthy diet.

⁵ Under medical treatment and supervision.

⁶ Refers to children whose development lags behind established normal ranges for their chronological age.



PATRONATO NACIONAL DE LA INFANCIA
ADOPTIONS DEPARTMENT

41) Specific motor skill developmental delay		
42) Need for specialist care ⁷ or support services (speech therapy, occupational therapy, orthopedics, physiotherapy, physical medicine and rehabilitation, special education, psychopedagogy, swimming, dentistry, etc.)		
Expression of Emotions and Behaviors Associated with Developmental Trauma Disorder ⁸	With capabilities to accept	Doesn't have sufficient capabilities to accept
<p>In order to respond to this item, it is understood that the family is fully aware that any minor who has experienced trauma and adversity will often have difficulty identifying, expressing, and managing emotions, and may exhibit several behavioral symptoms. Emotional and behavioral symptoms may or may not be present at the time of the child's placement with the family; however, these may also be activated or reactivated months or even years after the child has settled into their new family. The symptoms listed below may be interconnected and indicative of a history of complex trauma. Therefore, families who intend to adopt children and/or adolescents with backgrounds such as these must have the necessary competencies to address any of these conditions. Management of these conditions/symptoms may require psychological or psychiatric care, which could potentially involve pharmacological treatment.</p> <p>43) Difficulty expressing emotions 44) Difficulty receiving affection 45) Trouble falling asleep, night terrors 46) Difficulty accepting limits 47) Constantly demands attention 48) Tantrums 49) Tells lies or makes up stories 50) Aggressiveness 51) Stealing 52) Hyperactivity 53) Impulsiveness 54) Isolation</p>		
<p align="center">Specific conditions associated with Developmental Trauma Disorder, only if documented at the time of placement with the family (on the understanding that if not documented, they may appear later). Some of these conditions may entail a clinical diagnosis.</p>		
Condition	With capabilities to accept	Doesn't have sufficient capabilities to accept
55) Oppositional defiant disorder		
56) Attention deficit disorder		

⁷ Does not refer to a disability, but to a stimulation process or interdisciplinary support aimed at optimizing development.

⁸ Items related to the minor's history of adversity and capacity to adapt.



PATRONATO NACIONAL DE LA INFANCIA
ADOPTIONS DEPARTMENT

57) Sexually reactive behaviors (may be associated with sexual abuse)			
58) Eating disorders			
59) Avoidant/Restrictive Food Intake Disorder ⁹			
60) Enuresis (may be an indicator of sexual abuse or other types of abuse)			
61) Encopresis (may be an indicator of sexual abuse or other types of abuse)			
62) Mood disorders			
63) Anxiety disorders			
Presence of a Disability	With capabilities to accept		Doesn't have sufficient capabilities to accept
64) Motor paralysis Level 1 ¹⁰			
65) Motor paralysis Level 2 ¹¹			
66) Down Syndrome			
67) Physical impairment ¹²			
68) Mild cognitive impairment ¹³			
Sensory Disabilities	With capabilities to accept Complete vision loss	With capabilities to accept Partial vision loss	Doesn't have sufficient capabilities to accept
69) Blindness			
70) Deafness			
71) Sensory Processing Disorder (SPD) ¹⁴	With capabilities to accept		Doesn't have sufficient capabilities to accept

⁹ Purely sensorial: certain foods are rejected because of their texture, taste or smell

¹⁰ Move on their own. Mobility aids are not required.

¹¹ Some sort of mobility aid is required.

¹² Can refer to the absence of a limb, clubfoot. Walking aids may be required.

¹³ Previously known as mental retardation.

¹⁴ Generally associated with Developmental Trauma Disorder.



PATRONATO NACIONAL DE LA INFANCIA
ADOPTIONS DEPARTMENT

72) Autism Spectrum Disorder	With capabilities to accept			Doesn't have sufficient capabilities to accept
	1 ()	2 ()	3 ()	
Biological Family History				
<p>Mark with an "X" if the family understands (YES) or (NO) that any minor with a life history of adversity, who has entered the national child protection system and is unable to go back to their biological or affective family, is in this situation because an analysis of the child's environment identified the existence of multiple factors contributing to the precarization of the living conditions of these families.</p> <p>The biological family, particularly the mother, of the child or children that is/are to be adopted often have several of the following background characteristics. However, documented information on family history is not always available. Before placement, adoptive families will be provided with whatever information is accessible.</p> <p>73) Alcohol use by mother (and/or father) 74) Drug use by mother (and/or father) 75) Parents of a different nationality than Costa Rican 76) Criminal history of the parents or other close relatives 77) Intrafamily/domestic violence 78) Homelessness (spending time on the streets) of biological families 79) Street violence by the biological family 80) Prostitution or commercial sexual exploitation</p>				
Other background information associated with the biological family		With capabilities to accept		Doesn't have sufficient capabilities to accept
81) Parents with HIV/AIDS				
82) Complete absence of information				
Documented history of mental illness in the biological family		With capabilities to accept		Doesn't have sufficient capabilities to accept
83) Cognitive impairment in the parents				
84) Schizophrenia and other psychotic disorders in the parents or other blood relatives				
85) Anxiety disorders in the parents				
86) Mood disorders in the parents				
87) Personality disorders in the parents				
88) Autism Spectrum Disorder in the parents				