

# Transition Plan Guidelines

To help you complete your Transition Plan, it is best to get started right away even if you do not have the information back yet from your international pediatrician. This plan is meant to be a resource tool created for you, by you. It is a resource guide that is specific for your child where you will be able to access professionals, information, support groups, and more once you are home with your child. It is meant to be created before your child comes home so that you can quickly access providers or resources after you are home. Once you are home with your child, you will not have time to research the best therapist or specialist. Instead, if the need comes up once home, you will just need to reference one document because you have already invested the work into one amazing resource tool.

The Transition Plan is not a step or a check box in your adoption process but rather it is a valuable tool for you. When creating your Transition Plan, you will really get to know who your child is at the time of referral and who your child can become. It is important to understand your child's needs at the time of referral and what your child's needs may be long-term (both known and unknown or unidentified) and how you will be able to best meet those needs. As the Central Authority reviews and selects a family for a child, this plan can be an excellent opportunity to show what you have already done to support this child. This plan is sent to your country as another way to advocate for your family.

## **HOW TO:**

The best way to work on your Transition Plan is to start the day you receive your referral and the email from your International Adoption Specialist (IAS) about the referral process and your Transition Plan. Please complete the plan in a professional manner so that it can be translated appropriately. Please use Microsoft Word on your computer. Please use complete sentences and review for grammatical and spelling errors.

## **STEP 1:**

Contact your international pediatrician to set up a review and consultation ASAP. This should be done immediately because there can be a wait time.

**STEP 2:**

Read through all of the child's documents several times. This can be a few pages or over 20. It really depends on your child and the country you are adopting from.

**STEP 3:**

Share this information with your home study social worker and gather information and advice from him/her. Ask his/her thoughts on needed resources for this child and what is available in your area.

**STEP 4:**

Make a list of your child's needs. This should include physical, medical, language, social, emotional, educational, and cultural.

**STEP 5:**

Make a list of YOUR needs. This should include area adoption resources, support groups, family/friends who will help with childcare if needed (in the future). Add plans for your cocooning time.

**STEP 6:**

Complete your plan. This should take you many hours and be done over several days. It cannot be completed well in a day and will require multiple days of work on your part. Your AGCI clinician will invest approximately 4 hours to prepare for your Transition Plan call, therefore your investment should be at least double that. This is not a short process. We acknowledge it is time consuming, however our clinical team has never had a family say, "We were too prepared". We have frequently had families say, "I wish I would have prepared more" or "Thank you for requiring the Transition Plan". The very reason it is time consuming is the very reason it must be done prior to your child coming home.

**TRANSITION PLAN TIPS****DOS AND DON'TS:**

- Do not use "I" language (unless you are a single parent). For couples adopting, the Transition Plan should reflect what both parents are doing to prepare for their child's needs.

- Do complete every section that pertains to your child. N/A is only appropriate if it is asking about a child NOT in your age range.
- Do add names, phone numbers and web addresses. Please do not just list a clinic name. You may not like every provider in that clinic, find the one that is the right fit for your family now.
- Do research. Start with your medical insurance for providers if you are concerned about coverage. Get referrals from your international pediatrician and your primary care pediatrician if you have one. If you do not have a pediatrician that is your first need. Don't just select one based on a recommendation but rather call the office. You should also visit the office and meet the doctor. Pediatricians offer a free office visit to new parents (even if you are an experienced parent, this is a new child). Your current doctor may not be the best one for your child. Think culturally and if you can find a doctor of the same race and/or who speaks your child's native language, that would be fantastic.
- Do Identify ALL providers. This step should be completed for needs such as Occupational Therapy (OT), Speech Therapy (ST), Physical Therapy (PT), and completely for a counselor. Sometimes the best counselors do not take your insurance. You may inquire regarding if your therapist has sliding scale fees, if you are concerned about affording your child's therapy, however a quality therapist is far more valuable than one who costs a co-pay only. You may think you cannot afford it, but when it comes to counseling - you cannot afford NOT to. Even if you are adopting a very young child, you should find a counselor that you can call on when needed. (Or perhaps think of a play therapist).
- Do not state "will seek a referral from my doctor or from the international doctor". This is not an accepted answer and actually does you no good. This is your child and you are responsible for his/her care. You can get a referral from your doctor, but then you will need to do the follow up and choose who you plan to use in the future and write that person's name and contact information on the plan.

#### **FOR EXAMPLE- CHILD SPECIFICS:**

If you are adopting a very young child who was premature, low birth weight or malnourished (even if there is no diagnosis), you should find a nutritionist. If you are adopting a child with HIV, you should find an HIV infectious disease specialist.

## **FOR EVERY CHILD:**

Every child adopted internationally has special needs. The universal special needs for all of our children are trauma, malnourishment, developmental delays, sensory sensitivities and speech delays (even if it is not diagnosed, these are undiagnosed special needs). Each of these should be addressed on your Transition Plan (even if not diagnosed).

### **Trauma:**

Your child has suffered trauma because they are no longer with their biological family and has lived in an orphanage or away from their biological parents' care. Their trauma can be impacted by witnessing the death of their parents, being abandoned by a parent in a public place, being passed around from family member to family member, or through abuse and neglect. In addition, they have trauma loss through adoption as they experience the loss of culture, including all sights, sounds, smells, practices that are familiar to them. These are all the ways our children become orphans in need of an adoptive family. All of this is traumatic.

### **Malnourishment:**

Children in orphanages are provided food based on "feeding many". This means the food is stretched to provide for all. Proteins are limited, and for the young, formula is probably watered down. Hungry children develop issues around food that can include hoarding, a need for control, rejection, and extreme emotions about when and what they eat. This can be the same even if the child was in a foster home.

### **Developmental Delays:**

Our children do not have the same opportunities that US children receive when it comes to advancing development. This does not mean our children cannot catch up. We have seen it time and time again where they do and quickly. It does mean you need to think outside the box. For example, parent/child swim classes (or with a new sibling), engagement in a sport, mommy and me exercise classes, music classes. This is not a program that you send your child to, but rather one you engage together. Check with your local library and community center for other ideas.

### **Sensory Sensitivities:**

It takes time to find out how acute your child's sensory needs are. The needs can also impact different and several areas such as touch, vision, and sounds. It can be the feel of the new clothes or binding shoes, or the sounds that come from our kitchens. A consultation with an Occupational Therapist (OT) is the first step in learning about sensory needs. These needs can lead to extremely high emotions, tantrums, and inability to function and tears. There are some great books that

address this need. The TCU Institute for Child Development has some fantastic resources on their website.

### **Speech Delays:**

Even if your child is fluent in their native language, learning English will be hard and you will start your relationship with a language barrier. In addition, if you are adopting a young child, the sounds of the English language are foreign to them and will not be soothing or comforting. Learn some of their native language. Single words and short sentences are so helpful and shows your child that you care enough to learn as well. It is also a way to maintain and promote their culture.

## **ADOPTION SUPPORT**

You have joined a new community and just like when you move to a new city and find out all the best restaurants, you should learn all the best resources for adoption. These resources may be local, or they could be in a different state. Do find a local support group. This will be beneficial for both you and your child. You can find someone who knows your parenting struggles (they will be different than parenting biological children) and friends who have a family that looks like yours. This is vital for your child. Many churches have great adoption ministries. Find several adoption specific resources for your family. Any counselor you choose to work with should have experience with attachment in adoption.

### **Culture:**

Investing in your child's culture is more than bringing home art from their country. This is a great start but including your child's culture into your family should include things like: proper hair/skin care (especially when adopting from Africa or Haiti), food, holidays and celebrations, clothing, events you attend. You can find out about events by searching for immigrant populations in your area, researching churches from the country, contacting the embassy of said country near you, or reaching out to local universities to see if they offer any resources. You will be surprised how much you can find. If possible purchase gifts and books in the country to give to your child at later dates in his/her life.

### **Cocooning:**

The standard expectation is no party/crowd at the airport. This is overwhelming for your child and can be sensory overload. Have someone ready to drive you home and then the first 7 days is immediate family only at the house. You do not go anywhere and no one else comes over. This is a get to know each other period and a period of recovery from the travel. The first 3 months, only the parents provide all care and comfort. This includes holding, feeding, bathing, and changing of diapers. This promotes bonding and a healthy attachment. Siblings can slowly be integrated.

Extended family can be introduced during this time, but they do not provide care and comfort. Then based on how the child is doing, you can expand their environment and the people in their lives. If you see your child getting overwhelmed, you draw back. It is not wise to plan any trips or vacations with your child in the first 3 months home. Then even after, a plane ride will take a lot of prepping and explanation (thus good language skills are needed). Returning to the airport can produce memories of trauma for your child and he/she will struggle.

We hope this helps you to get a good start to your Transition Plan, and helps you understand why it is so vital.