Sibling Kinnections:
Clinical Visitation Program
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And Team

The growing literature on sibling relationships throughout their lifespans is of great importance to those working in the child welfare system, and in adoption services in particular. Sibling bonds are important to all of us, but they are particularly vital to children from disorganized or dysfunctional families. These relationships assume even greater importance when children from these families enter the care system. Supporting and sustaining sibling bonds should be, and most often is, a priority throughout the child welfare system, with practice literature providing guidelines for arranging and sustaining sibling contact. However, children in the care system may also have dysfunctional sibling relationships as a result of their early experiences, and sibling visitation alone may not be enough to ensure a healthy, long-lasting relationship among siblings. Some form of sibling therapy, or 'clinically supervised visitation,' may be required to help children remove the barriers to form mutually satisfying relationships and to reinforce life-long relationships with each other.

The Sibling Kinnections Program is a program of Center For Family Connections (CFFC). At the heart of CFFC's work is the conviction to understand the needs of the children involved in complex family[·] situations and *to put these needs above all else*. CFFC works with deep commitment and passion to assure that this happens and to motivate other professionals and advocates to act with the same principles. CFFC believes Dr. Joyce Maguire Pavao's quote: "…adoption is about *finding families for children, not about finding children for families***."**

CFFC was the first, and is still, one of the only agencies that provides pre and post adoption (including foster care, kinship, guardianship, reproductive technologies, and other complex families) clinical work, consulting, and training of parents and professionals without the conflicting demands of placing children as well.

Professionals and members of the adoption triad are increasingly raising concerns about the impact of cutting children off from the very experience of birthfamily, which may help them heal, and may, in many instances, be the route to better and sustained attachment. Thus, whether or not siblings are placed together, maintaining connections to their birthsiblings as well as to their birthparents, when safe and appropriate, is quite often a vital factor in healthy development. CFFC began Sibling Kinnections in response to the needs observed by families receiving services for Clinically Supervised Visitation[·] (CSV) with a birthparent. CFFC staff identified the lack of resources for families desiring supportive, and clinically structured, visitation between siblings being raised in different homes.

[·] What do we mean by "complex blended families?"

- *Root families* are families where the mother and father who gave birth to the child are also parenting the child together…
- *Complex families* are every other type of family structure…
- *Complex blended families* are a blending of many families by adoption, fostering, kinship care, remarriage, or alternative reproductive technologies.

[·] Clinically Supervised Visitation (CSV) Model was developed by Dr. Joyce Maguire Pavao and the PACT (Pre-Post Adoption Consulting Team) in 1984.

CFFC staff observed that siblings separated by the adoption and foster care systems, and not receiving support for maintaining their sibling connections, are often impeded in the ability to form trusting, permanent attachments with their adoptive parents and new siblings. This leads to the hypothesis that siblings were better able to form healthy attachments to their adoptive families when they experienced fewer disturbances in their relationships with their birthfamilies, especially their birthsiblings.

The commitment and involvement of the adult caregivers is key to the children's ability to form these connections with their siblings by birth, and to sustain them over time. CFFC hypothesized that it is essential that parents are willing to build relationships with the various adults parenting their child's siblings. Staff observed that when adults were not provided the opportunity to meet together and address any ambivalence or questions they have regarding visitation, they were less likely to facilitate relationship development of the siblings over time. Therefore, it is imperative that the adult caregivers be provided with supports as they negotiate complex relationships. Based on these observations, CFFC identified the necessity to address the needs of the *entire* family system in the clinical model created in the Sibling Kinnections Program.

Evaluation Design

An objective third party, from Boston College Graduate School of Social Work (BCGSSW), evaluated this Sibling Kinnections Program. Because of the clinical nature of the Sibling Kinnections Program, the evaluation team primarily used qualitative data collection methods throughout the evaluation. Process evaluation data was collected to guide the implementation and fine-tuning of the program.

The outcome evaluation of Sibling Kinnections was completed using a case study approach designed to answer the following questions:

1. How does the Sibling Kinnections (SK) Program help strengthen and maintain relationships among siblings separated by adoption?

2. How does the SK Program enhance parental capacity to support children in developing and maintaining relationships?

These questions flowed naturally from the stated goals and objectives of the program described in the grant proposal. They reflect the major thrust of the program and the ultimate foci of all interventions.

The Benefits of a Case Study Approach:

Rather than attempt to uncover "measurable outcomes," the case study approach served to document the Program's development and participants' opinions of it. Since Sibling Kinnections is an innovative clinical program, the overall focus of the evaluation has been on ascertaining knowledge in three areas vital to further develop and refine the program. These three areas are:

1. How participants involved in the Program viewed the Program and its key components,
2. How POD* visits were conducted, and why families found them useful,

3. How the Program helps to shape the relationships among siblings and the various POD members.

*CFFC refers to the total set of families and family members connected by these siblings as a POD. The POD includes birthparents, adoptive parents, foster parents, relatives caring for children, and guardians. It also includes children of all ages -- siblings by adoption, foster care, or kinship-- to a focal sibling.

A profusion of configurations of PODs exists, each carrying its own needs and issues. The entire sibling group may have been separated and individually adopted, or some may be individually adopted and others adopted with one or more of the other siblings. Some siblings may remain with the birthparent while others are in foster care, adoption, or kinship arrangements. Some adoptions are open (i.e. the child is aware of and connected to the birthparent(s)), while others are not. Variations by age, gender, and unique history within the birthfamily interact with wide variations in the composition, size, class, and motivation of the placement family. Geography is also a factor as one or more POD families may be far away from the others.

A final, highly significant factor is race and ethnicity. A significant proportion of PODs that we served involved diverse ethnicities, often within the same family. For example, one child may have a white father while another may have an African-American father. The diversity of configurations, identities, and associations based on this one factor is incredible and presents tremendous challenges to the goal of maintaining connections.

Case study methodology is appropriate for an evaluation study where the goal is to describe, illustrate, and explain the key elements of an intervention or practice (Yin, 2003). The case study typically relies on extensive qualitative data from a variety of sources to yield an understanding of how and why a program works. It is particularly well suited to understanding and evaluating clinical interventions since much of what has meaning and what works must be determined from the subjective level of the participants and the context of the intervention. Flexibility is a key component of the Sibling Kinnections Program. As with most clinical interventions, its format and use is determined in large part by the needs and circumstances of the children and families being served. Since no clear objective set of outcomes can be measured, the case study method allows the evaluators to explore the intervention and the situations in which it is used, and to describe outcomes appropriate for the distinct participants in the program.

Overview of the Program Model

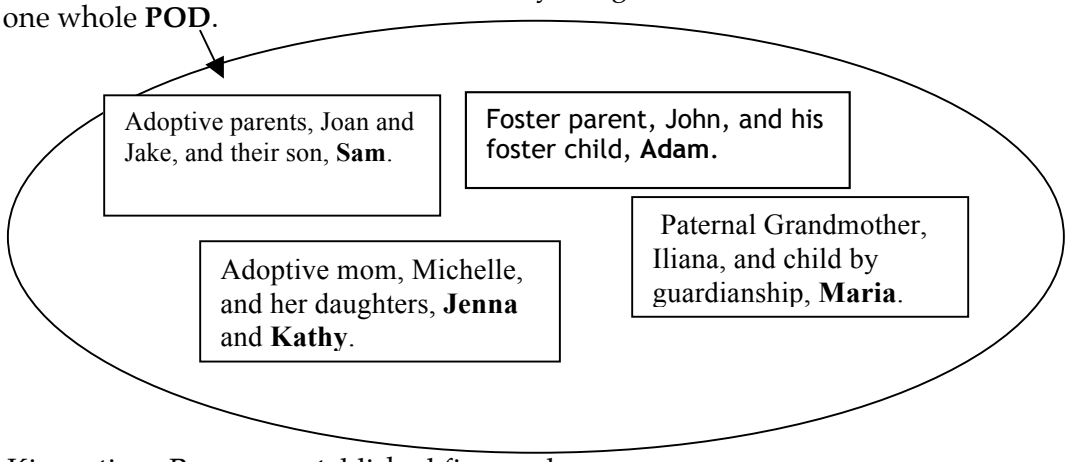
Sibling Kinnections and Clinically Supervised Visits (CSV) 1984, is one of the first such models in the country to speak to the importance of maintaining connections for siblings being raised apart. Using a carefully constructed, clinically supervised visitation process, this Program develops opportunities for siblings and birth, foster, kinship, and adoptive parents to come together in the best interest of the children. The Sibling Kinnections Program is designed to develop replicable models for enhancing relationships between siblings that cannot be raised in the same family.

CFFC identifies a Sibling Kinnections Visit as a family therapy session, rather than a 'visit,' because the focus is on building relationships. Within the supportive visit setting, siblings and their adult caregivers are offered the opportunity to explore each other's interests, experiences, and feelings. The clinical model of Sibling Kinnections is designed to provide all participants with opportunities to prepare for the visits in order

to promote a positive experience. Sibling Kinnections visits happen on a continuum. They can happen while a child is in foster care, kinship care, or when a child is reunited with a birthparent and other children are placed elsewhere. The CSVs are continued and often the courts refer to CSVs for postadoption plans as well.

The Sibling Kinnections Program also incorporates support for the participating parents/caregivers. CFFC utilizes parent liaisons, which we call ParentaLinks, who provide peer support to parents participating in visitation. ParentaLinks is a group of individuals (that include birthparents; parents by adoption, foster care, and kinship; and adults adopted as children t, now parents themselves) who have a personal understanding of adoption issues, and are adoption-sensitive. ParentaLinks are trained by CFFC, work with clinicians, and are present for all the adult visits and meetings.

The Sibling Kinnections Program also facilitates visitation between PODs. The term 'POD' is used to identify a grouping of families connected through the raising of one or a set of siblings. For example, (see below) this sibling group has five siblings not being raised together (Sam, Adam, Maria, Jenna, and Kathy). Together their families would be considered one whole **POD**.



The Sibling Kinnections Program established five goals:

1. to strengthen and maintain relationships among siblings being raised in different homes due to adoption, foster care, kinship care, or guardianship. Sibling Kinnections also seeks to enhance the parents/caregivers capacity to support children in developing and maintaining these relationships;
2. to create a model enabling children to build on daily life experiences without loss of sibling connections;
3. to disseminate the program to adoption and child welfare agencies, and professionals working with families touched by adoption, and to expand their commitment and expertise in maintaining connections;
4. to expand the commitment and capacity of agencies across the nation to establish and maintain sibling relationships among children separated by adoption, foster care, kinship care, or guardianship and replicate at two agencies; and
5. to inform and educate policy makers and agencies across the United States regarding the importance of sibling connections.

The structure of the Program is summarized below. Each component of the program plays a role in planning for the Sibling and Concurrent Adults Visits.

Initial Meeting

Upon entering the Sibling Kinnections Program, adult caregiver(s)/parent(s) of a POD meets with CFFC clinical staff members that will be working with their

POD. This session provides clinicians the opportunity to answer questions about the Program, assess the needs of each family, and discuss how/when sibling visits should take place. The scheduling and duration of the visits is determined by the POD's needs, and is assessed by the clinicians involved.

Previsit Sessions

Siblings meet individually with their Sibling POD Clinician before each sibling visit. The session is used to assess what this visit means both cognitively and emotionally to the child and, with the child's input, make a plan for how best to support the child during a sibling visit.

Sibling Visit

Siblings meet as a group with their Sibling POD Clinician and a clinical intern. In the above POD example, the Sibling visit would be held between Sam, Adam, Maria, Jenna and Kathy. The visit would include cooperative games and activities intended to facilitate relationship-building.

Concurrent Adult Visit

The adult caregivers/parents meet with the Adult POD Clinician and a ParentaLink during the time that the children are in the sibling visit. In the above example, the Concurrent Adult Visit would include Joan, Jake, John, Iliana, and Michelle. The purpose of this session is to assist in building relationships among the adults. Adults are invited to share any information they may have with each other or concerns they have regarding the children.

Postvisit Sessions

Siblings meet individually with their Sibling POD Clinician after each sibling visit. The session is used to check in with each child to process the visit and assess the impact of the visit on the child as well as the future needs of the parties involved.

Adult Check-ins

This session is utilized to discuss any long lapses of time between contact, or specific issues that may have arisen effecting the POD interactions. Sessions include the adult caregivers/parents and CFFC clinical staff. The focus of these sessions is to discuss barriers to relationship-building between the adults or siblings and to make a plan to move forward in the siblings' best interests. CFFC staff or members of the POD may recommend that an Adult Check-in Session be scheduled anytime throughout a POD's involvement in the Program.

Overview of Case Study Findings

Summary of Case 1

This case exposed many of the difficulties and complexities involved in arranging visits between siblings separated by adoption. A variety of barriers were encountered that led to the children going more than 2 years without a face-to-face visit. These barriers included

- the ongoing mental health problems of the oldest sibling,
- the adoptive parent's anxiety about the effect of his visits on her children,
- miscommunication amongst the parties involved in the case, and

- the anxiety the youngest sibling had about seeing his brother.

In order to ensure that the children were able to see one another, SK staff had to engage in an extraordinary amount of brokering and facilitating of communication between the involved parties. It is very likely that the children would have gone much longer without contact if SK clinicians were not involved and playing the role of "middleman".

For a child such as D, who lived in a residential facility rather than a family home, these visits seemed particularly beneficial. D's therapist noted that, "…it is so important for D to know he is part of a family even though he might not see them often. The visit was a nice reminder for him that he has a relationship with peoplealways a part of his life, even if they have been adopted."

For the younger siblings, so young when they were separated from their older brother, the visits- however sporadic- helped them to experience the reality of their birthfamily, to learn who their brother is and what his life is like in the present rather than relying on memory or fantasy to flesh out a picture of him. Following the last visit, Ms. S noticed that B put D's picture (the picture taken at the visit) on the bulletin board in her room and that both siblings spoke about D as "our brother." Continued visitation between these siblings has the potential to help all three children build a foundation for an ongoing, lifelong relationship. In the postvisit meeting, B expressed an interest in wanting to know more about her brother, specifically about his home and school life. D also expressed to his therapist that he wished he could have spent more time with his siblings and described wanting more opportunities to ask questions of his siblings and find out about their lives with their adoptive family. D asked to meet the adoptive parents of his siblings, and because he and his younger siblings had experienced domestic violence and abuse, he was most interested in being sure that the father was a kind and good person.

One of the primary benefits of the SK program in Case 1 was the support and assistance the program offered to the adoptive parents. In other words, the SK Program played a mediating role in helping to strengthen the relationship of children separated by adoption by supporting their adoptive parents. In this way, the adoptive parents were able to form a less adversarial position regarding sibling visitation, and in the process, move to a much more supportive position. The various ways the program staff supported the parents helped them to develop trust in the staff, enough to risk following through on the planned visit after a 2+ year hiatus in sibling visitation.

SK staff accomplished this in several different ways. First, they eliminated the time-consuming and difficult task of arranging the actual visit. An extraordinary amount of communication was necessary to arrange a single visit given the number of involved parties. By playing the role of middleman and facilitating communication between the different groups, SK staff reduced this burden on the parents and ensured the siblings were able to have a visit. Second, program staff helped the parents to understand the many positive effects of maintaining contact with birthsiblings on the overall well-being of their children. Educating the parents about the importance of the sibling connection played a major role in ensuring the children actually had postadoption contact. Third, the structured nature of the visits appeared to have the effect of reducing postvisit behavioral problems. The parents observed this effect on their children, particularly E, and were able to support a visit between the siblings. Finally, program staff played an advocacy role and intervened with DSS and other involved parties to express the wishes of the parents. By being effective advocates for the needs of the parents, program staff ensured that the parents felt their wishes were respected, and therefore were able to

agree to a visit. Without program staff members offering psychoeducation, support, and advocacy to the parents, the children would not likely have had opportunities to see one another and develop their relationships.

In this case, the benefits of the SK Program appear to outweigh any risks or problems. Previous sibling visits for these children had resulted in intense, unbeneficial physical contact, especially for E, the youngest child. E did express worry about seeing his brother, and reported not wanting to have a visit, which probably reflected the discomfort he felt in previous, less-supervised visits. According to his mother, E also experienced an increase in nightmares and difficulty in school when the prospect of a visit was mentioned. SK staff members were careful to involve the outpatient therapist and enlist her assistance in helping E deal with his anxiety over the visit. They were also receptive to pushing back the visit to allow E more time to prepare. While E was certainly anxious prior to the visit, it seems that the overall effect of having the visit was to reduce his anxiety. Ms. S noted that, while E was, "...very anxious before the visit he seemed more relaxed after the visit happened."

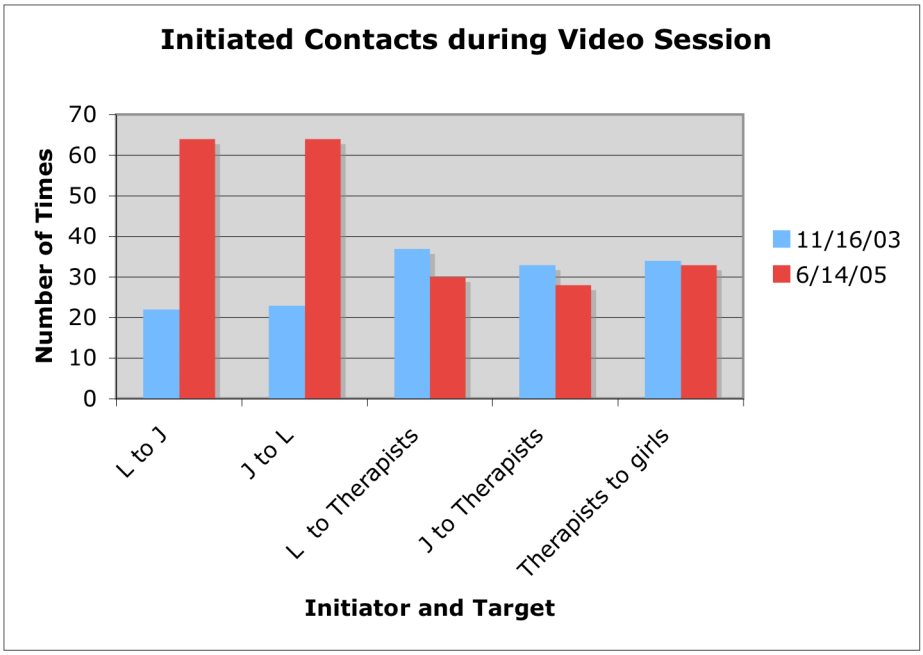
Summary of Case 2

The H sisters only lived with each other for one year before being removed from their parents' home and being sent to different placements. The girls had been having supervised visits with each other and their birthmother at CFFC since 1994. Nevertheless, when they began to have sibling visits, within the SK model, an observable shift occurred in their level of comfort, openness, and connection. From the time of the initial visits reviewed for this analysis, J was more difficult to engage, more passive, and more acquiescent to L's choices. She was rougher physically and verbally with L, and assumed a "bystander" role as L talked freely about herself, her mother, her interests, etc. J's attempts to engage her sister were less mature, i.e., throwing paper at her sister, or requesting help with a simple task.

L displayed some impatience with J's less mature attempts at engagement and at one point said "I'm not the teacher!" She was willing to speak up to the adults for both of them regarding contact through instant messaging when J dodged discussingthe activity. She was obviously more comfortable interacting with the clinicians than J was.

J was reluctant to be videotaped, and often kept a hood over her head throughout the visit and avoided facing the camera. She also at times sat sideways in her chair at the beginning of a visit and only gradually faced the others at the table. She did respond to efforts to engage her and was never disruptive and never left the table despite her apparent ambivalence/discomfort. Gradually, J became more engaged in visit activities. She talked to her sister directly, and although initially she was resistant to spontaneous touch from her sister, she eventually accepted it without a negative reaction. Over time, the sisters engaged directly with each other more (see Chart 1 below). J, who had asked for L's help in earlier visits, began to reach out to help L with an activity.

Chart 1



The last observed session showed many signs of the development that had occurred in the girls' relationship. J no longer wore a hood and faced the camera directly. She directed substantive comments to the clinicians as well as her sister, indicating a more relaxed and comfortable relationship with everyone. The girls strategized together to solve a problem and complete an activity. They took turns urging each other on when either one wanted to give up on the task. Their interactions carried a lot of laughter and freedom. At one point, L urged J on when she was in a difficult spot, and offered directions about how to proceed.

The relationship of the two adoptive mothers and the birthmother also developed over time in a way that promoted the girls' contact. Open discussion about the birthfamily, concerns about contact, boundaries, and struggles with each girl helped them to develop an understanding that led to increased support of each other.

The Sibling Kinnections program was designed to support safe and meaningful visitation among siblings separated by adoption, foster care, and residential placement. It is based on Pavao's model of "Brief Long-Term Therapy" and a family systems approach to work with the families. The aim is consistent with the literature about the intensity and lifelong importance of the sibling bond. The program itself requires significant commitment, time, and energy from both families and clinicians.

Benefits and Challenges

The children involved in the two cases reviewed showed evidence of developing meaningful relationships with their siblings.

Those relationships were more likely to be based on the reality of who each child was because of the way their interactions were guided and encouraged by the clinicians.

Sharing everyday information with each other about likes and dislikes, favorite activities and foods, and friends and school served to promote an understanding of each other based on fact rather than imagination.

The structure and boundaries of the visits created an environment where it was safe to talk about difficult topics or share memories if the children chose. Over time, some siblings shared memories of their birthfamily and processed them together. Certainly the environment of the visits made this kind of sharing safe.

The pre and postvisits added to the complexity of scheduling and were resisted by the teenage sisters in Case 2. Nevertheless, they provided an opportunity for each child to get to know the clinicians better, which helped to build trust and a sense of safety in the sibling visits.

The benefits of the sibling visitation may go beyond the sibling relationship. The structure and boundaries of the supervised visits and the guidance provided by clinicians on how to interact with others provide a model for relationships in general. The activities used in the session were designed to deepen the siblings' knowledge of each other as 'real' people and modeled ways to get to know peers and others; through direct talk as well as through actions. The clinicians' attention to and verbalization about interactions between siblings served as a model of how to put words to feelings and how to include considering others in one's interactions.

The SK program required intensive staff time and effort, thus making it costly to put into practice. While the children in both cases reviewed here showed clear evidence of benefiting from the program, it is possible that similar benefits may be achieved with a more efficient model, and CFFC is working on streamlining this model. For instance, psychoeducating participating parents may eliminate or reduce the need for postvisits after every sibling visit. Parents could also report to clinicians about postvisit conversations and behavior that offered clues to a child's response to the visit. This would not be first hand response of the child, but it might be useful in the streamlining of the process.

Other barriers to enacting the model can also be found in the case summaries above. These include a lack of commitment on the part of some parents; a complex and extended POD that encompasses families from different economic, social, or cultural backgrounds; POD families that live at considerable distance from one another or the agency; significant mental health problems in one or more of the siblings; and age-appropriate resistance of adolescents to structure and schedules.

Facilitators for enacting the model can also be found in the summaries of the above cases. Parents who have committed to an open adoption welcome the program's structure and the staff's roles as facilitators, mediators, and negotiators. The parents stated that they would have had great difficulty assuming these roles, especially when relationships with the birthfamily or with the state agency were strained. Parents who already had a history with the agency had an established, trusting relationship with the agency founding their appreciation of the program. Positive outcomes for the children also softened parents' resistance to visitation and persuaded them to continue with the structured visits. Other key facilitators were the skill, warmth, and commitment of the clinicians. Less-seasoned clinicians could be overwhelmed by the complexity of the needs and the presentation of families and children who had a difficult history and a restricted ability to put feelings into words.

Best practices in Sibling Visitation

The Sibling Kinnections model is a hybrid of sibling visitation and sibling therapy, and embodies elements of the best practice guidelines from both. Best practice guidelines advise that sustaining sibling ties is in the best interest of the siblings and those who parent them (Groza, Maschmeier, Jamison, & Piccola, 2003). Several small studies of open adoption and sibling visitation have found that almost all siblings were satisfied with their contact and wanted to maintain it, even when it was uncomfortable (Smith & Logan, 2004), and that most adoptive parents in open adoptions found sibling contact "very helpful" (Barth & Berry, 1988). Studies have also found that adoptive parents' attitudes toward openness are an important indicator of their willingness to support ongoing sibling relationships (Fratter, 1996; Neil, 2003).

The literature also suggests that there should be a stated procedure and timeline for sibling visits along with a designated coordinator for the visits (Groza et al., 2003; Kosonen, 1996). Detailed contracts are encouraged that specify the maximum time between visits (Case 1), the frequency of phone and unsupervised contact among siblings (Case 2), and plans for managing outside influences, such as contact with extended kin (Grotevant, 2000). Siblings should be told at each visit when and where they would see each other again (Groza et al., 2003).

Practitioners engaged in sibling therapy with children from a variety of situations propose that key elements of successful sibling therapy are a safe context – both environmental and therapeutic – and opportunities to promote expressing feelings by all of the siblings involved in the therapy (Hamlin & Timberlake, 1981; Ranieri & Pratt, 1978). The therapist engages in ongoing assessment of the sibling subsystem and its developmental issues, along with providing assistance to the system in setting boundaries, defining itself, and modifying sibling roles within the system. Sibling therapy can be used to promote individual identity and the accurate understanding of the birthfamily (Kosonen, 1994, 1996).

The therapist in sibling therapy must be a juggler and a multitasker able to tolerate chaos and noise while at the same time securing boundaries and rules for interactions. The sessions for children in out-of-home care need to be focused and circumscribed to meet the needs of the individual children as well as the sibling system (Lewis, 1995). The successful sibling therapist must be able to decipher the messages of sibling interactions, understand the stage of development of the sibling group, and manage the context and flow of the session (Lewis, 1995).

Although no time line was established visits for either of the cases reviewed here, a clear procedure existed for the structure of the visits from beginning to end. Flexibility within this structure varied depending on the needs of the particular sibling group. While the families involved in these cases did sign contracts regarding their participation in the program, the contracts did not specify explicit dates for visitations or the rules for out-of-session contact between/among the siblings. These issues were, however, openly discussed and informally agreed upon in Case 2. It may have been advantageous for the children in Case 1 to be told when they would see each other again before their good-byes. (Decided because the older sibling was in residential and had many hospitalizations). This may have promoted the connection among them, and reduced any anxiety or uncertainty they felt about the timing of future visits.

The clinicians involved in the sibling visitations embodied the qualities described in the literature as crucial for sibling therapists (Lewis, 1995). They juggled and multitasked, while always keeping their clinical eyes on the needs of each child. Their sensitivity to the emotional as well as the physical environment of the visits promoted safety and sharing that might not otherwise have happened.

Child welfare practice has changed dramatically in the last half century. The practice of open adoption has replaced more archaic and secretive adoption practices. In addition, the children available for adoption today tend to be older and to have lived at least some years with their birthfamily. Thus they are more likely to have some connection to birthsiblings clearly crucial to maintain. The Sibling Kinnections Program offers child welfare professionals a model for maintaining, supporting, and enriching sibling relationships for those children who no longer live together.

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References

Barth, R.P., & Berry, M. (1988). *Adoption and Disruption: Rates, risks, and responses*. New York: Aldine De Gruyer.

Bodie, Y. (2001). The epidemic of sibling losses. *Fostering Families Today*. pp. 44-45.

Brodzinsky, D., & Brodzinsky, A. (1992). The impact of family structure on the adjustment of adopted children. *Child Welfare, 71*, 69-76.

Bowlby, J. (1980). *Loss (Vol. 3)*. New York: Harper Collins.

Delaney, R., & Kunstal, F. (1993). *Troubled Transplant*. U.S.A.: University of Southern Maine.

Elstein, S.G. (1999). Making decisions about siblings in the child welfare system. *Practice: Helping Lawyers Help Kids.*

Erikson, E. (1964). *Insight and Responsibility*. New York: Norton.

Fahlberg, V. (1991). *A Child's Journey through Placement*. Indianapolis: Perspective Press.

Fratter, J. (1996). *Adoption with contact: Implications for policy and practice*. London: British Agencies for Adoption and Fostering.

Grotevant, H.D. (2000). Openness in adoption: Research with the adoption kinship network. *Adoption Quarterly*.

Groza, V., Maschmeier, C., Jamison, C., & Piccola, T. (2003). Siblings and out-of-home placement: Best practices. *The Journal of Contemporary Human Services*.

Hamlin, E.R., & Timberlake, E.M. (1981). Sibling group treatment. *Clinical Social Work Journal*.

Hornby, H. (1986). Why adoptions disrupt…and what agencies can do to prevent it. *Children Today*.

Jarrett, C. (1978). *Adopting the Older Child*. Boston: Harvard Common Press.

Keck, G., & Kupecky, R. (1995). *Adopting the Hurt Child*. Colorado Springs: Piñon Press.

Kosonen, M. (1994). Sibling relationships for children in the care system. *Adoption and Fostering*.

Kosonen, M. (1996). Maintaining sibling relationships; Neglected dimension in child care practice. *British Journal of Social Work*.

Lewis, K.G. (1995). Sibling therapy: One step in breaking the cycle in recidivism in foster care. In Combrinck-Graham, L. (Ed.), *Children in Families at Risk: Maintaining the Connections*. New York: Guilford.

Mahler, M. (1979). *The Selected Writings of M. Mahler, M.D. (Vol. I).* New York: Jason Aronson.

Melina, L., & Roszia, S. (1993). *The Open Adoption Experience.* New York: Harper Collins.

Nickman, S. (1995). Losses in adoption: The need for dialogue. *Psychoanalytic Study of the Child, 40*, 365-398.

Patton, W.W., & Latz, S. (1994). Severing Hansel from Gretel: An analysis of siblings' association rights. *University of Miami Law Review, 48*, 745-808.

Pavao, J.M. (1998, 2005). *The Family of Adoption*. Boston: Beacon Press.

Phillips, N. (1999, January). Adoption of a sibling: Reactions of biological children at different stages of development. *American Journal of Orthopsychiatry, 69*, 122-126.

Ranieri, R., & Pratt, T.C. (1978). Sibling therapy. *Social Work*.

Robinson, G. (1998). *Older Child Adoption*. New York: The Crossroads Publishing Company.

Smith, C., & Logan, J. (2004). *After Adoption: Direct contact and Relationships*. London: Routledge.

Staff, I., & Fein, E. (1992). Together or separate: A study of siblings in foster care. *Child*

Welfare, 71(3), 257-270.
Verrier, N. (1976). *The Primal Wound*. Baltimore: Gateway Press.
Voice For America. (2000). *Report for the December 4, 2000 Conference on Post-Adoption Services in Washington, D.C.,* sponsored by Annie E. Casey Foundation and Casey Family Services.
Yin, R. (2003). *Case study research: Design and methods*. Thousand Oaks, CA: Sage.