NATIONAL CENTER FOR ENHANCED
Post-Adoption Support

POST-PERMANENCY MODEL

Program Manual

SEPTEMBER 2025

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INTRODUCTION

"**Permanency** is about safety and connectedness. Attaining it involves a lifelong journey, especially for children and youth who have experienced **trauma** and loss. Their journey doesn't end when permanency is achieved. Adopting and serving as guardians for children and youth involves taking them by the hand, recognizing that they have been through a lot, and guiding them through the rest of their lives. When families commit to this journey, obtaining all of the support, education, and services that they need is important. Child welfare systems have to do everything in their power to help adults, children, and youth."

— Person with lived expertise in foster care

DEFINITIONS

Permanency = A permanent, stable living situation for a child; legal permanency options for children in foster care include reunification with birth parent(s), placement with kin, adoption, and guardianship; for purposes of the Program Manual, permanency refers to adoption and guardianship

Trauma = Negative experiences that cause significant and lasting stress reactions, including affecting a child's development

The Post-Adoption Center

Overview of the Post-Adoption Center

The National Center for Enhanced Post-Adoption Support (the Post-Adoption Center) is a hub for universal and on-site technical assistance and other resources to build the capacity of states, tribal nations, and territories (sites) to develop, implement, and sustain comprehensive, **community-responsive,** and accessible **post-permanency services**

Funded by the Children's Bureau, an office of the Administration for Children and Families within the United States Department of Health and Human Services, the Post-Adoption Center is led by Spaulding for Children in partnership with Child Trends, Harmony Family Center, the National Adoption Association, Raise the Future, and the Center for Adoption Support and Education.

The Post-Adoption Center provides access to various resources that will enable sites to provide practical, culturally responsive services to adoptive and guardianship families. Services provided by the Post-Adoption Center are free of charge, collaborative, and driven by community engagement. They include:

- **Comprehensive resource library** — Child welfare professionals can access tools, documents, tip sheets, articles, podcasts, and other materials about post-permanency services to enhance their programming.
- **Universal technical assistance** — Child welfare personnel have access to peer groups, quarterly center chats, webinars, and individualized assistance to help them find resources and specific information related to post-permanency services, such as information about another site's programming.
- **On-site technical assistance** — Sites can partner to receive support from the Post-Adoption Center to enhance their post-permanency support services by implementing the post-permanency program model outlined in this manual.

Resource Link

The Post-Adoption Center

DEFINITIONS

Community-responsive Understanding, recognizing, affirming, and valuing the full range of diversity in individuals and groups; requires transforming systems and practices to be culturally safe, inclusive, and effective for diverse populations; is based on knowledge, self-knowledge, behavior, and action

Post-Permanency = Any time after the finalization of an adoption or guardianship

On-Site Technical Assistance

Every year during the five-year project (project started October 2023), the Post-Adoption Center will identify five sites to provide with on-site technical assistance. The assistance provided by the Post-Adoption Center will help sites create a post-permanency program to support adoptive and guardianship families who are having difficulties. The program includes the following eight components:

1. Pre-permanency supports
2. Comprehensive assessment
3. Counseling services
4. 24-hour telephone support
5. Crisis intervention
6. Educational advocacy
7. Support groups
8. Respite care

The technical assistance will also help sites ensure that these post-permanency programs are built on a strong framework— one that includes a foundation of **adoption competency** and five key pillars:

1. Are available and accessible
2. Engage families over time
3. Focused on child-parent relationships
4. Able to assess family outcomes
5. Are community responsive

To accomplish these goals, the Post-Adoption Center's technical assistance team will support each site to conduct a post-permanency program assessment. The assessment will identify which services are already in place and which services need to be added to the post-permanency program. It will also identify if the foundation or pillars need to be enhanced. Post-Adoption Center team members will then partner with the site to help them implement changes and develop a sustainability plan. Each site will receive funding to cover some of the costs associated with this work.

DEFINITION

Adoption Competency = Has a deep understanding of the lifelong nature of adoption and guardianship, the core issues of adoption (loss, rejection, guilt/shame, grief, intimacy, control/mastery, and identity) and how they affect children and families, and the normative challenges that can influence identity, family relationships, and psychological adjustment; understands that challenging behaviors are often manifestations of an array of biological and experiential risk factors that pre-date placement; offers family-based, attachment-focused, trauma-informed, and strengths-based supports

Purpose of the Manual

This manual describes the post-permanency program the Post-Adoption Center is hoping that all sites will implement to support adoptive and guardianship families who have more serious needs. The manual:

- Shares information about why adoptive and guardianship families need additional support
- Explores how the post-permanency program model is part of a site's full array of post-permanency support services
- Identifies fundamental aspects of an effective post-permanency program
- Explores each program component in detail, including offering site examples so that readers can see what the component looks like in action
- Outlines how the post-permanency program model functions as a one-stop shop of coordinated services for families with more intensive needs

Overall, the manual is designed to help sites fully understand what the Post-Adoption Center's post-permanency program model entails so that they can compare it to their system and identify where they can make enhancements. For sites (states, territories, and tribal nations) seeking to address fundamentals or to add or modify program components, the manual also offers suggestions about changes they can implement.

The Post-Adoption Center will also use this manual to guide its on-site technical assistance with sites—to move sites closer to offering an effective, comprehensive post-permanency program for adoptive and guardianship families who are struggling.

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THE IMPORTANCE OF POST-PERMANENCY SUPPORT

Needs of Children and Families Who Have Obtained Permanency Through Adoption or Guardianship

In thinking about the needs of children and families in adoption and guardianship, it is critical to keep two factors in mind:

1. The events that children experience before moving into the adoptive parent or guardian's home can affect their integration into a new family and their ongoing functioning.
2. The transformative nature of adoption or guardianship profoundly affects the lives of both children and parents.

Children in Adoptive and Guardianship Families Often Have Significant Needs

Children who are adopted or placed in guardianship have often endured adverse or traumatic experiences as well as a number of layered losses. The seminal study on adverse childhood experiences (Felitti et al., 1998) revealed a significant correlation between early adverse experiences and challenges to individuals' health and well-being, even into adulthood. Children adopted from the child welfare system, as well as from institutional settings, typically have a history of maltreatment, adversity, and inconsistent caregiving. Hartinger-Saunders and colleagues (2019) reported that 70 percent of children and teens in foster care have experienced at least two, if not more, traumatic situations.

Research has consistently shown that children in adoptive and foster families have increased needs, often due to this history of trauma and loss. For example:

- Penner (2023) noted that children in foster care or who were adopted have more emotional and behavioral disorders than their peers, and their families are three times more likely to seek clinical support than families of children by birth.
- In their national survey of adoptive families, Vandivere and colleagues (2009) found that 39 percent of adopted children had special health care needs (compared to 19 percent of the general population), with 26 percent of those needs being moderate or severe.
- Bramlett and colleagues (2007) reported that special health care needs, moderate or severe health problems, learning disabilities, developmental delays or physical impairment, and mental health difficulties are disproportionately high among adopted children.
- In a survey of 4,200 adoptive parents, Hanlon (2022) found that almost 40 percent of adopted children had an educational accommodation, including almost 60 percent of those adopted from foster care and almost half of those adopted from another country.

While adoption and guardianship can offer tremendous opportunities for safety, stability, and permanency, by their very nature, they also present specific complexities that often result in a need for ongoing support. As Brodzinsky and colleagues (2022) explained, the experience of adoption itself, due to the primacy of this significant loss and identity shift, can be for some adopted people "a destabilizing, and at times, traumatic experience." Roszia and Maxon (2019) identified seven core issues that affect all members of the adoption constellation:

- Loss
- Rejection
- Shame and guilt
- Grief
- Identity
- Intimacy
- Mastery/control

They noted that these issues present specific challenges for adoptive and kinship family members throughout their lives, which may necessitate specialized post-permanency support.

Neurodevelopmental Sensitivity and the Neurosequential Model of Therapeutics (NMT) Approach in Post-Permanency Services

Given the effects of trauma, loss, and attachment breaks outlined above, post-permanency support services should be anchored in a strong understanding of the neurodevelopmental impact of trauma and attachment breaches. Key elements of understanding include:

- Brain organization
- Neurodevelopment
- Sequence of engagement

The Neurosequential Model of Therapeutics (NMT) can be a useful guide to taking a neurodevelopmentally sensitive approach to supporting adoptive and guardianship families. NMT focuses on six Rs. These principles can be embedded into a post-permanency program:

Relational (safe)

- Family focus
- Appropriate training
- Consistent staff and services

Relevant (developmentally matched)

- Understand lagging skills
- Expectations—in services and parent psychoeducation
- Right treatment at the right time

Repetitive (neurons that fire together, wire together)

- Predictability
- Multiple opportunities for building relationships and skills

Rewarding (pleasurable)

- Match services to needs
- Connection over direction

Rhythmic (resonant with neural patterns)

- Focus on regulation
- Somatic and other bottom-up approaches

Respectful (of child, family, and culture)

- Race, culture, identity intersection
- Family focused—respecting needs and accepting ambivalence

Resource Link

NMT | NMnetwork

Adoptive and Guardianship Families May Experience Difficulties that Require Them to Seek Assistance and Support

Often due to the challenges noted above, the adoption experience can be isolating and stressful. Barrett and colleagues (2021) found that adoptive parents often feel judged by their friends, neighbors, and strangers with respect to their children's behaviors or their parenting. Moyer and Goldberg (2017) found that

> ***"...children's unanticipated characteristics seemed to exacerbate [parents'] need for support, especially when their children had unexpected behavioural needs."***

Smith (2014) found that, for about 20 to 30 percent of adoptive families, these challenges are quite serious. In fact, in a recent study of contact after adoption or guardianship, Rolock and colleagues (2022a) reported that 5 to 20 percent of families may experience **post–adoption and guardianship instability** where the children no longer live with their family. Goodwin and Madden (2020) found the following characteristics to be associated with increased risk for adoption instability:

- Advanced age of the child at placement
- Children's increased emotional and behavioral issues
- A higher number of previous placements
- Inflexible parenting
- Parents who are less willing to seek and accept help

These difficulties are not resolved quickly. Research suggests that adoptive and guardianship families face challenges for the longer term. For example:

- Waid and Alewine (2018) report, "The need for...post-adoption support services appears to increase over time, particularly for caregivers whose permanency commitments have been weakened by attachment and behavioral related difficulties."
- Rolock and colleagues (2022b) explained, "Many families struggle to adjust to children's emotions and behaviors long after adoptions and guardianships are finalized."
- Rolock (2014) found that ten years after adoption or guardianship, children had a 13 percent chance of reentry into foster care.

DEFINITION

Adoption or Guardianship Instability = When children who were adopted or placed in guardianship are not living with their adoptive parents or guardians for significant periods of time; instability may be formal (when a child re-enters foster care) or informal (when a child lives temporarily with another family member); does not include vacations or similar short-term absences from home

When these difficulties are not addressed, they can result in **discontinuity**, which can have a large impact on child and family well-being as well as taxing systems and communities.

Comprehensive, Adoption-Competent Services Can Improve Outcomes

The good news is that robust, adoption-competent post-permanency services can be effective in addressing these challenges. Many studies on post-adoption services have shown that families are positively affected by appropriate, competent, and specialized services:

- Waid and Alewine (2018) noted, "Families who are able to access mental and behavioral health care, engage in adoption education, advocacy, and caregiver support groups fare better than families who cannot access these services during the post-adoption period (Hartinger-Saunders, Troteaud, & Johnson 2015)."
- Ryan and colleagues (2009) reported that post-adoption services have led to fewer adjustment problems, fewer **disruptions**, higher family functioning, and fewer child emotional and behavioral problems.
- Liao (2016) cited research that found post-adoption services have reduced children's behavior problems and placement instability and have increased family cohesion and parent satisfaction.
- In her review of post-adoption research, Penner (2023) noted that several studies showed positive outcomes in increasing placement stability and in improving children's behaviors. She went on to cite other studies that found a correlation between service length and positive outcomes, notably in staying together as a family and resolving family challenges.

These studies make it clear that there is a need for comprehensive post-permanency services to address the challenges that children, adoptive parents, and guardians may encounter.

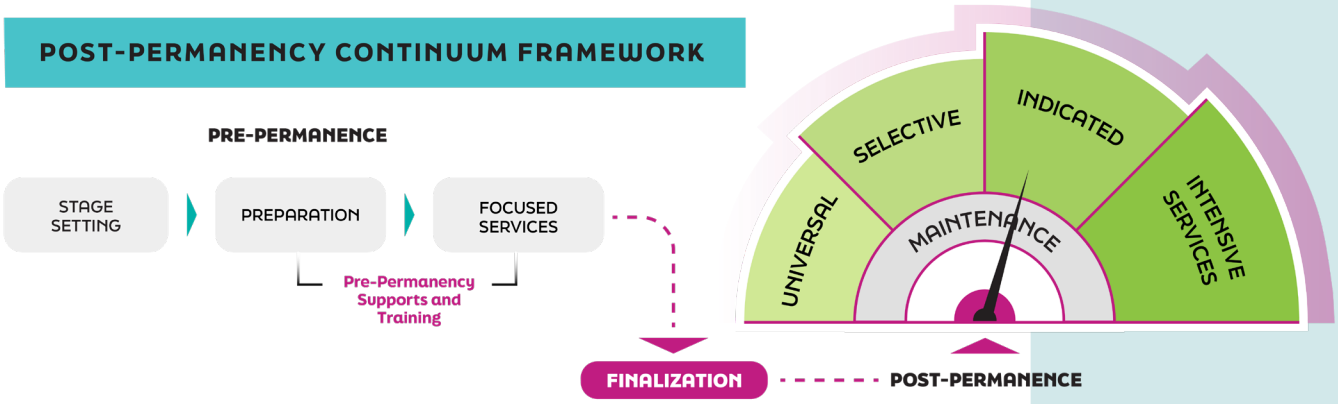
DEFINITIONS

Discontinuity = Instability that occurs after an adoption or guardianship has been finalized—does not mean the child has come back into the child welfare system and does not always constitute a negative occurrence. For example, discontinuity may be a child that is living with a relative of the adoptive parent or guardian for a period of time.

Disruption = The permanent ending of an adoption or guardianship after placement and before finalization.

Need for a Comprehensive Post-Permanency Program

Adoptive and guardianship families' particular needs vary greatly based on their unique circumstances, with an individual family's needs often changing over time. As a result, it is important that child welfare systems offer a comprehensive array of services that vary in intensity, frequency, and type. As shown in the Post-Permanency Continuum Framework graphic, sites must first prepare families and children and ensure that they know what to anticipate, recognizing that adoption and guardianship are lifelong processes that change the entire family system. During the pre-finalization time, sites should help families understand that they will likely need support in the future and can help them know where and how to access services.



After finalization, families benefit from services that include a mix of proactive services that prevent challenges from becoming overwhelming to families, along with services to address serious concerns and crises. Sites should offer post-finalization services in all of the intervals identified in the Post-Permanency Continuum Framework:

- **Universal services** are broad in nature and include preventive services offered to all families. These services are not usually tailored to individual families or children but instead offer general information and support that can be beneficial to many families. In this interval, sites should offer services such as outreach, connections to post-permanency supports, phone or email support, online or written resources, training, support groups, and family activities.

- **Selective supports** are also preventive in nature but focus on families who have characteristics at the time of finalization that put them at an increased risk for post-permanency discontinuity. This could include children who had multiple placements before permanency, children placed at an older age, families who adopt or take guardianship of sibling groups, etc. With selective services, sites proactively reach out to the families to offer support before there is a known service need. In this interval, sites can offer focused outreach for children such as buddy or mentoring programs that address particular needs families may share or educational or support programs for teens.
- **Indicated services** are designed for families who are starting to have some needs and are reaching out for help. Families in this interval are not yet in crisis but are needing services that are individualized by type, level, and intensity, depending on the child's and family's specific needs. Sites should provide services in this interval such as those outlined in the Post-Adoption Center's post-permanency program, including assessment, counseling, support groups, educational advocacy, and respite care.
- **Intensive services** are geared toward families who are at imminent risk of crisis or are in crisis. These services also are tailored to the family's unique needs. Sites should offer services such as the 24-hour telephone support, crisis intervention, and counseling services described in the post-permanency program model to help families with these more intensive needs.

The post-permanency program model discussed in this manual is geared toward families whose needs fall into the indicated and intensive intervals. It is critical, however, that sites offer services in all of the intervals, providing a full array of supports to meet children's and families' individual needs. Offering supportive services before problems arise can help families avoid more significant challenges and crises.

Working with Community-Based Supports

Even with a comprehensive array of post-permanency services, the child welfare agency can't meet every need that an adoptive or guardianship family has. In addition to developing their own network of support, families will often need support from community-based or other public services, especially supports related to their children's mental and behavioral health, physical health, and educational needs. Families will need to be connected to services in the community that can continue to provide ongoing support to the children and families as needed. As a result, it is critical for post-permanency programs to not only serve children and families directly but also to help connect them with community supports. Post-permanency programs should:

- Collaborate with community providers
- Connect families with community services
- Provide funding for services not available in the post-permanency program
- Provide training to community providers to enhance their understanding of the needs of adoptive and guardianship families

Collaborate with Providers

The first step to enhancing families' access to services in the community is to build relationships with community agencies and systems. Post-permanency programs can:

- Meet regularly with the public agencies that oversee or provide health, mental health, behavioral health, child care, and educational supports in order to learn more about services, determine how to help families access services, and share information about the specific needs of adoptive and guardianship families; such meetings can also enable staff to talk about how to coordinate when families are served by multiple entities and to discuss if there are ways to increase the accessibility of services that are not readily available.
- Connect with community service providers; by conducting outreach to various community-based providers, sites can learn about services, educate the provider community about the unique needs of families post permanency, and identify programs in which children and families could benefit from participating.

- Establish relationships with emergency and crisis support services to talk about the impact of trauma and the over-representation of children in adoption and guardianship in such services; staff can brainstorm ways to overcome barriers to the successful use of crisis services and gather information to share with families about how to access services. By partnering with and educating emergency responders, post-permanency staff can reduce the risks of harm to children and families when emergencies happen.
- Organize community collaborations that bring together the systems most affected by children in the child welfare system (such as schools, community mental health programs, Medicaid medical providers, and juvenile justice systems) to coordinate on system provision and collaborate on individual cases.

Connect Families with Community Services

Post-permanency programs fulfill an important role by referring families to other services that have been effective for adoptive and guardianship families and helping families navigate often complicated systems. Post-permanency programs can help families connect by performing the following tasks:

- Work with families to identify their specific needs and determine which community-based or public-agency services or benefits are best able to meet their needs.
- Help families advocate for services to fill gaps and overcome barriers when services aren't readily available or accessible.
- Develop and regularly update and disseminate lists of the mental or behavioral health providers, doctors and other medical providers, educational support organizations, public services, child care or recreational programs, etc., that are best equipped to respond to the needs of children and their adoptive and guardianship families.
- Provide guidance and support about how to navigate various systems of care or to access other support or benefit programs, paying special attention to providers and services that accept Medicaid and other insurance that families may have.
- Connect families with each other through **virtual** or in-person support groups or other programs so families can learn about which services have worked best for others.

DEFINITION

Virtual = The provision of services such as support groups and training through telecommunications technology, most often through video calls

Provide Funding for Services Not Available in the Post-Permanency Program

In some cases, sites can provide material supports to make services accessible to families who can't afford the services they find. Options include:

- Funding services such as tutoring, specialized day-care, and residential treatment through the adoption or guardian subsidy or assistance program
- Offering funding for specific services; Oklahoma's voucher program, for example, gives approved families funding to cover the costs of respite care
- Providing a pool of funding to meet families' individual needs that are not part of the post-permanency services offered; the Ohio PASSS program provides up to $10,000 per adopted child with special needs per year to help cover the costs associated with specialized services, resources, and more
- Filling gaps when insurance does not fully cover mental health or other services; in Minnesota, for example, the HELP program assists families to cover the cost of therapy with permanency-competent providers

Resource Links

Oklahoma's Voucher Program

Ohio's PASSS Program

Minnesota's HELP Program

Provide Training to Community Providers

Post-permanency programs can also help ensure that adoptive and guardianship families are most effectively served by helping to inform the broader service community about the specific needs of adoptive and guardianship families. As Brodzinsky (2013) explained:

> ***"One of [adoptive parents', adoptees', and birth relatives'] most frequent complaints is their inability to find mental health care and ancillary service professionals who are adoption-competent — that is, who understand the unique issues associated with their histories and current lives...."***

To address this need, post-permanency programs can:

- Offer training and other information for community-based providers on the core issues in adoption and guardianship, how these issues affect children and their adoptive and guardianship families, and how the providers may have to adapt the services they offer

- Provide specific consultation to providers to help them understand and address adoption-and guardianship-specific issues facing children and families receiving their services
- Share resources with providers that educate them on adoption and guardianship such as the resources for educators developed by Families Rising and the National Quality Improvement Center for Adoption and Guardianship Preservation and Support
- Connect with the National Center for Adoption Competent Mental Health Services to learn more about its services to build the adoption competency of mental health practitioners and for strong alliances with the mental health community

Post-permanency programs are most effective when they provide services tailored to the specific needs of adoptive and guardianship families while also connecting them with services and supports in the community so that they can continue to receive services in the future.

Resource Links

Families Rising

National Quality Improvement Center for Adoption and Guardianship Preservation and Support

National Center for Adoption Competent Mental Health Services

3

POST-PERMANENCY PROGRAM MODEL

Overview of the Model

The post-permanency program model is designed to help states, tribal nations, and territories implement a comprehensive program providing adoption-competent and community-responsive supports that address the unique needs of adoption and guardianship families. The program is designed to serve all types of adoptive families (foster care, intercountry, and private domestic) and guardianship families. It is especially intended to support families who are having difficulties that fall into the indicated or intensive interval described previously in the post-permanency continuum framework. All of the supports are designed to enhance the parent-child relationship and to encourage parenting that responds to the specific needs of children and teens who have experienced trauma and loss.

The program includes eight components:

- A variety of **pre-permanency supports** which are offered before finalization to build parents' capacity to care for their children
- **Comprehensive assessment** of the strengths and needs of the entire adoptive or guardianship family, along with the development of individualized family-based treatment plans
- **Counseling services** that address each family's specific challenges and build on their strengths
- Access to **24-hour telephone support** from professionals who can provide emotional support, de-escalation, and crisis referrals
- More intensive, ongoing **crisis intervention** support for families at greater risk for placement instability
- **Educational advocacy** to address school-related challenges facing children and teens
- Adoption and guardianship-specific **support groups** where parents, children, and teens make connection with others with the same lived experience
- **Respite care** for stress reduction and resiliency

The program model creates a "one-stop shop" for support—a comprehensive adoption-competent array of services designed to work together. Providing effective, adoption-competent, community-responsive services ensures that families are not retraumatized by professionals and systems that do not understand the needs and dynamics of adoption and guardianship families.

The ultimate goal of the post-permanency program is to increase the stability and well-being of adoptive and guardianship families in the following areas:

Increased family stability	Increased child and family well-being
– Improved parent-child attachment – Improved family relationships – Fewer foster care entries or re-entries – Less discontinuity – Fewer out-of-home placements – Fewer children running away – Fewer children leaving home before adulthood – Increased family reunification when instability occurs	– Parents better able to meet their children's needs – Children with improved behaviors or reduced challenges – Improved parent and child mental health – Increased parent and child satisfaction with adoption and guardianship – Strong, long-term parent-child relationship regardless of whether child and parents live together

Theory of Change and Logic Model

Overview

A theory of change is:

- A description of a problem that a particular population is experiencing
- The assumed causes of that problem
- How the problem could effectively be addressed
- The outcomes that will likely occur if the problem is addressed in this way

The theory of change guides the development of the logic model—a document, typically presented in a graphic format, that depicts what a service provider will do to address the problem and the specific outcomes that are expected to result.

The post-permanency program model's theory of change and corresponding logic model can guide sites in understanding how to strengthen their overall post-permanency systems and are also useful for **continuous quality improvement** (CQI) and outcome evaluation.

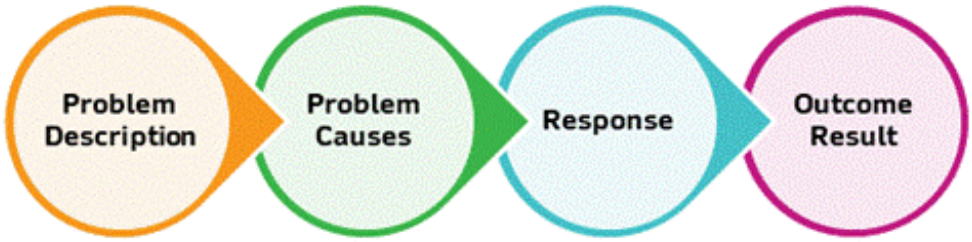
As sites implement the post-permanency program model, they should carry out CQI—that is, regularly review whether any inputs are missing, any activities are not being carried out as intended, specific outputs are not occurring as anticipated (for example, families do not participate in a certain activity), and if outcomes are not changing as expected. Sites will also need to carefully explore why something is not occurring as planned. If an activity is not happening as intended, perhaps the program staff need technical assistance to understand how to implement it. If an anticipated output is not observed, perhaps the corresponding activity needs to be modified or changed to better align with the assumptions in the theory of change regarding how change can occur. Or perhaps the activity is aligned with the assumptions in the theory of change, but the assumptions were inaccurate and need to be adjusted. In this case, the activities can then be changed accordingly.

DEFINITION

Continuous Quality Improvement = An ongoing process of collecting and analyzing data to better understand and enhance services provided

After initial CQI, when the post-permanency program model is stable and the logic model and theory of change have been modified as needed, sites should consider carrying out an outcome evaluation. An outcome evaluation is useful to determine whether the model is effective for an entire population. Longer-term outcomes can be examined. Ideally, much of the same data collected over time for CQI can also be used in the evaluation.

Theory of Change for the Post-Permanency Program Model



PROBLEM DESCRIPTION AND CAUSES

Adoption and guardianship are intended to support the long-term well-being of children who, for a variety of reasons, cannot or do not live with their birth parents. Due to the trauma, loss, and grief that the children have experienced, adoptive and guardianship families can struggle at times to meet their children's needs. Parents may become overwhelmed by children's needs. Children may never feel fully integrated into the family. Relationships among family members can become strained or unhealthy. These challenges can lead to decreased well-being, temporary instability, or even permanent **dissolution** of adoption or guardianship families. Such disconnections traumatize both children and their families.

RESPONSE

To address the complex array of post-permanency challenges that can threaten child and family well-being and family stability, the Post-Adoption Center designed a post-permanency program model with eight components. The model is designed based on the assumptions that parents and children will do better if:

- Parents have more information about the impact of trauma and loss
- Parents have guidance about how use trauma-responsive parenting

DEFINITION

Dissolution = The permanent ending of an adoption or guardianship after legal finalization

- Parents have support to make it through the challenging times
- Children and parents feel more connected to their peers, their community, and each other

Another key assumption is that post-permanency instability occurs due to parents' inability to address challenges that are unique to, or disproportionately high among, the adoptive and guardianship population.

OUTCOME RESULT

When fully implemented and sustained as outlined in this manual, the post-permanency program model will increase the stability and well-being of adoptive and guardianship families. Evidence indicates that post-permanency programs that provide comprehensive support improve family stability and well-being and decrease the risk of adoption and guardianship instability. For example:

- According to White and colleagues (2021), support programs can "reduce child behavior difficulties, mitigate caregiver stress or strain, and can increase nurturing and attachment in the family." They note that in-home services and other intensive programs can successfully address children's behaviors, parental stress, and family attachment. Increased parental knowledge and skills gained through post-permanency services can also help families persevere and improve placement outcomes.
- Studies of several states' comprehensive post-permanency service and support systems provide promising evidence for improving outcomes. Vandivere and colleagues (2020) found that Tennessee's provision of a tailored, flexible, in-home approach to addressing intensive needs improved the agency's ability to meet families' needs. Families found the services beneficial as well. According to research by Zosky and colleagues (2005), Illinois's adoption and guardianship preservation program helps parents understand their children better, cope with children's challenges, reduce children's negative behaviors, and—ultimately—keep the placement intact.

Logic Model for the Post-Permanency Program Model

A theory of change describes the problem of interest (for example, post-permanency instability), the theory behind why it occurs, how a program or initiative works and why it is expected to lead to desired changes. A logic model is a roadmap to the program or initiative based on the theory of change. Logic models illustrate the links between program activities, outputs, and outcomes. Program providers and researchers can use them to guide program implementation and to inform what data need to be collected and tracked for purposes of continuous quality improvement and/or evaluation.

KEY COMPONENTS OF ALL LOGIC MODELS INCLUDE:

- **Inputs** — Relevant resources available to implement and intervention or program
- **Activities** — What the intervention does
- **Outputs** — Direct results of the activities, such as number of families participating in program activities
- **Outcomes** — Specific anticipated short-, medium-, and long-term results

See *Appendix 1: Framework for the Post-Permanency Program Logic Model*. This table presents a logic model for the post-permanency program model that shows how activities carried out in conjunction with each component of the model are intended to result in a set of outputs and short- and medium- term outcomes. All components of the model should be implemented to achieve the long-term outcomes shown on the right side of the logic model.

Post-Permanency Program Model

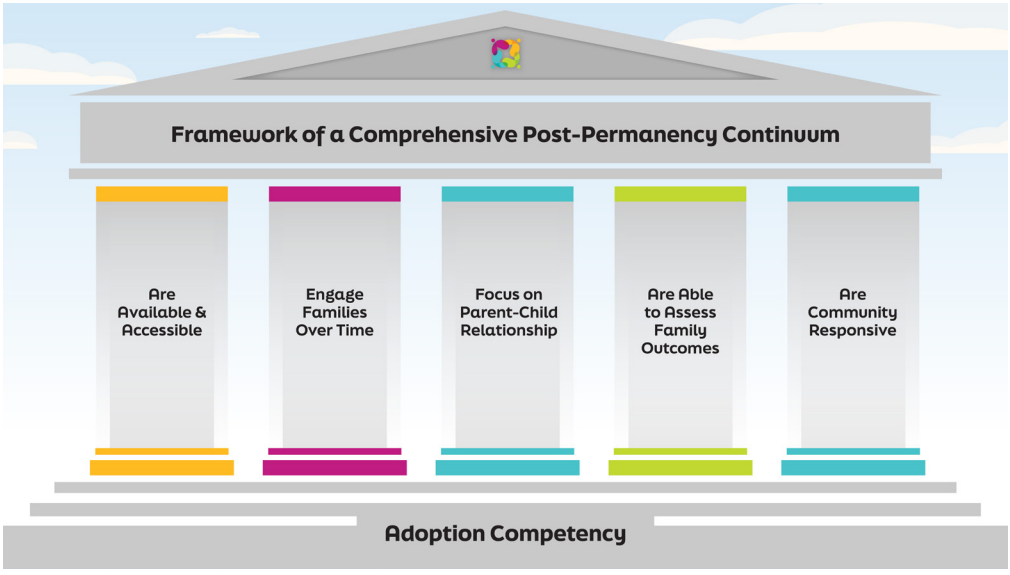
To be effective, the post-permanency model must be built on a solid foundation of adoption competency and include five core pillars:

1. Are available and accessible
2. Engage families over time
3. Focused on child-parent relationships
4. Able to assess family outcomes
5. Are community-responsive

The foundation and pillars are fundamental to the entire post-permanency program and must be addressed overall as well as in each of the eight program components.

Adoption Competency as the Foundation

Adoption competency is a comprehensive set of knowledge, values, and skill competencies embedded in evidence-informed professional practices that are more responsive to and effective with adoptive families. These practices are also appropriate and more responsive to the needs of other types of families formed in ways that differ from birth within a nuclear family (such as kinship or guardianship families). Use of the term “adoption competency” arises from the fact that the body of knowledge established to date has been rooted historically in research and practice with adoptive families.



That research and insights from practice over more than two decades have revealed the presence and psychological impacts of the seven core issues in adoption outlined earlier. This research made clear that family formation through adoption brings with it normative challenges that can influence identity, family relationships, and psychological adjustment. The importance of attachment-focused, **trauma-informed** approaches became clearer with increasing numbers of children entering adoption with compromised beginnings, including from foster care and from orphanages in other countries.

Unfortunately, many mental health and other service providers do not have the information they need to be adoption competent:

- Brodzinsky (2013) reported that most clinicians do not get trained on adoption issues and emphasized that "meeting the needs of individuals and families touched by adoption also requires specialized training in assessment, diagnosis, and intervention."
- Stevens (2011) reported on a survey of 1,100 adoptive families from across the U.S. and Canada in which 39 percent expressed providers' lack of knowledge about adoption as a barrier to accessing needed support. The number one advocacy issue identified by the parent respondents was for adoption-competency training for professionals.
- Wilson and colleagues (2019) reported on two surveys by the Center for Adoption Support and Education which found that 25 percent of adoptive parent respondents said their therapist had a lack of knowledge about trauma, attachment, loss, adoption language, or any real understanding of adoption.

Adoption-competent practice reflects a deep understanding of the nature of adoption (and guardianship) as a form of family formation. The Post-Adoption Center recommends that sites ensure that all staff working with adoptive and guardianship families have a foundational understanding of the following:

- Adoption or guardianship is not a one-time event but a lifelong process with intergenerational impact.
- Family formation by adoption or guardianship differs from formation through birth and involves normative challenges that can influence identity, family relationships, and psychological adjustment.
- Core issues of adoption are present and can affect members of the entire family's network (that is, the child or teen, members of the birth, foster, and adoptive families, relatives, and others important to them) in different ways at different stages.

DEFINITION

Trauma Informed / Trauma Responsive
= Acknowledges the significant, often lifelong impact of trauma on a child or family, recognizes and addresses the reasons behind behaviors and challenges, shares information about trauma with all staff members and integrates information about trauma into all aspects of care, and works to prevent re-traumatization

- Adoptive parents and guardians have a critical role in facilitating the child's adjustment and healthy identity formation by establishing communicative openness related to adoption.
- Professional approaches are family based, **strengths based**, and avoid pathologizing patterns of behavior developed in response to past maltreatment or adverse circumstances.
- Challenging behaviors are recognized as manifestations of an array of biological and experiential risk factors that pre-date adoptive or guardianship placement. Parents are supported in:
  - Developing an in-depth understanding of their children's unique histories
  - Reframing behaviors based on their deeper understanding of their children's experiences
  - Establishing developmentally appropriate expectations
  - Learning the art of **therapeutic parenting**
- When children entering an adoptive or guardianship family have experienced early adversity and trauma, parents are supported by professionals to embrace attachment-focused, trauma-informed parenting strategies.
- Acknowledging and honoring connections to the child's past and current relationships with birth family members and kin support healthy identity formation, attachment, and lifelong relationships.
- Demonstrating sensitivity to and respect for the child's heritage, identity, culture, socioeconomic status, and health and disability challenges is critical to healthy identity formation.
- Adoption-competent practice **normalizes** help-seeking, viewing it as a strength rather than an indicator of failure.
- Adoption-competent systems of support acknowledge that effective collaboration, communication, and coordination of service delivery are critical in strengthening and preserving families.

The comprehensive set of knowledge, values, and skill competencies embedded in evidence-informed best professional practices that constitute adoption competency do not simply develop through experience. They require training, strategic supervision, and opportunities for ongoing professional education to remain current as knowledge advances.

DEFINITIONS

Strengths Based = Identifies and builds on the individual's and family's inner resources, skills, and resilience to find and implement solutions to the challenges

Therapeutic Parenting = A deeply nurturing parenting style designed to emphasize attachment, connection, and healing for children who experienced childhood trauma, abuse, or neglect; sees behaviors as communication and seeks to address the underlying issues rather than simply the behaviors

Normalize = The process of helping adoptive parents and guardians understand that their family is likely to need additional support and encouraging them to expect to access supportive services after placement

To achieve this comprehensive understanding, the Post-Adoption Center recommends that sites ensure that all professionals engaged in the post-permanency program have adoption competency. There are several trainings that provide this type of training:

- **The National Adoption Competency Mental Health Training Initiative (NTI)** — NTI consists of two free, web-based trainings that enable systems, agencies, or individual clinicians to better address the mental health and developmental needs of children in foster, adoptive, or kinship families. One training is designed for child welfare professionals (20 hours) and the other for mental health practitioners (30 hours).
- **Training for Adoption Competency (TAC)** — TAC is recognized by the California Evidence-Based Clearinghouse for Child Welfare as a promising practice with high relevance to child welfare and is the only nationally accredited, assessment-based certificate program in adoption competency.

Sites can also learn more about enhancing their post-permanency program's adoption competency from the National Center for Adoption Competent Mental Health Services.

Ensuring that all professionals supporting adoptive and guardianship families have gained critical competencies through completion of standardized training will further strengthen the continuum of effective post-permanency supports available to families and will help ensure child and family well-being.

Resource Links

National Adoption Competency Mental Health Training Initiative

Training for Adoption Competency

National Center for Adoption Competent Mental Health Services

Valuing Lived Expertise in Post-Permanency Programs

Post-permanency services should be deeply informed by individuals who have lived experience. The Post-Adoption Center recommends that sites integrate throughout their program the knowledge and expertise of those who were adopted or in guardianships as children as well as adoptive parents and guardians. This integration should include:

- Prioritizing and articulating the value of lived expertise and its benefits to the site, the post-permanency program, and the families served
- Engaging lived experts during community needs assessments and program planning and as ongoing advisors
- Hiring those with lived expertise, including as clinicians, other service providers, group facilitators, respite providers, and trainers
- Ensuring that all staff training includes hearing from the voices of those with lived expertise, whether as trainers or through videos, articles, podcasts, handouts, etc.
- Supporting those with lived expertise as they engage with the program as they grapple with any challenges arising from the intersection of their personal experiences and the work they are doing

Five Core Pillars

Pillar 1: Are Available and Accessible

Adoptive and guardianship families have specific and often greater needs as a result of their children's history and the trauma and loss inherent in adoption and guardianship.

However, research has demonstrated that post-adoption services may be difficult to access and that programs often don't serve all of the families in need, including families who didn't adopt from foster care (Penner, 2023). The Post-Adoption Center recommends that the post-permanency program have broad eligibility criteria and serve, whenever possible, all the following families:

- All families who adopt or take guardianship of a child from foster care, even if they do not receive a subsidy
- Families who adopted from foster care in another state, tribal nation, or territory
- Families who adopted privately or through intercountry adoption

Sites should ensure that program materials clearly articulate the full range of families served. The program name or description can affect whether a family feels included. For example, guardianship families may not seek support from programs referred to as post-adoption services. Or families may be more hesitant to seek services from the public child welfare agency versus a private provider. It is critical for systems to be intentional in how they market the services that are available so that they seem inviting and non-judgmental to the families who may need them.

In addition to having broad eligibility, sites should assess if their post-permanency program is truly accessible to families in their jurisdiction. The Post-Adoption Center offers the following recommendations to ensure programs are available and accessible:

- **Offer services throughout the entire state, tribal nation, or territory** — Post-permanency programs may vary regionally, but all services should be available in all areas. Consider having support staff or private contracted partners across the jurisdiction, building in resources to support staff travel, offering services virtually, and other efforts to ensure similar services are available to all families, especially in rural areas. As Brodzinski (2013) wrote, "Adoptive families living in rural areas, like their neighbors who are raising their biological children, also typically have limited access to mental health services and many barriers to overcome to be able to use them."
- **Ensure people can find the post-permanency program** — It's important to conduct ongoing outreach efforts and make program information easy to find. In an examination of underserved adoptive families, Hartinger-Saunders and colleagues (2015) reported that parents' most common barriers to accessing post-adoption services were being unaware of where to find services and being unaware of what to look for.
- **Make the referral process easy** — Families should be able to refer themselves to the post-permanency program or to be referred by a professional they are working with. Sites should ensure that the intake process is straightforward and easy since some families who need support may be feeling overwhelmed.

- **Make services financially accessible** — All services should be free for families who take placement from foster care. If that isn't feasible for all families, consider using a sliding scale for fees or offering scholarships for families who have fewer financial resources. Sites can also provide financial support for needed community-based services that the post-permanency program doesn't offer.
- **Ensure services are available as soon as possible** — When permanency-competent services aren't immediately available, family situations may deteriorate further, which can result in a need for more extensive services or even placement instability. The Post-Adoption Center recommends having flexible capacity to ensure that families do not need to wait. For example, if there is a wait list for certain program components, sites can offer some services—such as support groups, respite care, or worker support—to help families while they wait. Sites can also develop contingency plans for how they will grow the program when services are beginning to reach capacity.
- **Offer services in the home** — For families who have many children or children with serious physical or emotional challenges, going to counseling or outside meetings can be a significant burden. Offering in-home service options can eliminate this burden while also helping program staff see how the family interacts in their natural environment.
- **Ensure services are community responsive** — The Post-Adoption Center also recommends that sites ensure their services are welcoming and accessible to diverse families. See Pillar 5 for more information.
- **Remove barriers in the adoption or guardianship subsidy program** — Sites that offer services primarily through the adoption or guardianship subsidy program should do what they can to remove accessibility barriers there as well. Making it easy to request a subsidy agreement change to add services, for example, can help families when needs develop over time. Alternatively, they can offer support without including the services in the subsidy agreement. Finally, sites must consider if there are sufficient adoption-competent, trauma-responsive services throughout the community for families to access. Funding will not help the family if the services are not available or effective.

Pillar 2: Engage Families Over Time

It is vital that post-permanency programs be designed to reach and serve adoptive and guardianship families throughout their entire journey. Research has shown that:

- The emotional and behavioral challenges facing children adopted from foster care typically peak during adolescence (Penner, 2023)
- The impact of trauma is long-term; as Spinazzola and colleagues (2013) explained: "By the time they reach adolescence, many complexly traumatized youth are already caught in a vortex of intense somatic, behavioral and emotional dysregulation in which daily life is fraught with an ever-expanding host of traumatic reminders and subtle false alarms that activate extremes of hyper- and hypo-arousal."
- Instability in adoption and guardianship can happen years after placement; Rolock and colleagues (2022b) reported, "One study looking at instability outcomes for 52,000 children from one large Midwestern state found that 2% reentered foster care after 2 years, but about 12% reentered foster care after 10 years."

As families face these potential challenges over time, they may not be aware of available services. Penner (2023) noted, "Results from this study may also indicate that although post-adoption support may be more prevalent than thought, a barrier to accessing these services could be a lack of awareness among both professionals and parents, rather than a lack of access (Smith, 2014)." The Post-Adoption Center recommends that sites design programs that are open to families at any time and conduct active outreach to identify and connect with eligible adoptive and guardianship families both before finalization and through ongoing outreach later in their lives.

When post-permanency programs offer support for only a short time after placement, they may not be helping families when they need it most. Offering support throughout the adoption and guardianship journey reflects the reality facing children and families. The Post-Adoption Center recommends that sites inform families during the placement process that they may face challenges in the future and that there will be services available to them.

When finalizing adoptions and guardianships, sites can make a **warm handoff** to connect families with the post-permanency program and communicate that they can return for help at any time.

IDEA

Testimonials from families who received support long after placement can help normalize the idea that support may be needed— and will be available— years down the road.

DEFINITION

Warm Handoff = The act of ensuring that adoptive and guardianship families are actually connected to another service provider through a meeting or group phone call that includes the family, the existing provider, and the new service provider

Sites should carefully consider how they will reach families who may need support. The Post-Adoption Center recommends that sites develop comprehensive outreach plans that include the following strategies:

- **Stay connected to adoptive and guardianship families** — Consider annual well-being letters, periodic print or electronic newsletters, online portals for subsidy recipients, and other ways to remain in touch with families who adopt or take guardianship from foster care. Request updated email and mailing addresses regularly. Use these communications to remind families about available post-permanency supports and encourage them to reach out early if they are having problems.
- **Plan for more intensive outreach** — Sites can use factors associated with an increased risk of instability (such as child's age or behaviors) to enhance outreach to those populations who may be more likely to face challenges. This outreach could be more frequent or more intensive, such as having higher-risk families receive a phone call rather than just an email. Requests for changes in subsidy payments could also result in outreach with offers of support services, both at the time of the request and afterward.
- **Conduct broader outreach efforts** — The plan should include broader outreach efforts, especially if the post-permanency program serves families who adopted privately or from another country or those who do not receive subsidies. Consider distributing program materials to school counselors, mental health providers and associations, hospitals, and other psychiatric or medical providers who may see families who are struggling. Other key partnerships can include community-based support organizations, private adoption agencies and support groups, kinship support groups or programs, and respected bloggers or thought leaders in the local adoption or kinship community.
- **Ensure post-permanency program information is easy to find** — Sites should display information about post-permanency services clearly on the site's website near information about adoption, guardianship, and children waiting to be adopted. Explain which families are eligible for support, emphasize that accessing support is expected, and offer details about how families may request services. It can also be important to be mindful of search engine optimization to ensure that people who are searching online for help with their adoption or guardianship can find the post-permanency program.

Resource Link

Staying Connected: Proactive Outreach to Adoptive and Guardianship Families

- **Make sure outreach is community responsive** — Outreach efforts must consider the diversity of the adoptive and guardianship families in the community. Considerations should include providing materials in various languages, ensuring diverse representation in images used, and being aware of the most effective ways to reach families in different demographic groups.
- **Track what outreach works to guide future efforts** — To help refine future outreach efforts, post-permanency programs should regularly collect and analyze data from families on how they found out about the services and what messages resonated with them. Examining the data by demographic groupings can help sites better understand which outreach and engagement efforts are more successful with different populations.

Pillar 3: Focused on Child-Parent Relationships

A supportive relationship with a healthy adult is essential for a child who has experienced trauma, loss, and grief. The parent-child relationship serves as the cornerstone of a child's emotional and social development. When a child has experienced trauma and loss, the repercussions can be profound, affecting all aspects of their life, including, but not limited to, emotional regulation, trust in others, and the ability to form meaningful relationships. Research shows that support of a strong relationship between parent and child can be critically important:

- In their adoption study, Ringeisen and colleagues (2022) also saw a need for a focus on relationship and attachment: "Study results also illustrate the importance of building close, nurturing relationships between adoptees and their adoptive families. These close relationships may protect against post adoption instability."
- Razuri et al. (2016) cited research that improving the relationship between the parent and child improves children's physical, mental, social, and emotional development. They noted that, "While behavioral change is a surface goal for intervention, the deeper goal is to improve the relationship between the child and caregiver."
- Testa and colleagues (2015) found that risks of discontinuity due to children's behavior were reduced by parents' increased commitment.

- White and colleagues (2021) also found that "... interventions which target decreasing caregiver strain, increasing child-caregiver nurturing and attachment, or reducing child behavior problems could increase caregiver commitment to the adoption or guardianship...."

The importance of helping professionals and systems prioritize the parent-child relationship becomes even more pronounced for children with a history of multiple moves or multiple losses of parental figures.

The goal is for adoptive parents and guardians to be a foundational base for the child, but this can be difficult at times. Children who have experienced trauma will push back against a caring parent, not trusting their intentions and fearing closeness. Sometimes an older child distancing from a parent will be an attempt at developmental adolescent independence. Other times, it may result from the child's assuming the parent is like previous adults who have let them down or hurt them. In some cases, the child may be trying to get the parent to reject them as other adults have done, proving the new parent can't be trusted either. This can get emotionally intense and cause rifts in the parent-child relationship.

As a result, it is critical that the post-permanency program focus on the importance of building and strengthening the parent-child relationship. The Post-Adoption Center recommends that sites:

- **Focus on parent-child attachment** — Research consistently shows that when adoptive parents and guardians build secure attachments and nurture their child's emotional security, the family as a whole experiences greater stability and well-being. When professionals more accurately focus on the quality of parent-child relationships, it reframes challenges as opportunities for the parent and child to collaborate in overcoming adversity together, moving from "survival mode" mentality and "what is wrong with the child" thinking to understanding what has happened to the child, building resilience, and healing past hurts.
- **Ensure that services focus on relationships** — Support services should be designed to serve entire families and to strengthen the relationships between parents and children, as well as to enhance relationships among other family members. Core facets of **pre-permanency** supports, counseling, support groups, and other services should include an emphasis on relationship building.

DEFINITION

Pre-Permanency = The period of time between when parent(s) or caregiver(s) has been identified as the adoptive or guardianship resource for a child and finalization of the adoption or guardianship

- **Provide parents with knowledge and support to understand emotional triggers** — It is critically important that parents understand the triggers that set off their child's challenging behaviors and how to respond to these triggers in a regulated manner. Post-permanency programs can also help adoptive parents and guardians become aware of their own triggers and know how to regulate their own emotions and responses. This emotional co-regulation is a foundational piece of all work done in post-permanency.
- **Help parents become behavior detectives** — Sites can equip parents with the necessary skills to navigate the complexities of raising their child who has experienced **developmental trauma** and profound loss. Services that focus on supporting parents and empowering them to decode the messages conveyed through their child's behavior play a crucial role in facilitating the development of secure attachments and a sense of felt-safety for the child.

Post-permanency programs need to recognize the importance of strengthening the parent-child bond and find interventions that use the family relationship as the foundation. Resources that can help sites focus on parent-child relationships include:

- National Training and Development Curriculum for Foster/Adoptive Parents
- Critical On-going Resource Family Education (CORE Teen)
- Trust-Based Relational Intervention® (TBRI®)

DEFINITION

Developmental Trauma = When adverse childhood experiences (ACEs) and ongoing trauma significantly affect a child's developmental trajectory

Principles of TBRI® in Post-Permanency Support Services

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses **Empowering Principles** to address physical needs, **Connecting Principles** for attachment needs, and **Correcting Principles** to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection.

Healing of relational trauma occurs in relationships. To accomplish this goal, TBRI® principles can be infused throughout post-permanency services. Those principles include:

- Empowerment
  - Consistency (policies, staff, services provided, etc.)
  - Respectful of sensory and biological needs (human stress response)
- Connecting
  - Relationship based (both client and staff)
  - Focused on parent-child relationship
  - Respectful and playful interactions
- Correcting
  - Creative and flexible approaches to problem solving
  - Interventions designed to address behaviors, not individuals

Pillar 4: Able to Assess Family Outcomes

Periodically following up with families after adoption or guardianship finalization to see how they are faring is critical so that sites can:

- Understand the needs of their adoptive and guardianship families
- Reach families who need post-permanency support services
- Plan and allocate resources for their post-permanency services effectively based on child and family needs

- Track outcomes for individual families for continuous quality improvement (CQI) purposes, so that sites can assess the effectiveness of the post-permanency support model
- Gain insights into how changes in post-permanency supports or other systems affect family well-being and stability

The Post-Adoption Center recommends that sites have systems in place that can capture three things: 1) children coming back into care who have been adopted or obtained guardianship, 2) general needs of adoptive and guardianship families, and 3) CQI data on the post-permanency programs. In order to do this, sites need to:

- **Decide who will collect the data** — Sites need to identify who will be responsible for data collection, storage, analysis, and reporting. They must also identify who will manage any collaboration with external agencies or researchers and what entity is responsible for sharing findings from the data with relevant parties and making decisions based on the findings. If a site lacks expertise, forming a partnership with a university or research-based organization can help.
- **Link pre- and post-permanency records** — When children are adopted, sites often assign them a different ID number than they had in foster care. This, plus the fact that children's names and social security numbers may change, poses a barrier to tracking if a child entering foster care was previously in care. To address this concern, sites can record the new ID number for children linked with their previous foster care ID number or keep the same number.
- **Maintain ongoing contact with families** — Effective outreach is necessary for gathering information about well-being and stability from families. Sites typically have some form of contact with families who receive subsidies.
- **Decide which information to track** — Key information to collect includes:
  - **Parent/caregiver information** — Date of birth, sex, race/ethnicity, where family lives (e.g., region, county, or city), and contact information
  - **Child information** — Date of birth, gender, race/ethnicity, pre-permanency relationship to parent/caregiver, permanency type (guardianship, foster care adoption, international adoption, or private domestic adoption), and pre- and post-permanency IDs

- **Dates and types of contact** with the caregiver/parent and the children who were adopted, as well as the general reason for contact
- **Dates** that each type of information was collected
- Types of **post-permanency services provided**, the entity that provided the service, and start and end dates of receipt of services
- **Indicators of risk and/or assessment data** collected before or at the time permanency is established
- **Child and family well-being data** (see the following information on well-being), including before and after services provided for those using post-permanency services
- **Information on family stability** (see the following information on stability), including before and after services provided for those using post-permanency services

- **Determine how to assess well-being** — Potential data to collect and analyze includes the following:
  - **Aspects of well-being.** Measures might include the strength of parent-child relationships, quality of relationships between siblings, parent/caregiver stress, sense of parenting efficacy, mental and physical health, child mental health and behavioral challenges, physical health, and identity development. Surveys and various tools can be used to assess these aspects of well-being.
  - **Satisfaction with services received** – Satisfaction with services is often an indicator that child and family needs have been met.
  - **Pre- and post-service assessment** – Providers may also collect pre- and post-service assessment data on child and family well-being. (See the *Comprehensive Assessment* component section for a list of potential tools that may be used.)
- **Determine how to assess stability** — Tracking re-entry into foster care is likely the easiest lift. Some sites may also have information on adoption dissolution and the premature endings of guardianships. Additional measures of instability include:

- **Previously adopted.** The federal government requires sites to record if a child entering foster care has previously been adopted. This information should be available from child welfare administrative data systems regardless of whether a site is able to link pre- and post-permanency records. This measure should also include children adopted through private and intercountry adoption.
- **Relational permanence.** Relational permanence, which can be assessed through surveys, pertains to whether a positive parent-child relationship remains intact, regardless of whether the child and parents live together.
- **Out-of-home placement.** Youth may be in **out-of-home placements** for reasons other than foster care entry, such as residential treatment, psychiatric hospitalizations, or living with a relative. Some of these reasons can indicate family instability.
- **Youth living apart from the family.** Sites can track whether children reunite with their parents following a period of instability, as well as reasons that youth are not living with their parents/caregivers (since not all reasons indicate instability).

- **Decide how to collect the data** — As noted above, some data may be available from administrative data systems. Other sources could include:
  - **Family surveys.** Sites can send families a survey that assesses their well-being and needs. It can also inform families of the availability of services to address their needs. *The Post-Adoption and Guardianship Instability (PAGI)* Tracking Toolkit provides an example of a well-being letter with a family survey.
  - **Families requesting post-permanency services.** When families contact sites to request services, sites can interview them to obtain data for tracking purposes.
  - **Post-permanency service providers.** Sites can request that service providers gather and share data on families served. Contracted service providers can be required to track and report on data on service usage as well as family outcomes.
  - **Other agencies.** Other agencies frequently collect relevant information, including child welfare agencies in other states, tribes, or territories. Relevant data systems maintained by agencies or entities other than child welfare agencies include behavioral health agencies, Medicaid, education systems, and more.

DEFINITION

Out-of-Home Placement
= The formal placement of a child away from their legal parent or guardian, such as a placement in foster care or residential treatment facility

Resource Link

Post-Adoption and Guardianship Instability (PAGI) Tracking Toolkit

- **Decide how to store information** — To be useful, sites should record, store, and track the information previously outlined. The information should be accessible to relevant staff. Consider allowing providers to access the information as well (for example, via a secure online data portal). Private post-permanency service providers should also ensure they have systems for recording, storing, and tracking information on families to whom they provide services. Possible approaches include adding fields in child welfare administrative databases or implementing a stand-alone system such as Excel tables or a database. The PAGI Toolkit includes a sample Excel file.
- **Analyze and report on the data** — Sites must have a way to analyze the data and summarize the findings. Sites should develop a plan for regularly reviewing data gathered to determine what changes they may need to make in services. The plan should include sharing information publicly in a way that is easy to digest.
- **Consider impact on the entire community** — Sites should be sure to carefully consider the collection, analysis, reporting, and interpretation of data tracked. Considerations include ensuring that data collection methods and measures are culturally and linguistically accessible to the entire community; examining outcome data separately for different populations; and including stakeholder input when identifying measures to use, approaches for data collection and analysis, interpretation of findings, and implications of the findings (for example, recommending changes to the post-permanency support system to improve community responsiveness and engagement)."

Given the level of effort required to track stability and well-being data, sites should prioritize strategies involving the lowest lift. Collecting or accessing even one type of outcome data is a critical first step for sites that do not have a tracking system in place. For others, bolstering data tracking systems will provide them with the information needed to enhance the supports provided to adoptive and guardianship families and ensure increased well-being and stability.

Pillar 5: Are Community Responsive

The post-permanency program must be community responsive, ensuring that all adoptive and guardianship families are welcomed and served effectively. Post-permanency services are voluntary, which can mean that families who feel wronged or alienated by the child welfare system may be less likely to accept support. A community-responsive approach to services will help to ensure that all families are offered

services that feel welcoming and are easily accessible. Additionally, community-responsive post-permanency programs are designed to ensure that every family has an equal opportunity to achieve positive outcomes and thrive as a result of participating in the program.

For post-permanency services to be accessible and effective for all families, services providers must establish a trusting relationship with the community. Implementing the four steps outlined below will help post-permanency programs move toward achieving a community-responsive practice, resulting in better outcomes for all adoptive and guardianship families.

- **Acknowledge practices that have been harmful in communities the sites are responsible for serving** — Acknowledging child welfare practices' harm to individuals and families is essential to creating community-responsive services that support healing and positive outcomes for all. Sites can accomplish this step by developing a charter that centers healing relationships with communities that have been damaged and that identifies how the site will strengthen relationships with communities as a whole. The charter should include the child welfare agency's acknowledgement of past challenges and commitment to community responsiveness. It should also:
  - Include information about how to respond to the unique needs of various populations receiving services, including families experiencing poverty, non-English speaking families, people living in underserved areas, and members of any special groups
  - Examine how well the post-permanency program is currently serving families, including if the families served by the post-permanency program reflect the broader pool of adoptive and guardianship families in the site; if there are communities the program is not reaching, sites can analyze—and address—barriers facing families from each community
  - Identify the site's commitment to being an inclusive and community-responsive organization
- **Commit to change and actively seek to operationalize solutions that will strengthen the infrastructure to support the system's responsiveness to its community** — This step includes sharing decision-making power with communities receiving services, which would allow for adaptive and non-traditional service models. Sites can accomplish this step by:

- Developing an action plan that outlines how the site will implement its charter
- Intentionally invite, incorporate, and value the perspectives of those with lived experiences to spaces where they can help shape and inform the services that directly affect their lives
- Building partnerships with community-led organizations, supporting initiatives by trusted community members, and attending community events
- Providing services in spaces that are welcoming and inclusive to the entire community
- Developing strategies to recruit and support a workforce, including leadership, that reflects the children and families being served
- Prioritizing training and workforce development to create and support a workforce that is skilled at community engagement, belonging, and inclusion
- Conducting ongoing policy reviews to identify areas where sites can increase accessibility and decrease barriers facing families seeking post-permanency services
- Being transparent about processes, timelines, and allocation of resources in the site's strategic plan; sharing information from the charter and the plan with all partners and the public in accessible formats

- **Engage with communities through advocates or allies that are embedded and trusted to forge relationships and inform services. Increase engagement with those most affected as early as possible and as often as needed to shift systems to be more community responsive** — Meaningfully engaging with community members can help sites ensure services reflect the needs of the community. Sites can accomplish this step by:
  - Collaborating with people with lived expertise, community organizations and cultural groups to enhance outreach and effectiveness of post-permanency services
  - Conducting intentional outreach using a trusted community liaison to connect with adoptive and guardianship families who may feel disenfranchised

  - Recruiting and supporting community leaders who will inform services, policies, and practices. Sites should find and fund providers that are responsive to communities with unique needs and experiences
  - Gathering data using various methods, including affinity groups and listening sessions, to inform change and provide action steps throughout the process
  - Fostering a sense of belonging and unity among adoptive and guardianship families

- **Build accountability with all partners in an effort to forge open lines of communication and build trust** — Sites should have plans to develop and share a report that outlines how they are faring in their efforts to achieve a community responsive system. Sites can accomplish this step by:
  - Regularly communicating how efforts are informing post-permanency services tailored to communities' unique needs
  - Explaining how they have incorporated community members' recommendations
  - Providing information about why recommendations are not applied and what steps need to be made for further consideration
  - Gathering, reviewing, and analyzing data on needs and outcomes for various demographic groups to ensure services are effective for all populations

Additional recommendations for community responsiveness are included in the eight program components later in the manual.

4

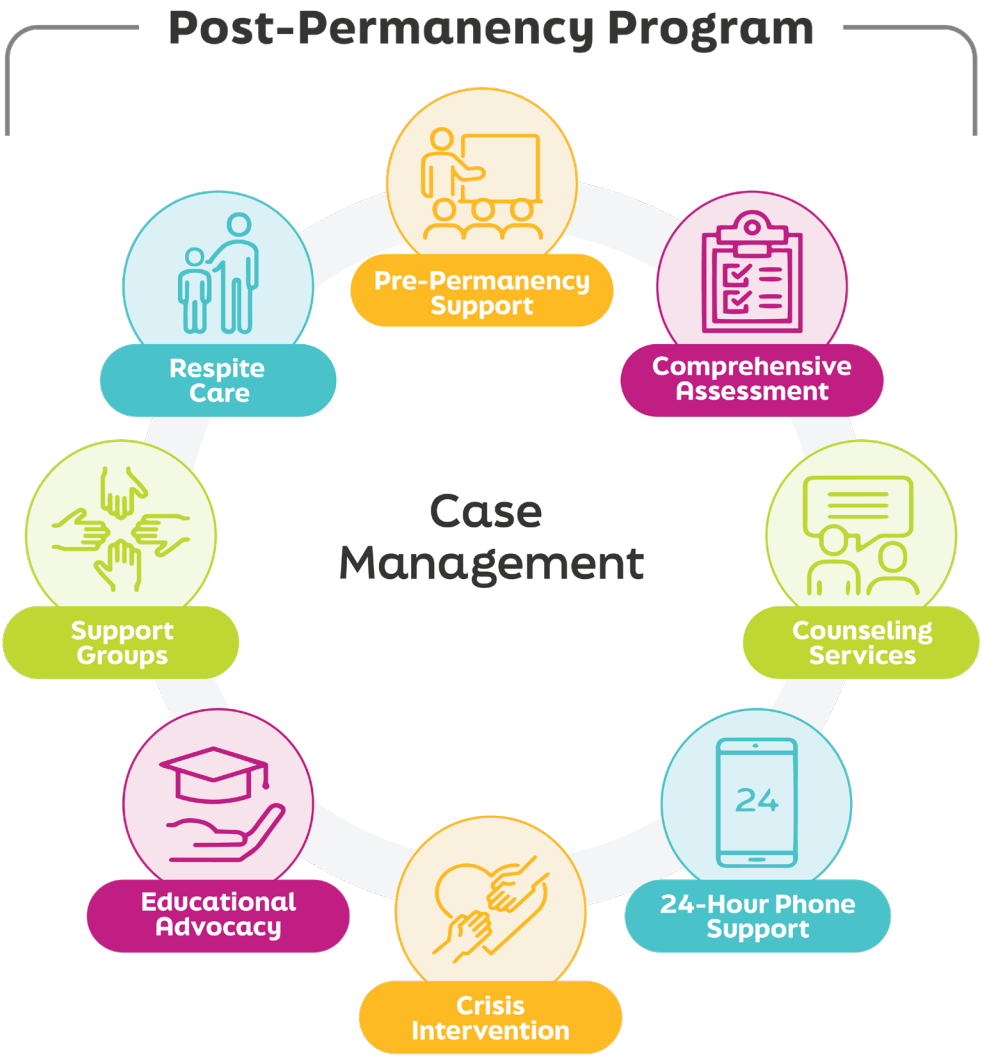
POST-PERMANENCY PROGRAM MODEL COMPONENTS

Post-Permanency Program Model Description

A Comprehensive Program

The Post-Adoption Center's post-permanency program model is designed to be a comprehensive program with eight components operating together, offering an array of supports for adoptive and guardianship families who are experiencing challenges. At the core of the model is case management, through which adoption-competent staff support families and guide them to other services in the model and in the community.

Although each component is described separately later in the manual for implementation purposes, the model itself entails all of these components operating cohesively. An individual family may not want or need every service in the program model, but once they are enrolled in the program, every family should be able to easily access each service that they do need.



This model is not intended to be the only service a site offers to adoptive or guardianship families. Families should be able to access a full array of services that fall in the universal, selective, and maintenance intervals of the post-permanency continuum, such as:

- Warm line for information and referral
- Resource library or lending library
- Ongoing support groups for parents and children or teens
- Training
- Parent coaching and mentoring for children or parents
- Family events and recreational activities

Through these services and other outreach, sites can help identify adoptive and guardianship families who are beginning to experience challenges. They can then connect them with the post-permanency program before they are in crisis.

Families who receive adoption or guardianship assistance or subsidy may also be able to access community-based services such as counseling or respite with support from the subsidy program or its medical coverage. Other families may also access services through community-based providers. The difference between these services and the post-permanency program model is that the model offers a cohesive, adoption-competent service array specifically designed to meet the unique needs of adoptive and guardianship families who are at risk of instability.

Intake

Site should ensure that families can be referred to the post-permanency program by site staff or other providers or to access the program directly when they are experiencing challenges.

Once families contact the program, the post-permanency program model is designed to have one centralized intake process. Families should complete the intake with a staff person before they access program services. Once families go through intake, they should be eligible for all of the program's services.

The intake process will vary by site but should include some foundational components which:

- Ensure the intake process is not lengthy or complicated so that families can begin accessing services soon after making contact with the program
- Allow families different ways to conduct the intake process, including via a website, phone number, or even walk-in; if done via web, there should be a timeframe as to when the post-permanency program will confirm receipt and get in touch with the family
- Gather information about the family's current functioning and any immediate needs so that staff can identify the services that they could benefit from; including a series of standardized questions can help with CQI if the questions are asked at intake and again at exit, helping to determine if the program is meeting families' needs. *Appendix 2* includes questions that can be asked at intake to assess a family's stability. An example of the intake form used by the TN Adoption Support and Preservation|Guardianship Support and Preservation can be found in *Appendix 3: Tennessee Intake Form*.

- Determine if the family is in crisis and needs to have services prioritized
- Provide families with an overview of the post-permanency program, including what services are available to them and how they access the services; some programs include a welcome letter or a brochure that details all available services (*see Appendix 4: Adoption Rhode Island Welcome Letter*)
- Include some type of agreement that the family signs, acknowledging that they received information about the program and understand the expectations they must meet to remain active in the program

After families complete the intake, the program should offer case management services to help to guide the family to different services in the post-permanency program and to coordinate service provision. See the case management section of this manual for more details.

Sites will also need to develop a process to track the following information for CQI and program evaluation:

- Overall goals the family wants to work toward
- Different services children and families access while in the program
- Progress that is being made

Duration of Services and Supporting Families After Completion of the Post-Permanency Program

The Post-Adoption Center recommends that families have access to the program's services for up to two years. The specific services, including the length of time they are needed, should be tailored to meet the child's and family's individual needs identified at intake and through the comprehensive assessment.

Sites should develop policies related to whether families can extend services beyond 24 months and under what circumstances families can re-enroll after they have completed services. Staff should share these policies with families at intake and over time so there are no surprises at the end of services.

Before families are due to exit the program, the post-permanency program should connect them to community-based services that will meet their ongoing needs. Staff should ensure that families feel confident in knowing where and how to access help if they need it in the future.

As the family reaches the end of the service period, sites should conduct an exit interview to gather answers to the same questions asked at intake. This allows programs to assess changes to child and family stability and well-being. In addition, the post-permanency program should administer a satisfaction survey with both parents and children or teens. Results from the exit interview and surveys can be used for CQI purposes. Over time, sites can conduct phone or online surveys at set intervals to further determine how the family is faring.

In addition, sites should find ways to maintain contact with families after the service period to continue to share information and resources that can help. Options include a print or electronic newsletter, an email group, social media pages, or other periodic contact to individual families. Sites can also encourage families to participate in any other ongoing services or events offered for adoptive and guardianship families. In addition to helping families, staying connected can also help sites with outcome evaluation by ensuring better response rates to any follow-up surveys.

Unique Considerations for Different Populations

Post-permanency programs should be open to any family who has adopted or obtained guardianship, including families who completed private domestic and intercountry adoptions and those who are caring for their relatives. Although there are many similarities in all adoptions and guardianships, there are also some differences that will likely require some adaptations in how services are marketed and provided. Some of the considerations that the sites will need to consider are listed below.

Families who adopt through intercountry or private domestic adoption:

- May have little to no awareness of services offered through the child welfare system
- May believe any supports for adoptive families are only for those who adopted from foster care
- May have had much less preparation related to the impact of trauma and loss on children
- May feel shame in seeking services and be hesitant to reach out for help
- May not feel comfortable seeking services from the public child welfare system

- May need outreach and marketing materials specific to their needs and their situations
- May have limited knowledge about their child's medical or family history

Families who adopt or obtain guardianship of children related to them:

- May want to avoid the child welfare system that has already affected their family
- May have a different level of connection and interaction with the child's birth parents and other family members
- May need specialized services that recognize the familial relationships among the child and the adoptive parent/guardian and the birth parents
- May feel more comfortable in training and groups that are specific to relatives
- May need services to be adapted to address the family's complicated dynamics

The Post-Adoption Center's resource library has additional information on how to serve these different types of families.

Resource Link

The Post-Adoption Center Resource Library

Staffing the Post-Permanency Program

All staff who work in the post-permanency program need to complete adoption-competency training. As outlined in the Adoption Competency as the Foundation section, such training is critical to ensuring staff have the knowledge, values, and skill competencies to engage and support adoptive and guardianship families. Program staff—especially clinical staff— also need to have strong, adoption-competent supervisors that have the time and ability to help them with some of the complexities they will encounter.

The Post-Adoption Center encourages programs to hire staff who have lived expertise, including adoptees, people who were in foster care during their childhood, and adoptive parents and guardians. Staff with this type of experience lend authenticity to the work and help shape the programs to best meet children's and families' needs.

In addition, the Post-Adoption Center encourages post-permanency programs to examine the demographics of the children and families they serve and to ensure that staff members reflect the population to be served. All staff should also receive training in providing community-responsive services so that services are effective for the entire population of adoptive and guardianship families.

Program Examples

The post-permanency program model is similar to the post-permanency programs in Illinois and Tennessee. Both programs offer a coordinated program with a variety of services to meet the needs of adoptive and guardianship families who are experiencing challenges.

Example 1: Illinois

Post-permanency services in Illinois are provided through the Adoption and Guardianship Support and Preservation Services (ASAP) program. Services are provided by private child welfare agencies across the state through contracts that ensure services are standardized. ASAP provides a continuum of family-centered interventions intended to empower and strengthen families in becoming self-sufficient. Services include:

- Assessment of child and family needs
- Case management and advocacy services
- Counseling services, including flexible short-term prevention services
- Start-early, Trauma-informed, Attachment-focused, Resiliency-building, Therapeutic services (called START)
- 24-hour telephone support
- Crisis intervention
- Information and referral
- Support groups
- Educational advocacy
- Financial support, including support for respite care
- Supplemental services

Resource Link

For more information, visit Illinois's Path Beyond Adoption. You can also access a detailed Illinois Adoption and Guardianship Support and Preservation Services Program (ASAP) Manual in the Post-Adoption Center's resource library.

Example 2: Tennessee

In Tennessee, post-permanency services are provided statewide through the Adoption Support and Preservation|Guardianship Support and Preservation (ASAP|GSAP) program, operated by Harmony Family Center under state contract. ASAP|GSAP provides evidence-based, trauma-informed, and individualized therapeutic and educational services. Services include:

- Pre-permanency supports
- Assessment of child and family needs
- Case management
- Counseling services
- Crisis intervention
- Educational advocacy
- Support groups
- Respite care
- Parent coaching
- Training
- Family events
- Information and referral

Resource Link

For more information, visit Harmony Family Center or Tennessee's Department of Children's Services Post-Adoption Support.

Case Management Services

In the post-permanency program model, case management is a service provided by adoption-competent professionals (such as social workers, therapists, or experienced parent advocates) to help families address concerns and improve well-being and family functioning. Case management should be guided by an individualized, family-centered plan to help the family accomplish their goals.

The goals of case management services are to:

- Create an individualized plan in partnership with the family, based on the child's and family's unique strengths, needs, and goals
- Connect adoptive parents and guardians to services in the post-permanency program and in the community, including facilitating families' access to services and helping them overcome barriers
- Provide psychoeducation to increase parents' understanding of trauma, loss, and other adoption- or guardianship-related issues and enhance parenting skills and resilience
- Provide emotional support
- Help families enhance their informal and formal support networks

Every family served by the post-permanency program model should receive case management services as long as they are accessing services through the program.

Core Elements of Effective Case Management Services

The Post-Adoption Center recommends that agencies ensure that case management services include the following core elements:

- **Is driven by a family-centered plan** — As noted earlier, the post-permanency program should have an intake form that identifies why the family is seeking support. After the intake form is completed, the case manager should meet with the family, in their home whenever possible, to more fully understand the child's and family's strengths, needs, and history, as well as current and past services the child and family are receiving or have received. The case manager and family should then jointly develop and agree upon a family-centered plan that includes goals and identifies services needed, barriers to address, and benchmarks for assessing progress. Program leaders may consider having parents and guardians sign the plan to ensure that the case managers

and families are on the same page. The plan should be a living document, with the case manager and family reviewing it regularly, assessing progress, and making adjustments when needed.

- **Includes support to increase family members' skills and knowledge** — Case managers should help to increase the family's understanding of the impact of trauma and loss and how parents and guardians can use trauma-responsive parenting techniques. The work may include one-on-one training, coaching, and connecting families to other sources of education and skill-development. Program leaders should consider if there are specific models they will use, such as Trust-Based Relational Intervention (TBRI).
- **Coordinates with counseling services or other services offered by the program** — When families are receiving multiple services from the post-permanency program, the case managers should ensure coordination. For example, if families are receiving counseling as part of their service plan, the family-centered plan and counseling treatment plan should be aligned and working toward the family's overall goals without overlapping. In such cases, the clinical staff providing counseling may serve as the case manager. If the clinician is not serving as case manager, case managers might reduce the frequency of in-person check-ins or check in at different times than the clinicians so that families are not overburdened. Program leaders will need to decide which staff (case managers, clinicians, or others) are providing crisis intervention services and how contact and services will be coordinated.
- **Is adoption competent** — Agencies must ensure that case managers have completed an adoption-competency training program. Adoption competence reflects a deep understanding of the nature of adoption and guardianship and the normative challenges that can influence identity, family relationships, and psychological adjustment. Any services recommended by the case managers should be family-based, attachment-focused, trauma-informed, strengths-based, and inclusive of race, culture, and identity formation.
- **Is strengths-based and non-judgmental** — To be effective, case management services need to be strengths-based, meaning the service identifies and builds on family members' inner resources, skills, and resilience to find and implement solutions or coping strategies. In addition, case managers must be non-judgmental—understanding the reasons behind a child's behaviors and honoring parents' experiences and never blaming the family for the concerns they are seeking to address.

- **Recognizes the family as leaders of the process** — It's important for case managers to view their role as a facilitator of the family's journey toward reaching the family's own goals. Families should lead the plan and the process, with staff trained and supported to engage and empower the family when needed. Program leaders may also consider adopting structured decision-making models to guide service delivery.
- **Provides advocacy support** — Case managers should also serve as advocates for families, helping them overcome challenges as they seek to access other services in the post-permanency program or the community. Such advocacy work will include both serving as a direct advocate with related programs and supporting families to increase their own advocacy skills.
- **Includes home-based services** — Families should receive case management services in their home to ensure staff members have the opportunity to understand the family in their natural environment and to increase the family's comfort while reducing barriers to participation. Programs should also have flexibility, including providing services virtually, in office visits, or in the community based on the family's preferences.
- **Has identified key community services that will benefit adoptive and guardianship families** — Case managers will need accurate, up-to-date lists of other public and community-based services that adoptive and guardianship families may need outside the post-permanency program. Agencies should develop a plan for how to identify these supports and how to keep the resource lists up to date. Staff may also need to develop relationships with key providers to help ensure they can overcome barriers that prevent families from accessing or benefitting from services. Post-permanency programs should use information gathered from families (see more below under Continuous Quality Improvement) to ensure that the services are actually meeting families' needs.
- **Is community responsive** — Agencies should have a plan to offer services in the family's language of choice, including having case managers who speak the languages most common in the jurisdiction and the use of interpreters if necessary. In addition, post-permanency programs should seek staff who reflect the population of families in the community. Case managers should be provided with training on community engagement, belonging, and inclusion, so they seek to understand, value, and respect each culture's values and traditions.

Examples

Example 1: North Dakota's Post Adoption Network

North Dakota contracts with Adults Adopting Special Kids to operate the North Dakota Post Adoption Network, which has a post adoption coordinator in each region of the state. Families seeking support complete a brief screening with their regional coordinator. If support services are needed, the coordinator develops a support plan within 45 days based on an adoption-competent, trauma-informed, and family-focused assessment. Assessment tools include a Questionnaire for Caregivers that measures commitment, available supports, child development and knowledge of parenting, adaptability, and family functioning plus the Developmental Challenges and Issues and Challenges worksheets from the CORE Teen curriculum to review the child's developmental history. The process includes at least one visit in the family's home.

The support plan is a collaborative, strengths-based, and solution-focused process that empowers and motivates families to identify strategies that will help them address their needs and maximize their strengths. It also involves the identification of a set of services and informal support that will address the needs of each child, caregiver, and family.

The Network's support services may include home visits, as well as other in-person contact, phone calls, and emails. The post adopt coordinator offers support in four areas, with specifics outlined in the family's unique support plan:

- Service navigation, coordination, and advocacy to help families access needed services
- Strengthening social supports for families, including connecting family members with peers, helping parents access relationship-building interventions when needed, and increasing the families' social networks
- Sharing of trauma-informed parenting strategies and relationship enhancement to improve family relationships
- Providing educational advocacy to navigate school systems and address education-specific challenges a child may encounter

Frequency and type of contact is determined by the family's needs and can be renegotiated at any time. There are no minimum expectations for contact and no upper limits to the time a post adopt coordinator can spend with the family.

Network staff and families will review progress on the plan at least every three months and will redo the assessment after six months. They will update the support plan as needed.

Example 2: Tennessee's Adoption Support and Preservation | Guardianship Support and Preservation

In Tennessee, when adoptive and guardianship families need support, they contact the state-funded Adoption Support and Preservation|Guardianship Support and Preservation (ASAP|GSAP) program. Once ASAP|GSAP receives a referral, the intake coordinator works with the family to complete an intake form (see Appendix 3). The coordinator refers the family to various services offered by the program, including counseling services if those are warranted. If there is a wait list for counseling, the intake coordinator can connect the family to other services in the program or the community and will check in periodically. Once a family therapist is available, the therapist will work with the family to complete a comprehensive assessment and treatment plan.

The treatment plan identifies goals for the therapeutic sessions and goals for connecting the family to other needed services—both those offered by ASAP|GSAP (such as support groups, training, or respite events) and those in the community (such as speech or occupational therapy). All families receiving counseling also receive case management from their family therapist, with the therapist helping the family connect to community-based services and overcome barriers to participation. The program's resource center staff may also provide case management services as part of parent coaching or educational advocacy services. The amount of case management support provided varies depending on the specific treatment plan. For some families, the primary focus is on case management, while for others the emphasis is on counseling with case management being a smaller piece of the work. In either case, the therapist will check in with the family during and between in-home counseling sessions to support and assess their progress on the plan's case management goals. The therapist and family will work together to update the treatment plan and goals as needed while the case is open.

Implementation Considerations

As agencies create or enhance case management services, there are key implementation factors to consider:

- **How they create the family-centered plan** — Program leaders will need to develop a process for creating the plan that will guide case management services, including how to ensure the family leads plan development with the support and guidance of the case manager. Agencies should develop a formalized, yet flexible process, addressing how and when to use specific tools to assess child or family strengths and challenges and how the plan's goals should be articulated. In addition, agencies offering counseling services will need to determine how to avoid duplication of efforts between the case management plan and the clinical assessment process and treatment plan.
- **How to handle capacity and determine staffing** — Agencies will need to examine existing data, consider community needs (including where adoptive and guardianship families live in the state), and consult with other sites offering similar services to estimate what percentage of the site's adoptive and guardianship families have more serious needs and thus may need case management. Program leaders will also need to determine optimal caseloads, taking into consideration families' often-complex needs and the length of service provision to help estimate the number of staff needed.

  Agencies will also need to decide what types of staff to hire (social workers, experienced parent advocates, etc.) and their experience level, and what education or training they should have before hiring and what will be provided by the agency. As noted above, if the program offers counseling services, the clinicians may act as primary case managers or the program may also want separate case managers to provide coordination and support the overall plan.

  Each agency will need to decide how to address times when capacity exceeds available services. If families are placed on a wait list for case management services, the agency should identify other ways to support families while they wait, including having families participate in other components of the post-permanency program such as support groups or respite activities.

- **Service frequency and type of contact** — Program leaders will need to determine timeline requirements related to case management, including:
  - How quickly staff will respond after the family completes intake
  - How quickly the family-centered plan should be completed
  - If there is a required frequency of contact and if it changes over time or is based on the family's level of need or preferences (for example, with more intensive crisis intervention case management for families in distress or more frequent visits at the beginning of service provision)
  - How often case managers should visit families in the home
  - How often to review the family-centered plan with families to assess progress and determine if changes need to be made.
- **How to partner with other providers** — Agencies will need to consider how community partnership can improve services for their children and families. Agencies should identify those public and community-based systems most likely to be used by adoptive and guardianship families—such as crisis intervention systems and other mental health and behavioral health providers—and build collaborations to improve their adoption competence and identify how and when families can access these services. Program leaders should consider when and how concerns from families about external services should be shared with those programs' leadership and when and how the post-permanency program may need to advocate for changes. Staff may also need to coordinate with other service providers to avoid conflicts or confusion and ensure all parties are working toward the same goals. Periodic joint meetings of service providers may help ensure the best coordination of services.
- **What happens at case closure** — Post-permanency programs will need to determine when to close each case, whether the family has met goals or decided not to continue services. The agency should determine if they will assess the family's progress at that time, such as by re-asking key questions asked as program entry. (See sample in Appendix 2.) During the process of case closure, case managers should ensure that families understand which post-permanency services may continue and how and when they can return for additional needed support.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine if they need to make changes in their case management services. Tracking and analyzing service usage, including primary reasons for seeking services, and checking in with families and case managers can help identify areas for improvements.

- **Tracking service usage** — Post-permanency programs should track and analyze what types of families, from which communities, are using services and if there are wait times for services in any region. Agencies should also examine concerns that led families to seek support, how long families are served by the program, reasons cases closed, and which interventions or services were recommended to families. Information on the reasons families seek support may help inform changes in the family preparation process or in more universal support services provided. Information on service usage may help determine if changes are needed in staffing.
- **Satisfaction surveys of parents** — Agencies should survey parents to assess their satisfaction with case management services and if they have made progress toward their plan goals. Surveys can also ask parents to identify any barriers that affected the family's ability to participate in services, access referred services, or to achieve goals. Responses can help agencies determine if there are ways to enhance services. In addition, surveys should specifically ask parents to identify which recommended services were particularly useful or not, and why. This will help guide future referral resources and identify potential areas where additional partnership with community providers may be needed.
- **Surveys of case managers** — Program leaders should survey their case managers to determine if they have the time, tools, and training necessary to support families as they seek to achieve their goals. Agencies can ask if staff have recommendations for changes in their process or in training, support, supervision, or staffing so that they can better serve families, which can also support staff retention.

Components of the Model

- Pre-permanency supports
- Comprehensive assessment
- Counseling services
- 24-hour telephone support
- Crisis intervention
- Educational advocacy
- Support groups
- Respite care

Following are detailed descriptions of each of these components, including research, core elements, examples, implementation considerations, ways to conduct continuous quality improvement, and resources to learn more about each component.

Pre-Permanency Supports

The Post-Adoption Center's program model begins with services that support families before they finalize an adoption or guardianship. These pre-permanency supports are defined as services that ensure that families who are adopting or taking guardianship:

- Understand how permanency creates lifelong changes in the family system
- Know where and how to access post-permanency services
- Are better prepared to meet their children's needs
- Have realistic expectations
- Understand that needing support is to be expected
- Have comprehensive information on their child's history and current service needs

Pre-permanency supports can be provided in different manners (training, counseling, meetings, etc.). Regardless of method, the primary goal is always to ensure the adoptive or guardianship family is strong, fully informed, and ready for the journey ahead.

Research on Pre-Permanency Supports

The need for pre-permanency support is clear. Lee and colleagues (2018) cited past studies of foster and adoptive parents that found a need for better preparation, including more information about the support services available. Child Welfare Information Gateway (2020) reported that comprehensive preparation is important even when the parents are already familiar with the child. Many studies specifically note the importance of addressing parental expectations as part of preparation. Brodzinsky (2008) writes:

> ***"One of the best predictors of placement stability and healthy parent-child relationships in adoptive families is the development of realistic expectations on the part of the adoptive family."***

Part of the preparation process includes sharing detailed information with families about the children they will care for. In *Providing Background Information on Children to Prospective Adoptive Parents*, Child Welfare Information Gateway (2018) noted that it is critical for both children and parents to have this information.

The authors explained that the benefits of sharing full information include the following:

- Ensuring children will have a better understanding of their own identity
- Helping parents have realistic expectations
- Being able to access needed supports early
- Being better prepared to meet their children's needs

An important consideration in preparation is how adoption and guardianship change the family system overall. Brodzinsky (2013) explained:

> ***"Every sort of family has its particular dynamics, concerns and complexities, whether related to divorce and blended families; single-parent families; families headed by gay/lesbian parents; etc. Adoption is no different; indeed, while it is an overwhelmingly positive institution for children who need the stability and nurture of permanent families, it can often be complicated, encompassing issues from addressing grief and loss for first/birth parents, to shaping positive racial/ethnic identity for children, to dealing with the impact of early adversity, to navigating relationships between adoptive and birth relatives. Liao (2016) reported in their literature review on post-permanency adjustments, 'As adopted children age, their developmental needs and tasks increase, adding stressors to the family system. For families whose capacities are not able to meet the demands, the stressors are likely to affect their adjustment negatively.'"***

Core Elements of Pre-Permanency Supports

The Post-Adoption Center recommends that agencies ensure that their pre-permanency supports include the core elements outlined in the following table.

Informs families about how permanency affects family systems

Pre-permanency supports should be designed to help families understand how adoption and guardianship change the entire family system and that those changes may vary over time. As they grow, children and families will process the meaning of adoption and guardianship through various developmental lenses, revisiting and reprocessing the implications of permanency personally and within the broader society. In each developmental phase, children and their families will likely gain new understandings, grieve newly contextualized losses, and have further questions regarding their history, identity, or family of origin. These shifting perceptions of adoption and guardianship can be accompanied by social, emotional, and behavioral challenges. Parents need to be made aware that common family issues, such as divorce, death, relocation, or the addition of other children to the family, may be particularly disruptive due to a child's previous history of trauma and loss.

Provides families with child-specific information

Agencies should take active efforts to collect and document detailed information about the child and provide it to the adoptive parents or guardians. Information should include:

- Assessment results
- Reason for adoption or foster care entry
- History of placements
- Birth family history
- Child's history before entering care
- Services that have been and are being offered
- Diagnoses and other medical history
- Information about the child's educational history

Staff should work with families to interpret and explain the information about their child, including how any findings may affect the child and family now and in the future.

Is offered to all families who are moving to adoption or guardianship

Agencies should provide some level of pre-permanency supports to all families moving to adoption or guardianship, although they may choose to offer more intensive pre-permanency services to families whose children have higher needs or those families who opt in to additional counseling or other supports.

Includes key information

Topics that should be addressed in pre-permanency supports include:

- Impact of trauma, including on a child's development
- Trauma-responsive and therapeutic parenting
- Key issues in adoption and guardianship such as grief, loss, identity, and rejection
- Differences between foster care and permanency (making a lifelong commitment)
- Keeping and building birth family, community, and racial and cultural connections
- Openness in adoption and guardianship; search and reunion
- Communicating in the family and community about adoption and guardianship
- Impact and understanding of adoption and guardianship at different developmental stages
- Honoring children's and families' stories and history

Addresses considerations for relative adoptive and guardianship families

Agencies should examine how their pre-permanency supports may differ for adoptive and guardianship parents who are related to the child. These families may need some modifications in their training and preparation related to post-permanency. For example, relative placements often happen more quickly, which could mean that some preparation is shortened or skipped. Pre-permanency supports might fill any resulting gaps. In addition, relatives may need additional training on issues such as shifting familial relationships (e.g., transitioning from grandfather or uncle to father) or openness within kinship families.

Is Community Responsive

Pre-permanency supports must be tailored to the specific needs of the diverse adoptive and guardianship families in the community. Agencies can ensure services are community responsive by:

- Offering services and materials in multiple languages spoken in the community
- Engaging staff and trainers that reflect the population of adoptive and guardianship families
- Training all staff on community engagement, belonging, and inclusion
- Including voices of diverse parents and young people
- Offering any in-person services or activities at the family's home or in the neighborhoods where families live

Agencies should include preparation and support for children's racial, ethnic, and cultural needs in any pre-permanency support services.

Connects the family to post-permanency services

An important component of pre-permanency supports is making sure families understand available post-permanency services and know how to access them. Agencies can provide written information about services, invite post-permanency staff to pre-permanency trainings to share information about available services, conduct personalized outreach, or set up meetings that include post-permanency staff.

Highlights parent and youth voice

The best preparation of adoptive and guardianship families features real-life examples provided by other adoptive or guardianship parents, adoptees, and people who have been in guardianship. By highlighting the voices of those with lived expertise, pre-permanency supports can normalize challenges that may arise, bring the realities of adoption and guardianship to life, and emphasize the importance of ongoing support. As Lee and colleagues (2018) noted in a study of adoption preparation, "Testimonials helping parents build understanding about each member of the adoption triad were described by parents as a powerful component of their preparation."

Types of Pre-Permanency Support Programs

There are various ways that agencies can support families through the finalization of adoption or guardianship. The Post-Adoption Center recommends that agencies implement a program that offers some support and information to *all* families during this phase of their journey, with enhanced services for those families who need more intensive attention during the transition. Pre-permanency programs can include:

- **Training** — Agencies may offer a training to families once they have decided to move toward finalizing an adoption or guardianship placement, covering the topics outlined previously in Core Elements. Agencies may also choose to offer individualized child-specific training to particular families based on their child's needs or diagnoses, such as offering in-depth training on fetal alcohol spectrum disorder (FASD) to families of children with known or likely exposure.
- **Counseling** — Pre-permanency programs can offer short-term counseling to adoptive and guardianship families approaching finalization. These services may be for those families who are already experiencing challenges or those where children have been engaged in more intensive supports during foster placement. In the counseling sessions, staff can prepare families for the transition and help develop a plan for how they can access services and supports after finalization. Counselors can also help identify missing information from the child's history and help families seek that information. They can also play a critical role in helping families understand the information they have about their children and how it may affect family functioning.
- **Navigation support** — As they transition to adoption or guardianship, some families may need extra support with the logistics of the change or in accessing public or community-based services to meet their children's needs. Pre-permanency programs can have case managers, advocates, or navigators work with families to identify their specific strengths and needs, overcome barriers, and build an effective formal and informal support network that includes the post-permanency program and other available supports.
- **Formal connection to the post-permanency program** — To ensure families are able to get needed information and support, agencies can connect parents to the post-permanency program in a variety of ways. They can have all finalizing families meet with post-permanency staff; offer in-home visits from post-permanency

staff; call families to share information about available services; or provide brochures, magnets, or other outreach materials with families. During these handoffs, the agency can make it clear that it is not unusual for adoptive and guardianship families to need support, especially at certain times (such as when children start school, holidays, or adolescence). By normalizing the need for support and making formal connections, agencies can remove a barrier that keeps some parents from reaching out for help until the family is in crisis.

- **Information sharing** — As they are finalizing placements, agencies should provide all adoptive and guardianship families with information about key issues in adoption and guardianship, expectations, parenting strategies, and how to access post-permanency supports. Information can be shared through guides, websites, videos, webinars, podcasts, or other methods. The key is to curate the information so that it helps the family truly understand the journey they are on and know where to reach out for help.

Examples of Pre-Permanency Support Programs

The examples that follow are a few ways that states are providing pre-permanency support services:

Example 1: Tennessee's Adoption and Guardianship Preparation Training

In Tennessee, pre-permanency supports consist of a **required training and optional counseling**. All Tennessee Department of Children's Services families who have made a verbal intent to adopt or take guardianship of a child in their home must go through the Adoption and Guardianship Preparation Training (AGPT) before the adoption or guardianship can be finalized. Facilitated virtually by master's level clinicians in four 2-hour **psychoeducational** sessions, the training covers:

- the impact of adoption or guardianship on families now and in the future
- common motives and expectations vs. the realities of adoption and guardianship
- transparency, honesty, and disclosure
- normalizing the need to access post-permanency services

AGPT provides families with valuable information, time, and space for guided reflection regarding the continued impact of adoption and an introduction to post-permanency services offered to families in Tennessee.

Upon completion of AGPT, prospective adoptive and guardianship families in Tennessee can choose to receive short-term pre-adoption or guardianship counseling (six to eight sessions). Family therapists in the Adoption|Guardianship Support & Preservation (ASAP|GSAP) program specialize in trauma-responsive, attachment-based treatment protocols. Therapists use evidence-based and promising practice models, and the number of sessions and treatment goals vary depending on the family's unique needs. Treatment models and techniques include, among others:

- Lifebook work
- 3-5-7 Model to Permanency
- Attachment, Self-Regulation, and Competency
- Sensory Motor Arousal Regulation Treatment (SMART)
- Trust-Based Relational Intervention® (TBRI®)
- Other neurodevelopmentally sensitive treatment approaches

During this time, ASAP|GSAP therapists will also help the family develop their relief team (see Respite Care section) and inform the family about the full array of available post-permanency services.

DEFINITION

Psychoeducation = A structured method of sharing information to enhance knowledge

Example 2: Alabama's Pre/Post Adoption Connections

Alabama's Pre/Post Adoption Connections (APAC) program offers adoption-only families a specialized training along with counseling and navigation support. Families who are interested specifically in adoption (not fostering) go through the same pre-service training as foster families but also receive the three-hour APAC Therapeutic Parenting training.

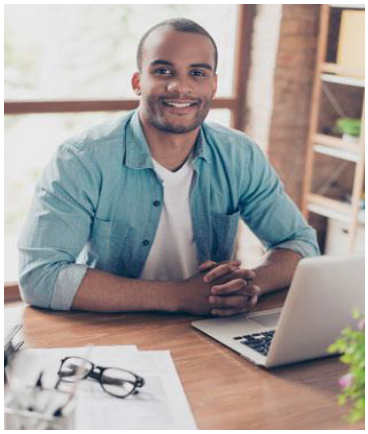
Offered in person or by recording, the training helps families understand how to apply what they learn in the pre-service class and what it truly means to be a therapeutic parent. APAC offers both pre- and post-adoption support, which helps them ease parents' journey toward finalization. Pre-adoption navigators, who conduct the pre-service training and often do the families' home studies, serve as an advocate to help families move through the process. The navigators work to access additional information about the child's history to ensure that the family will be prepared to meet the child's needs. They also connect the family to the agency's post-placement supports. APAC's post-permanency counselors meet families at least twice before finalization of adoption by attending a panel at the pre-service training and co-facilitating the therapeutic parenting training. The counselors can begin meeting with families as soon as the home study is approved, helping to allay prospective parents' concerns and address their fears or issues of loss even before a child is matched with them.

When a child is identified for the family to adopt, counselors can meet with the family and the navigator to interpret any diagnosis or background information and help parents have realistic expectations. Once a child is placed in the home, the family is able to access as many counseling sessions as they need—until finalization and beyond. Families who are adopting a child they have been fostering can also access counseling before and after finalization but would not have an assigned navigator.

Example 3: North Dakota's Adults Adopting Special Kids

In North Dakota, following the approval of the adoption or guardianship home assessment and before finalization, **staff do a warm handoff to connect the family to the state's post-permanency support program**, run by Adults Adopting Special Kids (AASK). The family gets to meet their regional post-permanency support worker and learn about available services during the last child-family team meeting before finalization, or, if that isn't possible, during an in-home visit or meeting in the community. The goal is to normalize the need for support and make families more comfortable to reach out later when they need help. During the meeting, post-permanency staff share a welcome packet, offer information about the program's services, and let the family know that the program will continue to reach out to them regularly over the next two years to offer support. For families where the child is actively experiencing challenges, the post-permanency program can choose to complete an assessment and develop a case management plan so services begin before finalization.

Example 4: Minnesota's Post-Permanency Navigator Program



In Minnesota, the **Post-Permanency Navigator program** connects with all families who finalize an adoption or guardianship from foster care. Post-permanency program staff have access to the state database and send an initial packet of information as soon as the data shows a placement is finalized. Staff follow up with an email a few weeks later, inviting families to sign up for one year of specialized support from the Navigator program.

Families can also reach out for help even if they don't sign up at that time. Staff are able to assist families with whatever they need—helping with vital documents, ensuring they have access to medical assistance, navigating birth family connections, providing educational resources, learning more about and connecting to post-permanency resources available throughout the state, and accessing other supportive services and benefits. Each family also receives a county-specific resource guide with information about post-permanency services available, including crisis support and children's mental health services.

During the first year, the navigator checks in periodically with individual families to offer support. The program sends a monthly newsletter highlighting resources and amplifying adoptee voices, offers free access to many training opportunities, provides free tickets to fun children's events, and sends additional topic-based resource guides. When families indicate a need for more intensive support, the navigator is able to seamlessly connect them with the agency's HELP program, which provides support in identifying additional in-depth adoption-competent services—including therapeutic services.

Example 5: Vermont's Parenting by Adoption or Guardianship Guide

Vermont **provides all families moving toward adoption and guardianship with information** through *The Continuing Journey of Children and Families: An Informal Guide for Those Parenting by Adoption or Guardianship*. This document includes information common to adoptive and guardianship families with a particular focus on the impact of trauma and developmental stages. It covers the core issues in adoption, explores behaviors that may be expected at various ages, and offers guidance for parents and guardians to ensure the families' well-being. The guide also highlights the unique dynamics of kinship families and families where the parents are of a different race or culture than their children.

Implementation Considerations

When creating or enhancing pre-permanency supports, agencies should consider the implementation factors outlined in the following table:

Which type of services will best meet their families' needs
The agency should develop a plan about which pre-permanency services it will offer, including which services may be mandatory to all families and which services are optional. For any mandatory services, agencies may want to consider whether changes are needed in policy or practice manuals and how they will enforce any mandates.
How to train staff
All staff and contractors who are helping to prepare and support adoptive and guardianship families need to be adoption competent. Agencies must consider training requirements, including anything that might be written into a request for proposals for contracted services. In addition, staff should be trained in customer service principles and how to serve voluntary clients. In many cases, the tone they set in the pre-permanency stage will affect how families feel about accessing needed supports after finalization.
How to ensure services are accessible
If agencies offer training or other in-person pre-permanency support services, they should make sure families can easily access the supports. Would offering virtual trainings or counseling sessions be easier for families or programs serving a large geographic area? For virtual trainings or meetings, considerations should include whether all families have computers and sufficient internet access and what accommodations might be necessary for individuals who have sight or hearing challenges. For in-person trainings or meetings, agencies must consider disability accommodations, meeting locations in diverse neighborhoods with easy transportation access, and potentially supporting families' transportation costs.
How to address child-specific issues
Some pre-permanency supports, such as counseling or training, may be tailored to meet the needs of individual children and families. Agencies will need to decide if they offer any individualized services and how they will determine which families receive this support.

Timing of services

Agencies need to determine when they will offer each of their pre-permanency supports. For example, will training be offered after the family makes a verbal or written intent to adopt or take guardianship, or at some other stage in the process? Would the handoff to the post-permanency support program be made at placement, upon intent to adopt or take guardianship, or right before finalization?

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to track, measure, and assess outcomes, agencies should conduct continuous quality improvement efforts to determine changes needed in the pre-permanency supports. Tracking and analyzing service usage and checking in periodically with parents, children, and staff can help identify areas for needed improvements. The following may be considered:

- **Tracking service usage and examining barriers** — Agencies should gather and analyze information on the number of families who are using pre-permanency services in all areas of the jurisdiction. Information on where services are or are not used can help guide efforts to dig deeper to determine if changes are needed in locations, schedules, activities offered, or other plans. If the data shows that families (such as relatives, guardians, or families of color) are not choosing pre-permanency supports, the agency can ask questions of families to identify barriers and solutions and can also examine its outreach and communication methods and the community responsiveness of services.
- **Pre- and post-intervention surveys** — Agencies can offer surveys before and after training or counseling sessions to determine participants' knowledge gains and changes in expectations. If the differences between the pre- and post-surveys don't show significant gains, agencies may need to make changes in the services provided.
- **Satisfaction surveys** — Brief satisfaction surveys of parents after pre-permanency supports are provided can help guide future efforts to better meet participants' needs. Surveys might ask about satisfaction with the pre-permanency supports, solicit suggestions for changes, and assess parents' comfort with accessing ongoing support services if needed.

- **Longitudinal follow-up surveys** — Given that families may not know how prepared they were until they have been parenting a child for some time, agencies may want to offer follow-up surveys six months to one year after finalization to ask if families felt prepared, what recommendations they would have for changes, and if they have needed or used any post-permanency support services.
- **Questions of families who access post-permanency services** — Agencies should ask families who use post-permanency services how they learned about the supports. If families cite internet searches, referral from schools or community providers, or word of mouth, it may suggest a need to strengthen any handoff made to the post-permanency program at the time of finalization.
- **Staff surveys or focus groups** — Agencies can survey staff of the pre-permanency support program regarding how effective they think the services are and if there are any recommended changes.

More Information

Additional information about pre-permanency supports can be found in the following documents:

Agencies can use or adapt Tennessee's Adoption and Guardianship Preparation Training (AGPT) curriculum to train families who are moving from foster care to adoption or guardianship. (*See Appendix 5: Tennessee's Adoption and Guardianship Preparation Training Outline*.)

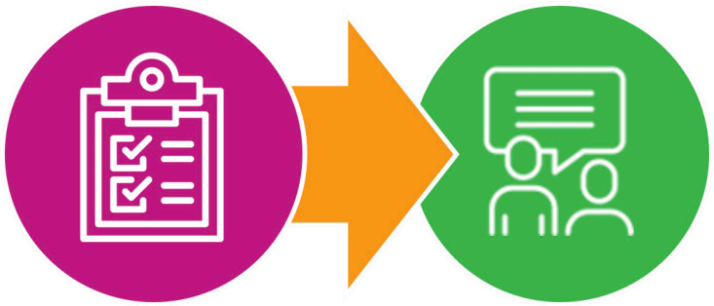
- Providing Background Information on Children to Prospective Adoptive Parents offers detailed information about the importance of fully informing adoptive parents and guardians about their children's history and outlines in detail the type of information that should be shared.
- Agencies can also use or adapt information from Vermont's The Continuing Journey of Children and Families: An Informal Guide for Those Parenting by Adoption or Guardianship, which covers the impact of trauma, key developmental stages for children in adoption and guardianship, and other information designed to help parents understand their children's and family's journey.

Sites can also adapt information from the following free curricula to use in training or as information they share with adoptive parents and guardians:

- The National Training and Development Curriculum for Foster and Adoptive Parents is a free curriculum to prepare and provide ongoing development for parents who want to foster or to adopt. The curriculum includes all materials agencies would need to present the classroom training as well as various "just in time" trainings that can be used on their own.
- Critical On-going Resource Family Education (CORE) Teen is a free curriculum designed for parents who are or will be raising older children from foster care who have moderate to severe emotional and behavioral challenges. It offers all the materials needed for agencies to present the classroom training, as well as a series of "just in time" topics.

Comprehensive Assessment

For the purpose of the post-permanency program model, the comprehensive assessment is defined as a clinician-led process of thoroughly examining the child's and family's strengths, needs, history, and support systems to develop and guide the post-permanency **treatment plan**. The comprehensive assessment is done to initiate the counseling services provided through the post-permanency model. When possible, the assessment should be conducted by the clinician who will be providing the family with these counseling services. Because it is a lengthy process, the assessment should not be required in order to access other services in the post-permanency program. Instead, it is recommended that the post-permanency program have a brief intake that grants access to all of the components of the post-permanency program other than counseling. Once completed, the comprehensive assessment will be used to guide the treatment plan for counseling and can also be used to identify other services that the child and family can benefit from using.



Comprehensive assessment is completed before a child or family starts counseling

Research on Comprehensive Assessment

A comprehensive assessment helps guide the creation of a family-specific treatment plan and leads to more effective post-permanency services. Bronfenbrenner (2005) reported that adoption-competent clinicians use a holistic, bioecological framework that includes knowing the history of the child and family as well as their strengths for the development of a comprehensive treatment plan for healing the child within the family system and the larger community.

DEFINITION

Treatment Plan = A guide to the post-permanency services to be provided to the individual family, including the goals to be achieved and any clinical services to be offered by the post-permanency program; is developed after conducting a thorough and individualized family assessment and with input from the family

NOTE

The comprehensive assessment should not be required in order for families to access the post-permanency program. The assessment will take longer and families seeking assistance should be able to get enrolled in services quickly after reaching out.

Brodzinsky (2013) explained why assessments must be viewed through an adoption lens:

> ***"Even more so than in the general population, the lives of adopted children and their parents, as well as birth/first parents, are influenced by a host of interacting contextual factors, including but not limited to: multiple family and extended family systems, the legal system, the child welfare system, the mental health system, the special education system and the medical system. When clinicians appreciate the ecology of adoption and integrate this perspective into their work, they are likely to be more successful in developing intervention strategies that facilitate healthier individual and family functioning."***

To ensure more successful support of adoptive families, Murray and Sullivan (2017) recommended that the assessment process covers the following areas:

- Child's history of trauma and the impact of that trauma on the child
- Child functioning
- Parent and child relationship and attachment
- Parent functioning
- Adoption-specific issues, such as grief and loss, openness of adoption, unmet expectations, perceptions of permanence, and race and culture

Core Elements of Comprehensive Assessment

The Post-Adoption Center recommends that agencies ensure that their comprehensive assessment includes the core elements outlined in the following table:

Has a template and protocol
Agencies should ensure that the professionals conducting the assessments use a standardized template and process that includes necessary adaptations based on the family circumstances (including family size or composition, whether the caregivers are related to the child, if the child is very young, etc.). The protocol should outline the overall process to be used and information to be gathered while identifying where clinicians can and should be flexible to properly assess each family's specific circumstances.
Uses relevant standardized measures
Each agency's assessment process should include an array of standardized tools that measure key areas of concern such as child's trauma exposure, child functioning, parent functioning or stress, and quality of child and family relationship or attachment. (See the More Information section and the examples below for various assessments to consider.)
Has options for other screenings as needed, including tools with standardized measures
The assessment process should include avenues through which clinicians can access additional screening for the child (such as for FASDs or post-traumatic stress disorder based on symptoms or history) or for the parents (such as for depression or anxiety). The protocol should also identify additional tools or standardized measures that may be used when circumstances warrant.
Takes a strengths-based perspective
Although families seek support to address challenges and concerns, the assessment should always seek to identify the child's and family's strengths, protective factors, and support systems. These factors will help the families remain hopeful and assist clinicians in designing an effective treatment plan that builds on their strengths in order to respond to any challenges.

Is family focused

The assessment must focus on the family rather than just the child or children, and the process should incorporate all members of the household. Understanding the parent-child relationship and the entire family system is critical to effective treatment. Whenever possible, clinicians should meet with family members individually, as a whole family, and in various groupings to assess various relationships and overall family dynamics.

Occurs in environments conducive to proper assessment and convenient to families

The assessment should take place in the family's home and other locations that are convenient to the family while also allowing clinicians to see how the child and family function. It is critical for the clinician to see the child in their home environment.

Is conducted in partnership with the family

Clinicians should see themselves as partners with parents as they jointly assess families' situations. Parents are the experts on their children and families and will be key players in gathering information. The process should be transparent and feel collaborative. Parents can also help the clinician engage the child, wherever developmentally appropriate, as a partner in the process.

Is comprehensive

It is critical for the assessment to be as thorough and comprehensive as possible; however, it is important to remember that there likely will be information that is not known to either the child or the parent. The clinician should try to gather as much information as possible but not hold up the assessment if information is not accessible and/or known. (See *Appendix 6: Items to Include in a Comprehensive Assessment*.)

Is community responsive

Agencies should have staff who speak the languages most common in their jurisdiction and offer the use of interpreters so that they can conduct assessments in the family's language of choice. In addition, post-permanency programs should seek clinical professionals who reflect the diversity of families in the community and provide all clinicians with training on justice, equity, diversity, and inclusion. Training should address how various cultures may feel about and respond to what can seem like an intrusive process and how clinicians can make the assessment more effective with diverse groups.

DEFINITION

Family Focused = Understands that the best way to address challenges is in the context of the family system; providing services to the entire family and viewing the family as key agents of change

Includes considerations for relatives who adopt or obtain guardianship

Relatives who adopt or obtain guardianship often have particular needs and concerns. As ChildFocus and NACAC (2010) reported, these unique circumstances include that relative adopters may have existing relationships with the child or the child's birth parent, their preparation may have been shorter or otherwise modified, and they often have to grapple with more complicated family dynamics and emotions. For relatives, the assessment should address specific issues the family may be facing, such as:

- The manner in which placement occurred, with consideration about how to address any missing steps in adoptive parent or guardian preparation
- Functional adaptations to stress and life with children; risk and protective factors related to burnout
- Areas affected by the caregiving role, including housing, health, finances, etc., and related stressors
- Resources needed to accommodate a new lifestyle with the child
- Roles within the family and ownership of role as primary caregiver to the child
- Language and labels used in the family or to describe their circumstances to the world
- Impact on the placement from caring for a child who is related to the adoptive or guardianship family
- Contact and interaction with birth parents, including how the caregivers think and feel about the birth parent and any divided loyalties they may have
- Impact of ongoing changes with birth parents, whether positive or negative, and how it affects their future planning

Is a process

Accurate assessments take time—time to get to know the child and family over multiple meetings, to gather missing information, and to reflect on and discuss the information received. Clinicians should be able to conduct the assessment over several sessions and to partner with their agency, other systems, and the family to gather as much missing information as they can (such as the child's placement history or birth family information). It may be important for agencies to conduct updated assessments over time if there are significant changes in the child's or family's circumstances.

Guides the treatment plan and informs parents

The assessment should be designed to shape an adoption-competent treatment plan that guides the provision of counseling and other services from the post-permanency program, as well as recommendations for other supports. Clinicians should share a written assessment report and proposed treatment plan with the family so they can work in partnership with the family to finalize the plan and determine the next steps. As Murray and Sullivan (2017) concluded, "... the assessment process is a critical opportunity to provide families with feedback that can shape their understanding of the presenting problem and increase their motivation for recommended treatment. An important goal of this feedback is providing psychoeducation to parents, which can yield a paradigm shift in their understanding of their child's difficulties."

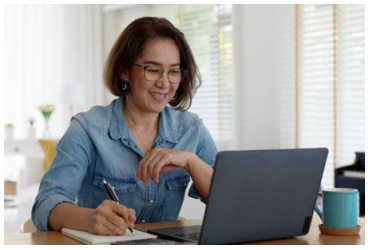
Is completed in a timely manner and when services can be offered

Agencies should ensure that a written assessment and treatment plan is completed within four to six weeks of the first meeting with the family. They should also ensure that counseling and other needed services that may be identified in the report can begin immediately upon completion of the assessment. There should be no gap between the comprehensive assessment and the start of the post-permanency program's therapeutic services.

Examples of Comprehensive Assessment Use

Following are a few ways that states are conducting comprehensive assessments as part of their post-permanency programs:

Example 1: Alabama's Pre/Post Adoption Connections



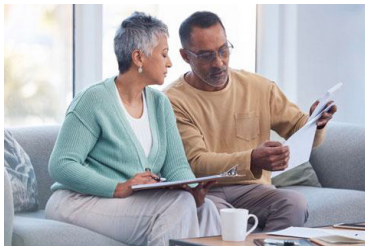
Alabama Pre/Post Adoption Connections (APAC) conducts a **comprehensive psychosocial assessment** with families before they receive counseling services. The same adoption-competent clinician who will be providing counseling meets with the family weekly at least three times. Meetings can be held in the family's home, by **telehealth**, or in the office. The counselor gathers information to complete a standardized template that examines the reason the family sought support, the child's functioning and history, the family's support system, parenting style, and more. At APAC, parents are viewed as the guiding force behind the assessment, so counselors meet with them alone twice before meeting with the family together. After the third meeting, the counselor completes a treatment plan that was developed in collaboration with the family/child that guides the counseling to be provided and identifies other services that may be helpful.

DEFINITIONS

Psychosocial Assessment = Formal process of evaluating an individual's or family's mental health, functioning, and well-being

Telehealth = The provision of health care services, such as counseling, through telecommunications technology, most often through video calls

Example 2: Tennessee's Adoption Support and Preservation|Guardianship Support and Preservation



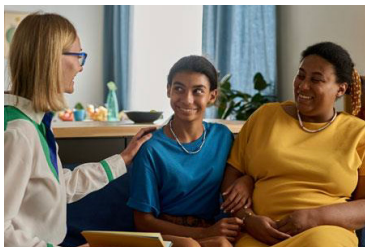
In Tennessee, when families seek counseling services, the Adoption Support and Preservation|Guardianship Support and Preservation (ASAP|GSAP) program begins with a **comprehensive assessment**. Over the first two or three sessions, the ASAP|GSAP counselor gathers identifying and demographic information for all household members, as well as date of placement, date of finalization, what brought the child into care, any history of disruption or dissolution, and any history of temporary out-of-home placements such as residential treatment or acute hospitalization. The clinician also solicits information about why the family is requesting services, as well as the child's and family's identified strengths and goals related to the service plan. The assessment also documents the family's resources outside of the home (friends, family, community) in an effort to further develop the family's therapeutic web. During the assessment process, the counselor obtains a comprehensive developmental history, including risk and protective factors of each stage of development (prenatal, perinatal, infancy, preschool, early childhood, youth). Other areas of assessment include safety/behavioral concerns, current functioning across life domains (home, school, community), as well as current and past services used. Counselors use the Neurosequential Model of Therapeutics (NMT) metric during the assessment process. In addition, the ASAP|GSAP counselor works with the family to complete the Behavior Problem Index (BPI), the Parent Feelings Form (PFF), and the Belonging and Emotional Security Tool (BEST). Information gathered from these tools and the rest of the comprehensive assessment guides the collaborative treatment planning process with the family and sets the stage for the therapeutic work that occurs during counseling. The BPI, PFF, and BEST are also administered with families at the close of services to help assess the effectiveness of the services they received.

Example 3: Illinois's Adoption/Guardianship Support and Preservation Program

Illinois's post-permanency support program—the Adoption/Guardianship Support and Preservation (ASAP) program—is operated through contracts with eight different agencies, including The Baby Fold (TBF). Each agency conducts a **comprehensive family assessment** using the adoption-competent ASAP Assessment Tool before beginning services. Assessment starts in the home with the family members, who will be asked to participate in assessing their own strengths and needs and in developing treatment goals. The assessment usually takes three or four sessions and is completed within 30 days of the initial meeting. Each contracted agency has its own assessment process.

For example, at TBF, in addition to face-to-face meetings and family and child interviews, TBF clinicians will also use standardized measures including the Behavioral Assessment for Children, Parent Relational Questionnaire (BASC-3 PRQ), and the Parent Stress Scale. Depending upon the child's or family's specific needs, additional special assessments may be included in this process or added later during treatment. These might include the remainder of the BASC-3 series, the Behavior Rating Inventory of Executive Functioning (BRIEF), the Guilliam Autism Rating Scale (GARS-3) for suspected autism spectrum disorders, and age-appropriate assessments for post-traumatic stress disorders. As part of providing Trust Based Relational Intervention®, TBF clinicians also work with the family to identify and complete an assessment for attachment health, including the Adult Attachment Interview by Mary Main, the Secure Connector Quiz by Yerkovich & Yerkovich, and the Attachment Questionnaire by Dan Siegel. Sensory checklists are often used to assess the child for potential sensory needs or a need for referral for occupational therapy. Another advanced tool used at TBF is the Neurosequential Model of Therapeutics (NMT) Assessment. The Marschack Interaction Method (MIM) can be used by TBF clinicians to prepare the child-parent dyad for Theraplay® services.

Example 4: Oklahoma Human Services



When adoptive families seek support in Oklahoma, the Oklahoma Human Services' post-adoption clinical team begins an **assessment process to determine treatment needs and planning**. The family is assigned to a post-adoption clinician depending on their location within the state. The assessment is completed within the first two to three sessions by the clinician who will be providing their ongoing clinical services. The assessment process includes gathering information on the child's history, the family's history, their awareness and openness about adoption, and each family member's experience as a member of the family (relationship dynamics, stress, emotional/behavioral challenges, etc.). The assessment and services are provided mainly in-home, with telehealth or in-office options available, depending on the family's preference.

The post-adoption clinical team uses various assessment tools to determine the clinical needs of and treatment for children and families. One of these tools is the Marschak Interaction Method (MIM) analysis, a structured play-based observational method that measures four dimensions of relationship: structure, nurture, engagement, and challenge. The MIM, which has been adapted to use with children of all ages, is a video-recorded interaction that consists of a set of ten activities. After the activities are completed, the clinician views the recording and assesses, across five dimensions of relationship, the caregiver's ability to support the child and how the child responds to the caregiver (Booth et al., 2011). The post-adoption clinician then provides a feedback session with caregivers, showing them some clips from the recording to discuss their observations and assessment and to develop a treatment plan focused on practicing skills to strengthen areas that need strengthening.

Implementation Considerations

When creating or enhancing a comprehensive assessment process as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

How to assign clinicians
Whenever possible, the assessment should be conducted by the same clinician who will be offering therapeutic services. This enables the clinician providing services to begin building a relationship from the beginning and to better understand the family's strengths and needs. If this is not possible, agencies should ensure there is a process in place for the two clinicians to work closely together to share information and support the family in the transition from assessment to therapeutic services.
How to train staff
In addition to being adoption competent, the clinicians must receive training and develop skills on how to gather information in a relationship-building process. Rather than being an interview or a questionnaire, the assessment process should allow families to tell their stories while the clinician gathers and further elicits information needed for the assessment. Training may include role plays, simulations, staff shadowing, or watching videos of effective clinicians before they begin the assessment process themselves.
How and where to conduct the assessment
To ensure the assessment is family focused, agencies will need to determine when they will meet with parents separately, when they will meet with the child and parent together, and when and how they will meet with the entire household. Ensuring there are some separate meetings with each member of the family may help elicit more in-depth information, while seeing different groups together may demonstrate more about family dynamics. In addition, agencies should consider if any of the assessment process can be virtual and where any in-person assessment should be done, including if seeing the family in different settings (such home, school, or community) will provide useful information for the counselors. As noted above, at least some part of the assessment should be done in the family's home.

How to determine when to seek a diagnosis

In some cases, it may be helpful or necessary to obtain a specific diagnosis for a child. A diagnosis can often help with accessing services or finding financial support. It can also help families better understand a challenge they have been facing. Post-permanency programs should ensure that there is a process in place for clinicians to either make a diagnosis themselves or engage other professionals (such as psychologists, psychiatrists, or other clinicians). It will be important for these outside professionals to be adoption competent, so the agency may want to develop partnerships to help increase adoption competency and ensure diagnoses that take the child's history into account. As part of these partnerships, it can be helpful to remind clinicians and outside professionals that children who have experienced trauma and loss are often misdiagnosed or over-diagnosed.

Which assessment tools to use

Each agency will need to determine which assessment tools it wants to include in the assessment process. Considerations should include whether the tools have been validated, including with diverse populations. In addition, agencies may want to consider if the tools have been successfully used by other post-permanency programs and if they account for a history of trauma and loss. Staff will need to be trained on how to effectively use each tool. (See *Examples* provided earlier in this section and *More Information* below for a list of some assessment tools.)

How to gather missing information

In many cases, the family will not have information for everything included in the comprehensive assessment. Agencies should develop processes to help their staff and the families gather missing information whenever possible. For example:

- How can a family get access to information that may be in the child's child welfare case?
- Can the agency provide parents with sample letters and releases they or the clinician can use to request information from various public agencies, former schools, or medical providers?

How to distinguish who is the client

As noted above, the assessment should consider the entire family system—the family is the client for clinical purposes. In many record-keeping systems, however, one person (most often the child with the most concerning or challenging behaviors) is noted as the identified client, and the chart is opened and documented under their name. Agencies should develop protocols for how to keep the assessment family focused and holistic while also meeting any of their reporting or billing needs.

How to document clinical notes

By its nature, the comprehensive assessment includes gathering sensitive information about the adoptive and guardianship family as well as the child's birth family members. Agencies will need to consider how to ensure that information is protected in any records or reports, including information shared with the family. Agencies should develop protocols for what should and what should not be included in records or files and how to maintain confidentiality. Agencies should advise staff to consider whether detailed documentation of sensitive information is necessary to understand the child or family and to complete a treatment plan. When documenting birth family connections and history (including trauma history and reason for removal), clinicians must be mindful of the language they are using as well as whether to include identifying information. Other considerations related to clinical notes include whether or how to include information about diagnoses of family members who are not the primary focus of treatment and how to clearly distinguish between various family members. For example, does "mother" mean the adoptive mother or the birth mother? Is "brother" a birth brother or one of the child's current adoptive siblings? As part of this consideration, agencies must also have policies on what information is shared about various family members in the final assessment report provided to the parents and how to protect that information from being disclosed.

How the assessment connects to the treatment plan

One of the major goals of the assessment is to guide the treatment plan—the supports and services that may help the family achieve their goals. Agencies should determine how their staff will engage families in learning from the assessment and then help shape the goals and treatment plan. Agencies will also need to consider how they can support the family if the treatment plan includes services beyond those offered by the post-permanency program. Clinicians should work with the family to access other adoption-competent services and consider how to coordinate those services with support provided by the post-permanency program.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine if they need to make changes in their assessment processes. Tracking and analyzing service usage and surveying parents and clinicians can help identify areas for needed improvements.

- **Tracking service usage** — Post-permanency programs should track and analyze which families, from which areas, are requesting services and completing the assessment process. Agencies should also examine the concerns that led families to seek post-permanency support, the length of the assessment process, and

how often additional tools or outside services were required to complete the assessment. Information gathered may help determine any needed changes in staffing levels or in the process itself. Information on the reasons families seek support may help inform changes in the family preparation process or in more universal support services provided.

- **Satisfaction surveys of parents** — After the assessment process is complete, agencies can survey parents to assess how parents felt about the process (was it helpful? was it easy to participate in?) and if the resulting report seemed to be an accurate reflection of their family's current status. The survey can also ask if parents felt engaged in creating the treatment plan and if it seems likely to achieve the family's goals. Responses can help agencies determine if there are ways to be more accommodating to families' needs during stressful times.
- **Surveys of professionals conducting assessments** — Post-permanency programs should check in regularly with their staff to determine if the staff have the time and tools necessary to complete each comprehensive assessment and design the treatment plan. Agencies can ask if staff have recommendations for changes in the process or in training, support, or staffing so that they can better serve families.
- **Surveys of counselors working with families** — Agencies should also check in with clinicians as they provide ongoing counseling with families. Surveys can help determine if assessments accurately reflect each family's situation and if treatment plans are on track. Through these check-ins, clinicians may also provide insights that lead to changes in the assessment process or in how treatment plans are developed.

More Information

Additional information about assessments can be found in the following documents:

- **The National Adoption Competency Mental Health Training Initiative (NTI) Comprehensive Assessment Outline** details what should be included in an adoption-competent assessment, including:
  - Prenatal, birth, developmental, and medical history
  - Pre-placement and placement experiences
  - Adoption
  - Current functioning and presenting issues
  - Relevant standardized measures. *(See Appendix 7: National Adoption Competency Mental Health Training Initiative Comprehensive Assessment Outline*)
- The **Tennessee ASAP|GSAP standardized in-depth assessment** is completed by the program's clinician at the beginning of counseling services. (See *Appendix 8: Tennessee ASAP|GSAP Comprehensive Assessment*.)
- The **Child Trauma Screen** is a free, brief tool used to identify children who may be suffering from trauma exposure and need more comprehensive assessment or treatment.

A list of assessment instruments, with descriptions and links, outlines the various tools that can be used in child and family assessments. (See *Appendix 9: List of Assessment Instruments*)

Resource link

The Child Trauma Screen

Counseling Services

For the purpose of the post-permanency program, counseling services are defined as a family-focused, relationship-based therapeutic process, led by an adoption-competent master's level clinician, to increase adoptive and guardianship family stability and **cohesion** as well as child and family well-being. The goals of counseling services are to:

- Ensure that adoptive parents and guardians are better equipped to provide a safe, nurturing, and therapeutic environment for children who have experienced trauma and loss
- Strengthen attachment between parents and children and enhance relationships among all family members
- Increase parents' parenting skills and resilience and increase their understanding of and empathy for their children's experience
- Incorporate and integrate the lifelong impacts of adoption and guardianship
- Spur positive changes in the child or teen's functioning at home, school, and in the community

Counseling services provided as a component of the post-permanency program should be adoption competent and incorporate diverse treatment modalities to address the clinical complexities of each unique child and family's circumstances and experiences. These modalities will likely include psychoeducation and individual and family therapy.

Interventions will include evidence-based or evidence-informed approaches and experiential techniques and those focused on sensory input to address a child's neurodevelopmental needs, as well as therapies that address the child and family members' psychological and emotional needs. (See *Appendix 10: Directory of Therapies* for some possible approaches.) Programs should offer an extensive array of interventions, as one size will not fit all and treatment needs will fluctuate over time.

DEFINITION

Family Cohesion = The emotional bonding and close relationships among family members; serves as a protective factor against stressors

Research on Counseling for Adoptive and Guardianship Families

Adoptive and guardianship families often need counseling services to address challenges they face. Brodzinsky (2013) reported that adoptive families were two to five times more likely to seek mental health services than non-adoptive families. Hartinger and colleagues (2014) found that more than one-third of adoptive parents in a national study needed counseling services for their child and almost one-quarter sought counseling for themselves.

Roszia and Maxon (2019) identified seven core issues—loss, grief, guilt and shame, rejection, identity, intimacy, and mastery/control—that deeply affect children and families in adoption and kinship families, often leading to this need for counseling support. Ji and colleagues (2010) and Roszia and Maxon (2019) noted that vulnerabilities stemming from these core issues are far-reaching and influence normative challenges, family relationships, identity, and psychological adjustment.

Brodzkinsky (2013) emphasized that adoptive families' need for support is due to these key adoption issues, plus what happened to the child before adoption:

> ***"There are a range of adoption-related issues that can present challenges to those involved in adoption, including identity, loss, a sense of difference, and others. Perhaps the most important conclusion of recent research related to the adjustment of adopted children, however, is that many of the emotional and academic problems they manifest have less to do with being adopted per se than with an array of biological and experiential risk factors that pre-date adoptive placement, as well as the failure of adoption professionals to adequately prepare, educate and support parents in managing the challenges they face in the post-adoption years."***

Counseling services, as long as they are adoption competent, can help adoptive and guardianship families address these challenges. Brodzinsky (2013) noted that accessing mental health services after placement is one of the main ways to facilitate improvements in adoptive families. He went on to note, though, that finding adoption-competent mental health and counseling services in the community was a major challenge for most adoptive families and recommended ensuring that families have access to supports provided by clinicians trained in adoption competency.

Adoption-competent counseling and mental health services should specifically address the complex issues of adoption and guardianship from a **family systems perspective**. In her exploration of adoption-competent clinical practice, Atkinson (2020) noted that interventions should be "family-based, strengths-based, and informed by evidence of effectiveness and recognized clinical best practice" and "attachment-focused, reflect the belief that healing occurs best in the context of family, and engage parents as partners in the therapeutic process and as primary agents of healing." Atkinson and Riley (2017) noted that adoption-competent providers address the underlying issues that result in children's traumatic stress symptoms, rather than focusing simply on behaviors.

DEFINITION

Family Systems Perspective = For purposes of counseling or other treatment, considers the entire family as an interdependent unit, with what happens to one member affecting every other family member; the family is seen as a source of strength or support to other family members

Counseling programs for adoptive and guardianship families should also integrate treatments that take a neurodevelopmental approach to address the impact of trauma and loss on a child's brain. As Perry (2009) explained, youth with **complex trauma** histories often struggle with poor behaviors related to underdevelopment and dysregulation of the low brain, particularly in the areas of sensory integration and self-regulation. "**Bottom-up" approaches**—those designed to regulate and re-wire the lower areas of the brain that are more focused on stimulus or sensory inputs—can be very effective with the adoption and guardianship population and are important to include as part of counseling services. Such approaches include:

- Sensory and somatic activity
- Animal-assisted therapies
- Body-based modalities such as Sensory Motor Arousal Regulation Treatment (SMART)
- Art
- Other expressive therapies

Kearney and Lanius (2022) noted that as a sense of safety, self-regulation, and reorganization occur low in the brain, the child's ability to engage in higher-level reasoning, reflection, and behavior modification will also increase.

DEFINITION

Complex Trauma = Ongoing, significantly negative experiences in childhood that have a detrimental, often long- term impact on the individual's trajectory in various areas

Bottom-Up Approaches = Therapeutic treatments or activities that focus on repairing damage to the brain caused by trauma by first addressing the lower part of the brain—the brainstem, which controls the central nervous system and thus senses, and the limbic system, which controls emotions—before involving the thinking and learning centers at the top of the brain

Core Elements of Effective Counseling Services

The Post-Adoption Center recommends that agencies ensure that their counseling services include the core elements outlined in the following table:

Is driven by a thorough assessment and treatment plan

As explained in the Comprehensive Assessment component, counseling services should be guided by an in-depth assessment of the child's and family's strengths, needs, and history. Each family should have an individualized treatment plan. The treatment plan should include goals developed in partnership with the family, based on the assessment that identifies the therapeutic services to be provided to the child and family.

Is adoption competent

Agencies must ensure that their counseling services and clinicians are adoption competent. Adoption-competent clinicians must be fully qualified, meeting requisite education and clinical licensure requirements in their respective professions. In addition, clinicians should have completed an adoption-competency training program. Adoption competence reflects a deep understanding of the nature of adoption and guardianship and the normative challenges that can influence identity, family relationships, and psychological adjustment. Any approaches used must be family-based; attachment-focused; trauma-informed; strengths-based; and inclusive of race, culture, and identity formation. Adoption-competent clinicians also recognize the complex mental health needs of children and teens, as well as the limitations of current diagnostic, treatment, and medication practices. They take a comprehensive approach to treatment, using an array of therapeutic techniques.

Is strengths-based and non-judgmental

To be effective, counseling services need to be strengths-based, meaning the therapeutic process identifies and builds on the individual's and family's inner resources, skills, and resilience to find and implement solutions or coping strategies. In addition, clinicians must be non-judgmental—understanding the reason behind a child's behaviors, honoring parents' experiences, and never blaming the family for the concerns they are seeking to address.

Works closely with adoptive parents and guardians

Because parents are key to supporting children, a considerable amount of support, time, and empathy should be afforded to parents. Clinicians may need to work separately with individual parents and jointly with parenting partners to help them reframe their parenting so that it is more conducive to children who have experienced trauma, grief, and loss. Parents may also need counseling to explore their own history of how they were parented, any trauma they may have experienced, and their parenting and attachment style or styles.

Creates a collaborative and supportive environment

It's important for the post-permanency clinician to view their role as a facilitator of the family's journey toward reaching their goals. A key aspect of the role is to provide education and support to parents so they grow their expertise as therapeutic leaders of the family.

Clinicians should listen and learn from the family and partner with them as they make changes and seek solutions.

Is family focused

Post-permanency counseling services must address the entire family system and view the family as the key to resolving or addressing their own challenges. Although children may receive specific individual interventions to address their unique needs, parents need to be included in the treatment. Given the diverse structures of families, clinicians will likely engage various family members in dyads or triads to address relationships that need support. In addition, children who have been adopted or in guardianship placements often have a history with their birth families that precedes their current family. Counseling will need to integrate the history of the birth family and, when appropriate, the birth family may also be part of the therapeutic process.

Is relationship-focused

It is critically important that post-permanency counseling services address relationship building. The harm that is done by losses or abuse in previous relationships is best healed through healthy relationships. Clinicians can help children and other family members build relationships with one another and with other key people in their lives who can be a source of support. Counseling services can help enhance each child's connections to people, places, and things in their lives and strengthen their feelings of belonging.

Includes attachment-based work for the parent(s) and child

One of the most critical relationships is, of course, the parent-child relationship. Therapeutic services should include specific therapies or strategies to help parents and children develop or enhance their attachment to one another. Many adoptive parents and guardians need help from clinicians to focus on connection before correction, one of the tenets of the Trust-Based Relational Intervention® (TBRI®) model. Clinicians can also help parents understand their role in repairing past harms their children have experienced.

Is trauma-responsive

Post-permanency counseling should be based on an understanding of the neurobiology of trauma and how complex trauma affects children's development, health, mental health, relationships, and functioning. Clinicians should have an in-depth understanding of developmental trauma and be able to help families view and address their children's challenges as resulting from what the child has experienced. Loss should be seen as a component of the child's trauma and treated accordingly. During counseling, clinicians should educate parents about the impact of trauma and provide effective trauma-responsive parenting strategies.

Addresses unique issues in adoption and guardianship

Counseling services should address key issues that affect children and families in adoption and guardianship, including the seven core issues in adoption—loss, rejection, guilt/shame, grief, intimacy, control/mastery, and identity. In particular, counseling services should:

- Help children acknowledge, understand, and grieve the profound losses in their lives, including their parents, previous homes, other family members, and friends. Counseling should also support parents to address and grieve their own losses, including loss of a family they envisioned, and help parents understand the impact of loss and grieving on children's behaviors. Many of these **losses are ambiguous or ambivalent**, adding a layer of confusion that family members will need counselors' help to identify, understand, and address.
- Support children to develop their sense of identity, integrating the knowledge they have and acknowledging the impact of missing and difficult information. Support the development of the family's collective identity. Address issues of identity, including race, ethnicity, culture, and sexual orientation.
- Help children explore their own history and their birth family's history, integrating the past with their present. Identify missing information and help families gather it whenever possible.
- Honor and explore children's current and past connections with birth family members and kin, recognizing these connections support healthy identity formation, attachment, and lifelong relationships.
- Improve communicative openness around the adoption and guardianship experience, helping the family to understand that the way the family came together matters and increasing the child's awareness and understanding of their life story.

Is home based

Families should receive counseling services in their home to ensure the clinician has the opportunity to understand the family in their natural environment and to increase the family's comfort and reduce barriers to participation. Programs should also have flexibility, including providing counseling through telehealth, office visits, or in the community if the family prefers.

Uses a developmental lens

When offering counseling services, clinicians must examine how the child's development has been affected by trauma, loss, and prenatal substance exposure (especially to alcohol). They should help parents understand that their child's functioning may vary in different developmental domains. Programs should offer various neurodevelopmental interventions, with treatment options chosen based on each child's specific developmental needs.

DEFINITION

Ambiguous Loss = Grief that has no specific boundary or closure (as death has); typically has uncertainty or confusion about whether the loss is permanent; the loss may not be acknowledged by others

Ambivalent Loss = The absence of a person, place, or thing about which someone has conflicted or uncertain feelings, for example due to conflicts that occurred before the loss, lack of contact, abuse or neglect, etc.

Is community responsive

Agencies should have a plan to offer therapeutic services in the family's language of choice, including having staff or contracted clinicians who speak the languages most common in the jurisdiction and the use of interpreters if necessary. In addition, post-permanency programs should seek clinical professionals who reflect the population of families in the community. Clinicians should be provided with training on community engagement, belonging, and inclusion, so they seek to understand, value, and respect each culture's values and traditions. Training for clinicians should also address how various populations may feel about and respond to counseling. Clinicians must be willing and able to raise racial, cultural, and other identity issues in the family and encourage parents to openly discuss issues of identity with their children. Agencies must consider the effectiveness of various modalities and interventions with various populations in the community and ensure that they offer effective therapeutic services for the diverse community of adoptive and guardianship families in their area."

Is accessible

Counseling services should be designed to be fully accessible to families—with flexibility in scheduling and with adaptations based on the child's age or physical or cognitive limitations or other disabilities or physical challenges family members may have.

Examples of Counseling Programs

Following are a few ways that states are providing counseling services:

Example 1: Oklahoma's Pilot Post-Adoption Clinical Program

Oklahoma Human Services (OHS) has developed and is implementing a pilot post-adoption clinical program for adoptive families through the public state system. For families struggling with adoption-related challenges, such as grief and loss, identity formation, and parent/child relationships, OHS provides **immediate and adoption-competent therapeutic services**—in the family's home and by telehealth—while bridging to long-term community services in the family's local area. The process begins with two or three sessions during which the social worker completes an assessment and develops a short-term treatment plan. Services are most often provided weekly but can be adjusted to be more or less frequent based on the family's needs.

Clinicians focus on family systems work, providing support for parents through trauma and adoption psychoeducation and therapeutic parenting techniques while treating the whole family using treatment modalities focused on:

- Attachment
- Trauma, grief, and loss
- Identity formation
- Adoption communicative openness

After about twelve to fifteen sessions, the clinician will work to transition the family and/or child to an adoption-competent provider in their area.

OHS's clinical services are provided by a team of clinical social workers who are trained in adoption-specific knowledge, skills, and values. The clinicians have years of experience working in child welfare, have completed graduate education in social work, and are working toward or have achieved their clinical license. The team has also completed Training in Adoption Competency (TAC) and continues to receive training in specific modalities or frameworks that can be used to treat the identified challenges (such as Theraplay®, TBRI®, trauma-focused cognitive behavioral therapy, Motivational Interviewing, and others).

Example 2: Alabama's Pre/Post Adoption Connections Program

As part of the Alabama Pre/Post Adoption Connections (APAC) program, master's level, certified adoption-competent clinicians provide **counseling to support families who have concerns related to their adoptions**, both before finalization and after.

Counseling is designed to provide guidance, coping strategies, and emotional support as families navigate the intricacies of adoption. Based on the family's preferences, sessions are held in the APAC offices, in the family home, or by telehealth. Sessions are usually weekly for the first month and then may shift to every two weeks or monthly depending on the family's needs. The process starts with completing a family assessment and then developing a collaborative treatment plan.

Sessions can begin as soon as a family has an approved home study and are often used to help parents understand the child's history and prepare to meet the child's needs. In these pre-finalization sessions,

counselors help families better understand the child's strengths and needs, adjust to changes in the family system, and understand the importance of birth family connections. APAC's counselors can meet with the parents alone or work with the entire family. Much of the focus is on teaching parents to be a therapeutic resource for the child, with counselors providing information about how parents can stay regulated and be the agents of change. Counselors complete adoption-competency training and are trained on and use Dr. Ross Greene's collaborative problem-solving model, Darla Henry's 3-5-7 Model®, Theraplay®, trauma-focused cognitive behavioral therapy, the seven core issues in adoption, and strategies from Dr. Greg Manning and Robyn Gobbel. Services typically last three to six months but can be extended or restarted if the family situation requires it. Many families return for additional counseling when children start school or enter adolescence.

Example 3: Missouri's Foster & Adoptive Care Coalition

The Foster & Adoptive Care Coalition, as part of its state-contracted adoption resource center, offers the Family Works program in the St. Louis, Missouri area. Family Works offers **tailored, home-based therapeutic services and case management** to address the underlying issues affecting adoptive and guardianship families. Through this program, caregivers are provided support, skills, validation, and psychoeducation to remain open and engaged with children and teens, even during challenging behaviors, thereby creating a safe haven for growth and healing.

When families reach out for support, an assigned specialist provides a high-level overview of expectations. Families then schedule their first session with the specialist, initiating the support process. During the initial 30 days, specialists provide crisis support and resources. Over the course of nine to twelve months, the specialist works closely with the family one to two hours per week to co-create goals while building a relationship based on trust and understanding. The program relies on the principles of Dyadic Developmental Psychotherapy, created by Dr. Daniel Hughes, infusing playfulness, acceptance, curiosity, and empathy (PACE) into sessions with parents. Specialists coach parents on using these therapeutic parenting skills to help strengthen relationships with the youth in their homes. Staff also provide psychoeducation to parents and caregivers about developmental trauma, attachment, identity development, grief and loss, and adoption issues.

Example 4: Illinois's Adoption/Guardianship Support and Preservation

The Illinois Department of Children & Family Services operates its post-permanency program— Adoption/Guardianship Support and Preservation (ASAP)— through contracts with private agencies, all of which provide in-home counseling services to adoptive and guardianship families. Caseloads for individual workers are low, at eight to ten families, to allow for intensive services. Therapy and/or case management is typically provided in the home on a weekly basis. Services can be provided more frequently if the child or family is in crisis or less frequently if the family prefers. Alternative settings such as in an office or community-based setting are sometimes used if they are clinically needed or at the client's request. The ASAP contracts with the state include education and training requirements for clinical staff, including a requirement for two years of clinical experience and state licensure in their field or the ability to be licensed within the next year. The contracts provide enough funding to provide specialty training for clinicians, which includes NTI as a foundation plus training and certification in ARC, Mental Health First Aid, TBRI®, and Theraplay®.

The state also requires agencies to provide **proactive prevention-oriented psychoeducational case management services** (often at or right after adoption). This prevention service is called Start Early, Trauma-sensitive, Attachment-focused, Resiliency-building Therapeutic services (START) and is predominantly psychoeducational, with practical suggestions for families to try at home to support their children. START's bachelor's level case managers also have training requirements, including NTI, ARC, TBRI® Caregiver Training, and START training. START services are expected to last about three to six months but can be provided for longer. Families can also transition to services as usual with a master's level clinician as needed.

Implementation Considerations

When creating or enhancing a counseling service program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

How to handle capacity and determine staffing

Agencies will need to examine existing data, conduct community needs assessments, and consult with other sites offering similar services to estimate what percentage of the site's adoptive and guardianship families will need counseling services. Program leaders will also need to determine optimal caseloads, taking into consideration families' complex mental health needs and the length of service provision to help estimate the number of clinicians needed. Considerations should include regional distribution of adoptive and guardianship families when services are provided in the family home. Agencies will also need to decide what types of clinicians to hire (therapists, counselors, social workers, etc.) and their experience level, including:

- Whether they need to be licensed
- What training they should have before hiring
- What will be provided by the agency

Each agency will need to decide how to address times when capacity exceeds available services. If families are placed on a wait list for counseling services, the agency should identify other ways to support families while they wait, including getting the family involved with other components of the post-permanency program.

How to provide supervision and support

Agencies will need to design a staffing model that allows for sufficient ongoing supervision and support of all clinicians. Post-permanency counseling programs should have clinical supervisors who support the clinician's ongoing development of skills and provide case consultations as needed. Supervisors also may need to serve as coaches as the clinicians add new interventions or practices into their work with families. Another important consideration is how the agency can support clinicians to prevent secondary trauma or burnout. Reflective supervision can help clinicians, especially those working in homes, to manage the many emotions that can accompany this work.

Which modalities to use and how to train staff on these interventions

Counseling services should offer a variety of interventions, and agencies will need to decide which interventions their children and families most need and which are right for their program. It is critical to evaluate the appropriateness of each possible intervention for the adoption and guardianship population:

- Has it been tested and evaluated with adoptive and guardianship families?
- Are other post-permanency programs using it successfully?
- Is it designed for family systems rather than individuals?
- Does it help with regulation or neurodevelopment?

Once an agency chooses particular interventions, they will need to invest in training and ongoing support to ensure clinicians can offer the chosen array of interventions. Clinicians will need to decide which specific interventions to offer each family based on the individual needs of the child and family members. Agencies should also consider if they will offer any group therapy as part of their counseling services.

How to serve individuals within a family

Although counseling services overall should serve the entire family, some members of the family may need individual treatment or services. For example:

- A child or teen may need individual therapy or specific interventions to address their specific history or needs
- Parents may benefit from additional support or their own therapy
- Sibling sets may have specific issues to address with one another
- Couples may need conjoint counseling
- One parent may need to focus on particular treatment considerations with one child

Any or all of these may increase in need with larger families. In such situations, agencies will need to consider how to best meet each family member's needs and how to coordinate services carefully if more than one of the program's clinicians is providing care to a given family.

How to schedule sessions

Counseling programs need flexibility to meet families' needs. Sessions often need to be longer and less structured than the traditional 50-minute appointment, and the frequency may vary depending on the family's level of stress. Another important consideration is the length of time that counseling support will be offered. Some programs limit families to a certain number of months or number of sessions, although most have provisions for extensions and allow families to return in the future if more help is needed. It is critical that agencies acknowledge that the challenges caused by trauma and loss are often lifelong, and that it is typical— and not a sign of concern—for families to return for help.

When to use telehealth

While sessions should typically be offered in the home, agencies should decide if telehealth visits may be appropriate for some families or at certain times. When offering services virtually, agencies will need to consider specific training or certification in providing services—including education for staff on telehealth best practices and legal and ethical issues—and to explore which interventions can be effectively provided remotely and which must be done in person.

How to partner with other providers

Agencies will need to consider how community partnership can improve services for their children and families. Agencies should identify those public and community-based systems most likely to be used by adoptive and guardianship families—such as crisis intervention systems and other mental health and behavioral health providers—and build collaborations to improve their adoption competence and identify how and when families can access the external services.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine if they need to make changes in their counseling services. Tracking and analyzing service usage, including primary reasons for seeking services, and checking in with families and staff can help identify areas for needed improvements. Methods for accomplishing this include:

- **Tracking service usage** — Post-permanency programs should track and analyze which families, from which areas, are using counseling services and if there were wait times for services in any region. Agencies should also examine the concerns that led families to seek counseling, how long families are served by the counseling program, and which interventions or services were provided. Information on the reasons families seek support may help inform changes in the family preparation process or in more universal support services provided, as well as the counseling modalities offered or training of clinicians. Information on service usage may help determine if changes are needed in staffing levels.

- **Satisfaction surveys of parents** — Agencies should survey parents to assess their satisfaction with the counseling service and if they made progress toward the treatment plan goals. Surveys can also ask if there are specific barriers that affected the family's ability to participate in counseling or to achieve goals. Responses can help agencies determine if there are ways to be more accommodating to families' needs or if there are additional therapeutic services that may be helpful to incorporate into the program.
- **Surveys of clinicians** — Post-permanency programs should check in regularly with their counseling staff to determine if clinicians have the time, tools, and training necessary to achieve the goals in families' treatment plans. Agencies can ask if staff have recommendations for changes in the counseling process or in training, support, supervision, or staffing so that they can better serve families. This can also support staff retention.

More Information

Additional information can be found in the following documents:

- The National Adoption Competency Mental Health Training Initiative (NTI) is a free, web-based training that enables systems, agencies, or individual clinicians to better address the mental health and developmental needs of children in foster, adoptive, or kinship families.
- NTI has developed a Directory of Therapies that outlines a range of therapies that focus on building attachment between parents and children. It also lists some additional services and interventions—such as animal-assisted therapeutic services or sensory-based interventions—that post-permanency programs use to support children and families. (See *Appendix 10: Directory of Therapies*.)
- The California Evidence-Based Clearinghouse for Child Welfare has information about therapeutic programs and interventions. The Clearinghouse rates each program based on how well research supports the program's effectiveness, although most have not been specifically studied for the adoptive and guardianship populations.
- The Title IV-E Prevention Services Clearinghouse includes child and family support programs intended to prevent foster care placement that have been systematically reviewed and rated as well-supported, supported, promising, or does not currently meet criteria. Many of these interventions can be used with adoptive and guardianship families.

24-Hour Telephone Support

For the purpose of the post-permanency program model, 24-hour telephone support means that the post-permanency program has trained professionals who respond to the adoptive and guardianship families who are being served by the program 24 hours a day, 7 days a week. The staff providing this support must have the knowledge and ability to provide immediate emotional support, make referrals, provide advice, and determine if there is a need for crisis intervention. Staff should be trained to take calls from both parents and children or teens and may need to work with both parents and children during a call to de-escalate a crisis. Once families are enrolled in the post-permanency program, they should receive information about how to access the 24-hour telephone support and when this type of support would be warranted.

It is important to note that although crisis intervention is a different component in this model, agencies may choose to combine their 24-hour support and crisis intervention services. Regardless of how they operate, it is critical for post-permanency programs to have both a process for families to access support after hours and a process to provide ongoing support to families who are experiencing very intensive challenges.

Research on 24-Hour Telephone Support

For the families with the most significant needs, access to support at any time is critically important. Smith (2014) noted that adoptive families whose children had the most challenges needed a comprehensive array of supports, including on-call crisis intervention and phone support. In a 2010 report, the EvanB. Donaldson Adoption Institute found:

> ***"Evaluations of post-adoption programs have emphasized that flexibility of service delivery to fit clients' needs is extremely important. This includes ... responding promptly to families with crises or immediate needs; and ensuring that workers return calls and follow through consistently and reliably. Being able to talk to someone between scheduled sessions when there is a crisis is also very valuable."***

Core Elements of 24-Hour Telephone Support

The Post-Adoption Center recommends that agencies ensure that their 24-hour support services include the core elements outlined in the following table:

Is responsive

It is critical that the 24-hour telephone support is responsive at all hours. Expectations should be clearly set about how long a family would have to wait for a call back (for example, thirty minutes or one hour) if staff cannot answer immediately. If possible, programs should have a data system in place that allows professionals providing telephone support to have access to family data so they can respond immediately and with full information about the family's situation.

Is available to all families being served by the post-permanency program

The 24-hour support should be open to all families who have completed intake into the post-permanency program, including those families who may not have started counseling yet. If families are experiencing a crisis before they begin therapeutic services, programs should have an avenue for them to start services more quickly.

Is integrated with the post-permanency program

The 24-hour telephone support must be connected to the post-permanency program, either by:

- Having the same case managers or counselors staff it, or
- Ensuring its staff work closely with the professionals assigned to the families

Those who provide 24-hour telephone support should have formal protocols about how they connect with families' assigned counselors or case managers to ensure continuity of care. It is important to ensure that all of the information obtained from the 24-hour telephone support professional is passed on to the staff person who is assigned to the family. The family should also be informed that this information has been shared.

Is staffed by adoption-competent professionals who have the ability to assess safety risks

Given that they may be serving families in crisis at a time when other services may be difficult to access, the staff of the 24-hour telephone support program must be well trained and supported. They should have access to a supervisor or program administrator who can help them assess situations and make decisions when necessary. Like all post-permanency staff, the 24-hour telephone support professionals must be adoption competent, trauma responsive, family focused, and able to understand the importance of the child's history. Staff must also be able to:

- Provide emotional comfort, assess safety, navigate emergency
- services, and connect with family's assigned support staff
- Act as the coordinator for families' next steps until the assigned
- staff is available
- Be knowledgeable about available community services, especially mental health and crisis services, so that referrals can be made
- Understand how to help de-escalate a crisis and how to make concrete suggestions based on the situation at hand

Has a protocol for when to call 911

The agency should develop—and train staff on—protocols for when to advise families to call 911 or when staff should make the call themselves. The protocols should include information about what other emergency options are available, including crisis mental health services, which are often a better option than calling 911.

911 services may be necessary when families feel they are in imminent life-threatening danger, such as when the child has a weapon. The protocols must address when to activate law enforcement as well as special considerations when engaging police (such as if the child or family is at greater risk of negative outcomes during police intervention, if local law enforcement has training in mental health issues, if there is a crisis intervention program that may better meet current needs, etc.). It is important for professionals to be aware of the risks of calling 911. The protocol should include information that the professional can provide to the family when they call 911 to reduce the risks of harm to the child or other family members.

Has strong relationships with police and other emergency services

To ensure the best possible response from police, crisis intervention services, and other emergency services, the post-permanency program should develop ongoing relationships with these service providers. Through these partnerships, program staff can share information about the impact of trauma and the additional mental health and behavioral needs that children in adoptive and guardianship families may have. To enhance their recommendations and referrals, post-permanency staff can also learn which services are most accessible to and effective for families in their area.

Is community centered

All 24-hour telephone support programs need to be truly accessible to diverse families, including

- Having multilingual staff whenever possible
- Having immediate options for interpreters
- Determining how to serve deaf people or those who are hard of hearing

In addition, staff must have training on providing community-responsive services, including community engagement, belonging, and inclusion. Training should also include information about the risks that may come with engaging the police or calling 911, especially for parents or children of color and for children and teens with mental health challenges.

Includes provisions for staff to reach back out to families

Programs should have policies and procedures to ensure that staff check back with each family soon after their call. The 24-hour telephone support staff member should also notify the family's assigned staff about the call and share information gathered from the family and any responses or recommendations the staff provided. The protocols should determine who should follow up with the family and in what timeframe.

Examples of 24-Hour Telephone Support Programs

Following are a couple of ways states are providing 24-hour telephone support:

Example 1: Illinois's 24-Hour Crisis Hotline

In Illinois, each of the contracted Adoption and Guardianship Support and Preservation (ASAP) agencies maintains a 24-hour crisis hotline for the families they are currently serving. ASAP staff members monitor the hotline on a rotating basis and are available to provide:

- Emotional support
- Parent coaching
- Intervention and stabilization
- Decision-making guidance
- Referrals

When the family's needs exceed the capacity of phone support, families are instructed to contact the appropriate emergency response agencies and are given contact information for the appropriate agency. The on-call staff always has the option of contacting their supervisor or the program manager for additional support and ideas. Following the phone call, the staff checks back in with the family member to ensure their needs were met. They will also forward a report to the therapist assigned to the case so that they can follow up in the next business day.

Example 2: Michigan's Post-Adoption Resource Centers

In Michigan, the state-funded Post-Adoption Resource Centers (PARCs) are **required by contract to be available to the adoptive and guardianship families they serve 24/7**. The assigned case manager provides the family with their cell phone number—and the number of the program supervisor as a backup—so families can reach them outside of normal business hours. When the supervisor takes a call, they immediately inform the assigned case manager about the situation so they can follow up as needed. Most of the PARCs also include a toll-free number on their website that any adoptive family can use, and the agencies have to respond to these calls within 24 hours if they are not answered live.

Implementation Considerations

When creating or enhancing a 24-hour telephone support program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

How to staff the program

There are different ways post-permanency programs can provide families with 24-hour telephone support. Examples include:

- Having families' assigned counselors or case managers be available for after-hours support, with a backup option when they are unavailable
- Having some or all of the program's counselors, case managers, or other professional staff take after-hours calls on a rotating basis
- Having designated staff who respond to calls after hours; these professionals could work exclusively supporting the after-hours program or could have a smaller caseload of ongoing support than other counselors, plus the after-hours assignment

Agencies will need to decide how they want to staff this component of their program.

Considerations will need to include the expected volume of contacts, how to prevent burnout of program staff, and how to cover for staff who are sick or unavailable. Given the difficult nature of working with families in crisis, staffing plans should also consider how to support staff and provide them with breaks, especially if other effective interventions are not readily available.

Program leaders will also have to decide if the 24-hour support will be done only by phone or will include access via text or email.

Which families to serve

Program leaders will need to decide if this program will be offered to all families that have gone through intake for the post-permanency program or only families that are involved with a counseling component. These decisions will affect call volume, staffing, and follow-up protocols for families who do not have an assigned counselor.

How to respond to families who aren't in the program

Families in the post-permanency program may share the number with other parents or guardians who are not in the program. In other cases, parents may call after they have completed services with the post-permanency program. Administrators should develop a procedure for how to help these families in the short term and decide if it will be possible to quickly enroll them in services if needed.

How to communicate with families about when they can and should call

It is important for the post-permanency counselors or case managers to talk with the families in the program about the availability of 24-hour support along with its intended use.

Staff should communicate to families that they are welcome to call for support whenever they feel they need it and do not need to wait for a situation to get dangerous or overwhelming. The program should also share information to help the parent decide when they need to call 911 and to understand what will happen if they do call 911.

How to assess safety

Agencies should develop safety protocols and train staff in safety decision-making. Post-permanency staff and experienced adoptive and guardianship families can help develop the protocols and training and share which situations ended up being the riskiest for families. The post-permanency team should also have a plan in place to regularly review call outcomes and recommendations made to determine if adjustments are needed in either the protocols or training.

How to ensure staff have access to client information

To ensure the best possible care, it will be important for the 24-hour telephone support staff to have access to information about the family, including their intake information and, if applicable, their treatment and safety plans. The more information the staff have about the family, the better able they will be to help. By having a shared, secure client database, emergency staff can also add information about the contact, including reasons for the call and recommendations made. Having a shared data system will help ensure that the family's assigned staff know what is happening with the case.

How to identify referral resources

A key part of providing 24-hour support is knowing what adoption-competent public or community-based services are available in the community. Post-permanency programs should be sure to have a way to create and maintain a database or list of support services in every community they serve and to build partnerships with those programs to ease access and improve adoption competence. Partnering with local advocacy and support organizations working in mental or behavioral health may help agencies develop a more comprehensive list of effective resources. Such collaborations can also help with educating emergency service providers about the needs of children and teens in crisis.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine changes needed in the 24-hour telephone support program. Tracking and analyzing service usage and checking in with parents and staff can help identify areas for needed improvements. Methods for accomplishing this include:

- **Tracking call volume** — Agencies should track how many families use the emergency service and at what times of the day or times of the year. They should also gather information about whether multiple calls have come in at the same time, requiring families to leave a message or staff to juggle multiple calls. Such information will help determine if additional staffing or better backup plans are needed.
- **Tracking reasons for calling** — Tracking information on why adoptive and guardianship families are calling after hours can help program leaders determine how to train and support the 24-hour telephone support staff to ensure they are best prepared to respond. Leaders can also examine if some of the calls are preventable by:
  - Adding after-hours support groups or other virtual peer support for parents
  - Enhancing support from families' assigned staff
  - Concentrating on increasing families' own circle of support
  - Training families on crisis prevention or **de-escalation**
  - Otherwise ensuring that families feel supported enough to make it through to the next day
- **Tracking recommendations and referrals made** — Agencies should track information about where staff refer families and if the staff feel they had an appropriate referral or recommendations to keep the family safe and stable. When there are not useful referrals available, agencies may want to consider if there is a need to add services themselves or to partner with other public agencies or community-based providers to expand available services.

DEFINITION

De-escalation = Actively taking steps and providing support to reduce the stress or seriousness of a situation, such as a behavioral meltdown or very concerning behaviors

- **Tracking specific families using the service** — If certain families are regularly using the after-hours support, their assigned counselor or case manager may want to work with them on additional supports, such as more frequent counseling sessions, referrals to other public or community-based services, parent or child and teen support groups, respite care, or an enhanced personal support network.
- **Surveys of staff** — Post-permanency programs should check in regularly with staff to assess if they feel equipped to respond to families' immediate needs and ask if they have recommendations for changes in training, support, or staffing so the program can better serve families. Surveys can also help identify if staff need additional support or supervision to address the demands of serving families in crisis.
- **Satisfaction surveys of callers** — Follow-up surveys can show if the 24-hour telephone support was effective or if there are changes needed. Asking parents about the helpfulness of any referred services they used can improve recommendations for future callers. If the services were not reported to be adoption competent or otherwise effective, agencies may consider partnerships in the community that help to bring greater awareness of the impact of trauma and loss on children. If parents did not follow up on referrals, surveys can ask why and seek to eliminate potential barriers in the future.
- **Tracking follow-up by assigned staff** — Another important element of responding to families who have been in crisis is to determine how quickly their assigned staff were able to follow up. Gaps in follow-up may suggest a need for improved communication systems or caseload reviews.

More Information

National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit—Executive Summary outlines best practices for 24-hour crisis help lines.

Tip Sheet: De-Escalation Strategies provides ideas for helping to respond when children are in crisis.

Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency shares information for people experiencing mental health crises and their loved ones. This guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, and more. (En español.)

Crisis Intervention

For the purpose of the post-permanency program model, crisis intervention services are defined as enhanced support to adoptive and guardianship families who are in crisis and may be at risk for placement discontinuity or other significant harm. Crisis intervention includes:

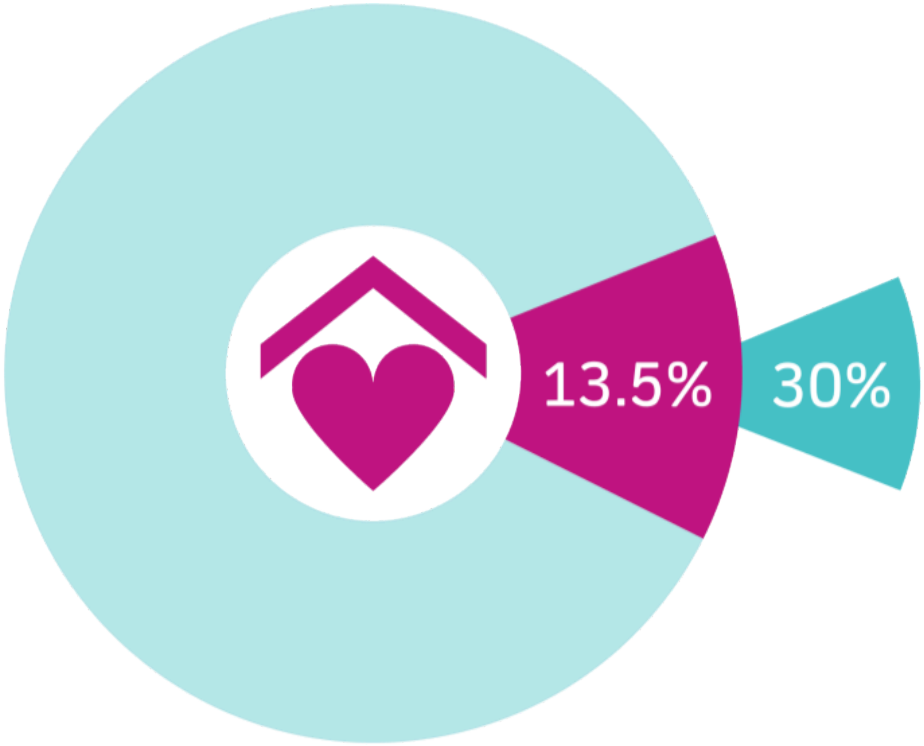
- Offering priority access to support
- More frequent counseling sessions—including in the home
- Additional navigation and advocacy support to help families access other services
- Enhanced emotional support

It is important to note that although 24-hour telephone support is a different component in this model, agencies may choose to combine their crisis intervention services and 24-hour telephone support. Regardless of how they operate, it is critical for post-permanency programs to have both a process for families to access support after hours and a process to provide ongoing support to families who are experiencing very intensive challenges.

Research on Crisis Intervention

For adoptive and guardianship families with the most significant challenges, access to crisis support can be critically important.

In their review of post-adoption service needs and usage, Hartinger-Saunders and colleagues (2014) found that **13.5 percent of adoptive families in a national survey needed crisis services, but only about 30 percent of the families who sought the service were able to access it.**



Smith (2014) noted that families whose children have the most challenges need a comprehensive array of supports that includes crisis intervention. The Evan B. Donaldson Adoption Institute (2010) reported:

> ***"Evaluations of post-adoption programs have emphasized that flexibility of service delivery to fit clients' needs is extremely important. This includes ... going to the home; responding promptly to families with crises or immediate needs...."***

Core Elements of Crisis Intervention

The Post-Adoption Center recommends that agencies ensure that their crisis intervention programs include the core elements outlined in the following table:

Has a definition of what constitutes "a crisis"

Each post-permanency program should identify for their staff those circumstances it considers to be a crisis. During intake with new families or ongoing support of families who are already participating, staff can use these criteria to determine if crisis intervention services are warranted. Examples of potential crises include:

- The parent asks for the child to be removed or talks seriously or consistently about ending the adoption or guardianship
- The child is currently waiting for or is at imminent risk of psychiatric hospitalization or residential treatment
- There has been or there is a grave risk of harm to the child or other family members
- The child or parents have made threats of or attempted suicide
- The family has been referred for crisis services by the public child welfare agency or juvenile court
- The child's ongoing behaviors have escalated to the point that the family does not feel like they can manage the situation on their own

Has capacity to respond quickly

Post-permanency programs will need to determine how they will staff programs so that they can accommodate families in crisis.

Agencies currently providing some post-permanency support can assess their caseloads to determine what percentage of families would be considered to be in crisis. This will help them gauge how many families might be served by crisis intervention services and how the agency might staff for that level of support. All programs will need systems in place to carefully track demand for services and how it affects wait times or access for families who are not in crisis.

Prioritizes families in crisis

By definition, families in crisis need support immediately. For families who are new to the post-permanency program, the agency should develop protocols for how quickly staff can begin providing an assessment and offering supportive services in crisis situations. Agencies should also have plans in place for staff to see families with more immediate needs more frequently.

Offers enhanced counseling

To stabilize a family in crisis, post-permanency programs should offer more intensive counseling services. For example, if the program typically sees families every two weeks with one visit per month in the home, families in crisis may need an in-home visit every week.

Provides enhanced navigation and advocacy services

In addition to counseling, families in crisis typically need connections to other public or community-based services that can address their concerns. Crisis intervention staff must have extensive, up-to-date knowledge of available services in their local area as well as how to navigate the system of care. Staff will often need to help families access support quickly, and the program may have to advocate for the provision of services when services are lacking. They may also have to help families make difficult decisions about what services to use when the choices aren't ideal. Post-permanency program staff should create ongoing partnerships with the service providers most relevant to adoptive and guardianship families so that they fully understand how to access available support and can help these providers be more adoption competent. These partnerships can also help staff directly connect families with a particular provider of needed services.

Offers additional parent support

During a crisis, parents often need emotional support to help them cope, especially if the challenges they face are ongoing and not likely to be fixed in the short term or if there aren't effective services available. Crisis intervention staff should be able to offer this support and to help families work through difficult choices, such as when one option (for example, an out-of-home placement) is best for one of their children but not ideal for another. Staff can also help families consider and potentially engage their own network of supports.

Includes follow-up support

Support should be provided both during and after the crisis. Following up with the family after the crisis dissipates is critical so that they can continue to be supported and referred to ongoing services, if needed. If the person providing the crisis services is different from the family's assigned post-permanency professional, a connection will need to be made between the two to ensure continuity of care.

Includes de-escalation training

Staff who are providing crisis services need training about how to de-escalate a crisis situation, as well as training on how to impart this knowledge to the parents they work with. The training should include:

- The stages of crisis
- How to identify signs that a crisis is coming
- What to do to prevent a crisis from escalating
- How to assess the safety of the situation
- Emotional self-regulation
- Helpful communication techniques and body language
- Redirection
- What to do and not do during a full escalation
- What can be done once the crisis dissipates to help the child learn from the experience

Is community responsive

Agencies should have a plan to provide crisis services in the family's language of choice, including having staff who speak the languages most common in the jurisdiction and the use of interpreters. In addition, the agency should seek staff who reflect the population of families in the community and provide all staff with training on community engagement, belonging, and inclusion. Staff should also receive training on the potential negative impact of calling emergency services on families of children with mental health challenges or on families of color.

Works to improve access for adoptive and guardianship families to other public and community-based services

Families in crisis often need access to ongoing mental or behavioral health services that are adoption competent. Post-permanency programs should work to ensure that all communities in their jurisdiction have such services, including:

- Offering adoption competency training
- Advocating for new or expanded services
- Forming or joining coalitions of organizations working to improve and expand mental health service access

Program leaders can also explore ways to help families access funding support for services that are adoption competent.

Examples of Crisis Intervention Programs

Following are a few ways that states are providing crisis intervention services:

Example 1: Michigan's Crisis Intervention Services

In Michigan, each of the state's Post-Adoption Resource Centers (PARCs) offers **crisis intervention services** for adoptive families. The state defines crisis intervention as services provided to families whose child is not currently receiving any therapy services, although PARCs also offer crisis intervention to other families if they assess that the placement is at risk of discontinuity. PARC staff respond to the family within 24 hours of receiving a call, offer a visit within 48 hours if the family wants it, and have to conduct an in-home visit within seven days. During crises, the PARC provides case management services, which include:

- conducting an assessment of the family's strengths and needs
- developing a family plan that identifies services, strategies, and supports
- making referrals to needed services
- continuing to support the family through in-home visits for six to twelve months

Case managers will also work with the families on safety planning and developing coping skills. During the initial crisis, visits are at least weekly but may be more frequent if needed.

Example 2: Illinois's Adoption and Guardianship Support and Preservation Program

In Illinois, the Adoption and Guardianship Support and Preservation program (ASAP) provides **crisis intervention**. When a referral meets the eligibility requirements, ASAP staff respond by phone within 24 hours. A staff member will arrange an in-home meeting between the therapist and the family within three days. The specific crisis intervention services vary depending on the family's situation but include assessment (including assessment of safety risks), emergency and ongoing counseling, referrals to community service providers, and help to develop the family's personal support system. The staff are trained in crisis management assessment skills and tools, including Mental Health First Aid and Trust Based Relational Intervention®.

Example 3: Georgia's Family Intervention Team

In Georgia, the **Family Intervention Team (FIT)** provides services statewide to adoptive families in serious need of professional help in order to improve overall family functioning, preserve the family unit, and provide links to community resources. The program consists of mobile intervention teams, including a team leader and an intervention specialist, who provide in-home family assessments and counseling. All team members understand the dynamics of the adoption process as well as the unique problems of attachment, trauma, and loss that are common in children who have had multiple placements. Staff are trained in the prevention of aggressive behaviors, the de-escalation of crisis situations, and the development of therapeutic intervention plans to address interpersonal relationships, school performance, and physical and emotional health issues. As a short-term intervention, FIT services typically last sixty to ninety days. The goal of FIT is to connect families to community resources by that time.

Implementation Considerations

When creating or enhancing a crisis intervention program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

How to staff the program

There are different ways post-permanency programs can provide crisis intervention services. Two typical ways include:

- **Offering crisis support through an existing post-permanency counseling or case management program** — To serve families with immediate and serious needs, post-permanency programs can offer families more frequent therapeutic services, additional home visits, and more intensive help connecting with mental health or other available services within the community. In addition, for families that are not already engaged in the post-permanency program, agencies can allow families in crisis to access services more quickly.
- **Offering a stand-alone crisis support team** — Post-permanency programs can offer a specialized crisis intervention program with dedicated staff who can quickly begin to work with families in need. In such cases, agencies should offer rapid onboarding of families, assessment of safety and other needs, immediate family counseling and parent support, connection to ongoing therapeutic support offered by the post-permanency program, and focused navigation support to help the family access other available services. Stand-alone crisis support services may include a staff team (clinician and an experienced adoptive or guardianship parent, for example) who can respond quickly with a visit the family's home.

Once an agency decides how it will structure this component, staffing decisions can be made related to caseloads and type of staff needed. Given the need for enhanced counseling as well as navigation, advocacy, and parent support, program staff may include teams of clinicians, case managers, experienced parents, and others who are expert in local and regional service systems. Since services should be provided in the family home, agencies will also need to consider where the staff are located and how much of their time may be spent on travel.

How to provide supervision and support

Agencies will need to design a staffing model that allows for sufficient clinical supervision and support of professionals providing crisis intervention services. Supervisors can play a critical role in helping professionals serve families during difficult times. In the case of serious incidents, supervisors can also provide immediate debriefing, which can help prevent **secondary traumatic stress** among staff members.

DEFINITION

Secondary Traumatic Stress / Vicarious Trauma = An observable set of reactions, similar to the symptoms of post- traumatic stress disorder, that comes from working with people who have experienced trauma

How to screen for safety

Agencies should have protocols and training to help crisis intervention staff assess the safety of the child and family, as well as any risk to the staff themselves. Risk assessments for the child and family should include information about the risks of suicide or other harm to the child or family members. The protocols must include information about when staff should either advise the family to call 911 or to call themselves, as well as the risks families could face when accessing emergency services.

In addition to assessing the family's safety, crisis intervention programs with in-home visits will need to help staff work with parents—as the experts in their family—to assess when situations may be dangerous for the staff member and when they should consider bringing other staff or public safety officers with them.

All safety protocols should also include incident reporting requirements if a child, other family member, or staff are harmed during the service provision period.

Where services will be provided

Given the increased frequency of contact needed during a crisis, agencies will need to determine how much support can be provided in the family's home and if a portion of the counseling or case management services can be provided virtually. Policies should offer flexibility to accommodate the family's preferences and may vary somewhat for staff serving a larger geographic area to reduce their travel burden.

Where to refer families for ongoing support

Post-permanency program staff will need accurate, current lists of other public and community-based services that families may need, especially crisis services or intensive mental health or behavioral services. Agencies should develop a plan for how to identify these supports and how to keep the lists up to date.

How to partner with community providers to enhance adoption competence

In many cases, agencies may need to work to enhance the adoption competence of existing services and community providers. They should develop a plan to offer training and build ongoing partnerships with the provider community for information-sharing. Public agencies that contract with private organizations to offer post-permanency services can include requirements for such training and partnerships in their requests for proposals and contracts.

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Given the increased frequency of contact needed during a crisis, agencies will need to determine how much support can be provided in the family's home and if a portion of the counseling or case management services can be provided virtually. Policies should offer flexibility to accommodate the family's preferences and may vary somewhat for staff serving a larger geographic area to reduce their travel burden.

Where to refer families for ongoing support

Post-permanency program staff will need accurate, current lists of other public and community-based services that families may need, especially crisis services or intensive mental health or behavioral services. Agencies should develop a plan for how to identify these supports and how to keep the lists up to date.

How to partner with community providers to enhance adoption competence

In many cases, agencies may need to work to enhance the adoption competence of existing services and community providers. They should develop a plan to offer training and build ongoing partnerships with the provider community for information-sharing. Public agencies that contract with private organizations to offer post-permanency services can include requirements for such training and partnerships in their requests for proposals and contracts.

If more intensive ongoing support is needed

For some children and families, there is a need for an even higher level of care than what most crisis intervention programs offer.

Agencies should consider if they can offer more intensive family preservation programs for those families with serious ongoing needs. Examples of such programs include FosterAdopt Connect's Behavioral Intervention program or Seneca Family of Agencies' wraparound program.

How to work with children and families where residential and/or in-patient psychiatric care may be the best option

A small percentage of families may require a higher level of care that can't be met through the post-permanency program. It will be critical for the program staff to know how families can access these services when it is deemed necessary and how they will work with families to get this higher level of services. In some communities, services may be available but the costs can be prohibitive for adoptive and guardianship families.

Resource Link

FosterAdopt Connect's Behavioral Intervention Program

Resource Link

Seneca Family of Agencies' wraparound program

IDEA

If mental health services and residential treatment can be funded by adoption or guardianship assistance programs, it can expand access to needed services for eligible children.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine changes needed in their crisis intervention services. Tracking and analyzing service usage and checking in with parents and staff can help identify areas for needed improvements. Methods for accomplishing this include:

- **Tracking types of crises requiring urgent or enhanced services** — Post-permanency programs can study the types of issues that are driving families to crisis intervention services. This information can be used to:
  - Ensure that staff are properly prepared to meet the needs of families in crisis
  - Enhance the agency's referrals to address the crisis situations
  - Help shape the pre-permanency supports to better prepare parents so they seek help early and avoid crises
  - Add ongoing post-permanency supports to address concerns before a situation gets out of control
- **Tracking usage by region or family characteristics** — By gathering and analyzing data about families who are using crisis intervention services, agencies can determine changes they need to make. For example, if some regions have higher demand for crisis support, perhaps the agency can adjust staffing levels or determine if additional ongoing post-permanency supports in that area would help reduce the need for crisis services. If certain families are experiencing more crises—such as families with adolescents or families with large sibling groups—the agency can consider more focused outreach to offer support to such families before a crisis occurs.
- **Debrief serious incidents** — Agencies should compile and review reports of serious incidents that families have faced during the service period (such as violence, suicide attempts, emergency hospitalizations, or juvenile justice or police intervention). These reviews can help the agency refine its safety protocols, improve de-escalation techniques, and enhance community-based referrals.

- **Surveys of staff** — Post-permanency programs should check in regularly with their staff to assess if the staff feel equipped to respond to families' crisis needs. Agencies can also ask if staff have recommendations for changes in training, support, or staffing so the program can better serve families. In addition, staff can help identify gaps in public or community-based services or a lack of adoption competence that may require advocacy or education to address. Surveys can also help identify if staff need more supervision or support given the demands of serving families in crisis.
- **Satisfaction surveys of parents served** — Surveys can help agencies determine if crisis intervention services were effective or if changes are needed. Asking parents about the helpfulness of any services they were referred to can improve referrals for other families. If the services were not adoption competent or otherwise effective, agencies may need to invest in efforts to find better options or help shape services to better meet adoptive and guardianship families' needs. If a family is not receiving ongoing support from the post-permanency program, agencies may want to check in periodically to see how the family is faring and offer additional services.

More Information

- The National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit—Executive Summary outlines best practices for 24-hour crisis help lines and offers helpful guidance for crisis programs.
- The Six-Step Crisis Intervention Model Explained covers a broad overview of how professionals may work with individuals or families in crisis. The information may help post-permanency programs design their own steps for responding to crisis.
- The National Training & Development Curriculum for Foster/Adoptive Families offers right-time training for parents on Responding to Children in Crisis. Agencies may find this resource useful to share with families who are receiving crisis intervention services.

Educational Advocacy

For the purpose of the post-permanency program model, educational advocacy is defined as a dedicated program, with specialized staff, that:

- Supports individual adoptive parents and guardians in understanding, accessing, and maintaining all needed educational supports to which their children are entitled
- Helps families address school-related challenges, such as bullying, difficulty with transitions, and struggles with assignments or educational achievement
- Supports and empowers families to successfully advocate for themselves and their children with the educational system
- Informs the educational system about the specific needs of children who have experienced trauma and loss

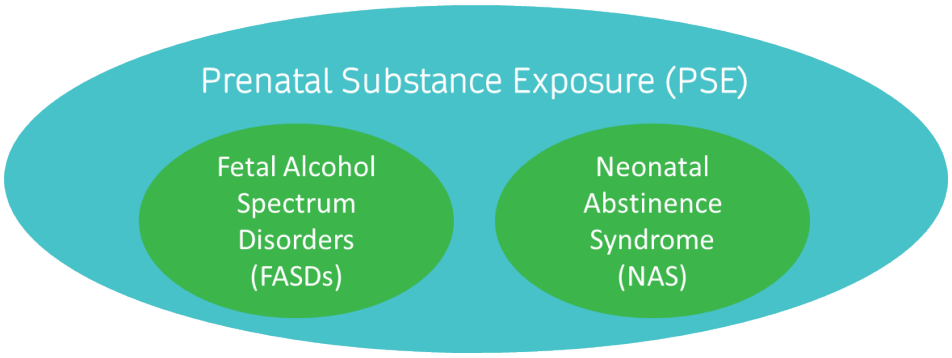
Research on Educational Advocacy

Children who are or have been in foster care are more likely than their peers to face educational deficits. The National Working Group on Foster Care and Education reported, "Studies consistently document that significant percentages of children in foster care have special education needs and/or are receiving special education services, with several studies showing that **children and youth in foster care are between 2.5 and 3.5 times more likely to be receiving special education services than their non foster care peers**."

The American Bar Association (ABA) Center on Children and the Law (2022) reported children who have been in foster care often have to change schools and face higher risks than their peers of school absences, suspensions, and expulsions—all of which can have a significant negative impact on school performance, behaviors, and relationships. Educational challenges can be particularly significant for the many children in the adoption and guardianship population who have **fetal alcohol spectrum disorders** (FASDs) or other prenatal substance exposure. In their scoping review on the prevalence of prenatal substance exposure in foster care, Marcelleus and colleagues (2021) reported:

> ***"Infants, children, and youth with prenatal substance exposure (PSE) are a significant cohort in foster care that demonstrates specific health, socio-emotional, educational, and developmental needs."***

They note that PSE is a broad term that includes fetal alcohol spectrum disorders (FASDs) and **neonatal abstinence syndrome** (NAS).



Rees and colleagues (2020) found, "Children with NAS also had lower mean academic scores than the control group in every domain of testing across age groups." Glass and colleagues (2017) examined the impact of prenatal alcohol exposure on children's academic achievement and found, consistent with existing research, that children who were prenatally exposed performed worse than their peers across academic domains.

DEFINITIONS

Fetal Alcohol Spectrum Disorders = A diagnostic term to refer to a wide range of physical, cognitive, and behavioral impairments caused by prenatal alcohol exposure

Neonatal Abstinence Syndrome = A specific set of conditions affecting a baby who is in withdrawal from drug exposure in the womb

Educational challenges are not confined to children who have been in foster care. In their article on academic achievement for children adopted through domestic and intercountry adoption, Anderman and colleagues (2022) reported, "One consistent finding in the literature is that adopted youth are recommended for and receive special education services at higher rates than do their non-adopted peers of the same age." The researchers went on to note that "both domestically and internationally adopted adolescents are at risk for experiencing academic struggles."

Children's academic challenges are amplified by the fact that teachers may not have expertise in understanding the impact of trauma and loss or in addressing adoption-specific issues. In a survey of teachers and school support staff, Goldberg and Grotevant (2021) found:

Only about half of respondents believed that teachers and staff were "somewhat trained" to understand how trauma or attachment affected children's behaviors

Only 15 percent received formal training or education on adoption issues

Only 2.4 percent of respondents felt "very prepared" to work with adoptees and their families

Core Elements of Educational Advocacy

The Post-Adoption Center recommends that agencies ensure that their educational advocacy program include the core elements outlined in the following table:

Has staff with specific expertise on key educational issues

Educational advocacy services should be offered by staff who are uniquely qualified to do this work. Specific skills that should be required include:

- Robust understanding of the needs of children in adoption and guardianship, including the impact of trauma and loss, attachment, and FASDs, NAS, and other diagnoses common in adoption and guardianship that affect school performance
- In-depth knowledge of federal and state educational laws and policies
- Knowledge of the local educational system, including rules and practices
- Advocacy skills, including how to communicate effectively with school personnel, the most effective ways to challenge adverse decisions, and when legal assistance or other outside services would be more effective
- Knowledge of community resources that focus on educational success, including legal advocates, educational psychologists, clinicians who conduct neuropsychological evaluations or make diagnoses, occupational and speech therapists, etc.

Provides information and training on educational issues

Educational advocacy programs should have staff who work directly with families to address children's educational needs, including special educational needs, accommodations for disabilities, and resolution to school-related challenges such as bullying or discrimination. Support should include helping assess the child and family's situation, identifying goals and exploring solutions, and preparing the family to advocate with the educational system. This help could be provided in person or over the phone. However, having staff who can attend education meetings with parents when needed is recommended.

Informs parents of their rights

A critical part of educational advocacy is ensuring that parents understand their children's rights and how they can hold schools accountable for protecting those rights. Educational advocacy programs should share information with families about educational rights and strategies for appealing adverse decisions. This can be done through training or individual assistance provided to parents.

Is community responsive

Agencies should have a plan to provide educational advocacy services in the family's language of choice, including having staff who speak the languages most common in the jurisdiction or the use of interpreters. In addition, the agency should seek staff who reflect the diverse population of families in the community and provide all staff with training on community engagement, belonging, and inclusion. Educational advocates must be knowledgeable about how schools can affirm students' racial or ethnic identity or sexual orientation. The advocates must be prepared to help schools accommodate children or parents with disabilities. They must also be prepared to address issues of bullying or discrimination based on the child's racial or ethnic identity, sexual orientation, disability status, or adoption and guardianship status.

In addition, educational advocacy programs must be prepared to work with families of diverse cultural and socioeconomic backgrounds and to understand how a parent's background and experiences may affect their comfort in doing any advocacy with the school system, especially if it includes confronting the school or teacher.

Shares information with other post-permanency staff about key educational issues

Although post-permanency programs should have dedicated staff who have unique skills that allow them to be effective educational advocates, families will benefit if other staff in the post-permanency program also have an understanding of education advocacy basics. Educational advocates should provide training and written information that helps other post-permanency program staff know the process for requesting an **individualized education program** (IEP) or a **Section 504 plan**, how to ask that a child be assessed by the school district, and when a family should be referred to the educational advocacy program.

Provides information and training on educational issues

Educational advocacy programs should provide tip sheets, training, or other resources for parents, guardians, and school personnel on key issues facing children in adoption and guardianship families. Parents and guardians should learn about their children's rights, while education staff should be taught about the impact of trauma and loss and other key issues in adoption and guardianship.

Makes referrals to resources

Educational advocates should be able to make referrals to professionals or organizations that can help the family meet the child's educational needs, including lawyers or other advocates who can support families in direct advocacy. Other potential referrals include tutoring services, scholarship services, occupational or speech therapy services, and local educational psychologists or medical professionals for any needed testing or diagnosis.

DEFINITIONS

Individualized Education Program = An Individualized Education Program (IEP) outlining special education services to be provided for a student with one of 13 disabilities identified in the Individuals with Disabilities Education Improvement Act of 2004; is created by the IEP team that includes the parent(s), one of the child's general education teachers, a special education teacher, a school psychologist or other specialist, and a district administrators; includes measurable learning goals, accommodations and/or modifications, how progress will be measured, and related services; parent(s) must consent to the evaluation and before services are provided

Section 504 Plan = Identification of accommodations teachers will make, as outlined in Section 504 of the U.S. Rehabilitation Act of 1973, to support a child with a physical or mental impairment who is participating in the regular classroom; plans are monitored by the teacher; parent(s) must agree to the evaluation but not the plan itself

Examples of Educational Advocacy Programs

Following are a few ways that states are providing educational advocacy:

Example 1: Missouri's Educational Advocacy Program

Foster & Adoptive Care Coalition, an agency contracted by the Missouri Department of Social Services to provide post-permanency services in the St. Louis metropolitan area, has an educational advocacy program with a staff of five advocates and one supervisor. Using a trauma-informed process, the program focuses on four primary areas:

1. School enrollment
2. Development of an individualized education plan
3. Implementation of the items laid out in the education plan
4. Upholding a student's rights during suspension

In all situations, educational advocates ensure youth receive requirements of the federal Every Student Succeeds Act. Adoptive and guardianship families can participate in the program whenever there is something getting in the way of the child's succeeding in school. Families who need support go through an intake and family consultation, and then the educational advocate conducts a comprehensive assessment, which can include in-classroom observation. The advocate then develops the individualized plan that lays out educational goals that the program will strive to meet in partnership with the parents. Program staff work to empower parents and provide them with other resources so that the parents can continue to help their child succeed academically.

Example 2: Tennessee's Adoption|Guardianship Support and Preservation Program

Tennessee's Adoption|Guardianship Support and Preservation (ASAP|GSAP) post-permanency services include an **educational advocacy and consulting program**. Educational advocacy staff— who have specialized training and years of lived experience as adoptive parents or guardians—offer support, information, and assistance to families navigating educational services and systems. The educational advocates work closely with families to address challenges, including:

- Evaluating students' educational strengths, needs, and current
- services
- Meeting with families to help them understand educational documentation and testing
- Preparing families for school meetings—including IEP, Section 504, and eligibility meetings—and expulsion hearings

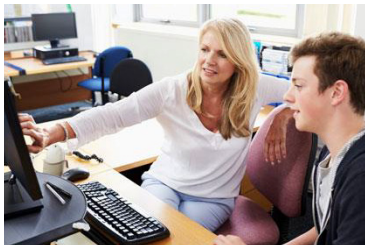
Advocates provide direct support by accompanying parents to school meetings, ensuring students' educational rights are respected, and acting as an ally to meet children's school success needs.

The program provides training to parents and community members on educational issues affecting children in adoption and guardianship. Staff also provide training on trauma-responsive, adoption-competent practices to school systems, administrators, educators, and other school staff. Trainers collaborate with educational partners statewide, presenting at events such as the annual Tennessee Department of Education conference, countywide pre-service trainings, and ongoing professional development days. Workshop topics include:

- Creating Trauma-Responsive Learning Environments
- The Neurodevelopmentally Informed Classroom
- Teaching with the Brain in Mind
- Rhythm is Regulating: Somatosensory Activities for Dysregulated Children
- Supporting Sensory Needs in the Classroom
- Beyond ACEs—Strategies and Techniques for Trauma Responsive Care

Staff are also available to provide individualized consultation or training for staff working directly with current ASAP|GSAP clients.

Example 3: Illinois's Adoption and Guardianship Support and Preservation Program



In Illinois, the state's Adoption and Guardianship Support and Preservation Program partners with Greenlight Family Services **to provide educational advocacy**. When families being served by the post-permanency program are facing educational difficulties or concerns, they make a formal referral to Greenlight's educational advocacy services. Greenlight supports families to address any educational challenges facing their children, including:

- Helping them to obtain IEPs, Section 504 plans, or Behavior Intervention Plans (BIPs)
- Helping them to access transportation, occupational or speech therapy services, modified classrooms, or other necessary supports that will help them succeed

Staff can attend meetings with families, including to help them with school transitions and integration. Families may also request assistance with scholarship searches, college readiness, and other school-related services.

Implementation Considerations

When creating or enhancing an educational advocacy program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

How to assess the community's need for educational advocacy
Agencies can conduct surveys or focus groups of their adoptive and guardianship families or talk with staff who are currently supporting families to assess what percentage of families are facing educational challenges. Analyzing results regionally can help determine the number of staff needed and in what locations.
What level of support to provide
Each program will need to determine what level of support staff will provide. For example, will advocates meet with families in person or only virtually? Will advocates attend meetings at schools or directly contact school personnel? Can the program pursue legal action on behalf of families? Answers to these questions will help determine staffing needs and identify areas where referrals will be needed.

How to staff the program and train advocates

Program staff can come from a variety of backgrounds and disciplines and could include former school staff, lawyers, and experienced parents. Agencies will need to decide the background requirements for their positions and what training will be provided to ensure staff have the desired level of expertise. For example, if staff are former teachers or school administrators, they may need training on the impact of adoption, trauma, and loss as well as instruction in advocacy skills. Experienced parents may have in-depth knowledge of adoption and guardianship issues but need support to better understand all relevant education laws and policies.

How to handle staff workflow

Agencies will need to consider how to staff programs given that the workload will be busy during the school year and slower during school breaks. The workload may be much more intense at the beginning of the school year as families may need extra help when they are working with new schools or teachers. In addition, agencies will need to determine what percentage of families will need long-term support to help assess staff caseloads and manage workflow.

When cases open and close

Each program will need to decide when to officially open cases, whether with the first phone call, when the family completes a formal intake form, or when the educational advocate begins working directly with the family. Given that educational issues are typically ongoing, deciding when to close a case may need extra attention. Cases may close when the family reaches their educational goals or when the family has not requested support within a certain period of time. Program leaders may also want to set a specific follow-up schedule for families that staff are not actively serving.

How to capture information from the family about educational needs

Programs should determine how they will assess the educational situation, including what intake form they will use and what information to gather in initial family meetings. Information that may be helpful to gather includes:

- The child's strengths
- The specific challenges they are facing, such as learning difficulties, health issues, or bullying
- Diagnoses
- Existing or previous efforts to address the concern

Staff should work with families to identify specific goals for their child's education and then develop a plan for how they can work with the family to accomplish the goals.

The approach that will be used

Agencies should establish an educational advocacy philosophy and approach, including how they work with families. The approach should address how the program will partner with the educational system and when they may need to be more adversarial. As part of this effort, agencies should examine how adversarial they want to get with the school system—including whether they would take legal action on behalf of clients and when and if they will refer clients to attorneys.

How to collaborate with educational systems and individual educators

Developing cooperative relationships with the educational system is an important part of effective educational advocacy. Programs should consider what type of training they will offer school systems and how often they should meet with key leaders to share information about the challenges adoptive and guardianship families are facing. Through these efforts, post-permanency programs can build relationships that make their advocacy more effective. Programs may consider furthering the collaboration by having staff serve on school or district committees or boards where they can raise issues that affect the adoption and guardianship community. In addition, educational advocates may need to partner with individual teachers, administrators, nurses, or counselors on a particular case. Agencies should consider their program's approach to one-on-one advocacy with school personnel and whether they can develop and share information about key issues in adoption and guardianship with individual staff (*see samples in More Information at the end of this Educational Advocacy topic*).

How to set expectations with families

Agencies should consider sharing information with parents and guardians at the beginning of services to outline the extent of support that can be provided and the role of the educational advocate. It will be important for the program to share the philosophy of how they will partner in the advocacy effort. The goal is that parents understand how the educational advocate can help and what the limits of their advocacy support are.

How to teach advocacy strategies

Given that children's educational challenges may be long term, it's important for educational advocacy programs to help parents become their own advocates whenever possible. Programs can offer group trainings on educational advocacy, have staff advise families one on one, demonstrate effective advocacy techniques during school meetings, and otherwise support the development of parents' self-advocacy skills. The educational efforts can address:

- The importance of relationship building
- How to know when to partner and when to be adversarial
- When outside support, including legal representation, may be needed and when it can make situations worse
- As part of these efforts, agencies will need to consider their local community and if there are any families that may be less comfortable with advocacy and may need additional support.

Where to refer families for additional support

Educational advocates will need accurate, current lists of services that families may need to support their child's education. Agencies should develop a plan for how to identify these services and supports as well as how to keep the lists up to date.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine changes needed in the educational advocacy program. Tracking and analyzing service usage, surveying parents and staff, and reviewing case outcomes can help identify areas for potential improvements. Methods for accomplishing this include:

- **Tracking service usage** — Agencies should gather and analyze information on the number of children and families who are using educational advocacy services in all areas of the jurisdiction, including the type of needs addressed, number of contacts, number of cases each staff is handling, number of meetings with families, number of meetings with school personnel, etc. Such information will help agencies ensure they are properly staffed to respond to demand. Information on where services are most requested may also suggest places where additional training, support, or conversations with school district leaders or specific school personnel could address more systemic issues.

- **Client satisfaction surveys** — Brief satisfaction surveys of parents and guardians can help ensure that services are meeting their needs and potentially identify areas where additional staff training or support is needed. Asking parents about the helpfulness of any services they were referred to can improve referrals for other families. If the services were not reported to be effective, agencies may need to invest in efforts to find better options or help shape services to better meet adoptive and guardianship families' needs.
- **Surveys of staff** — Educational advocacy programs should check in regularly with their staff to assess if staff feel equipped to meet families' needs. Agencies can ask if staff have recommendations for changes in training, support, or staffing so the program can better serve children and families. In addition, staff can help identify particular schools, teachers,administrators, or districts that may benefit from additional outreach, education, or collaboration.
- **Case closure review** — By conducting periodic reviews of cases at closure, the agency can examine how well staff were able to address families' concerns and if the challenges were successfully resolved. Results can help shape future training or support of staff and guide broader community education or outreach efforts.
- **Pre- and post-training questionnaires** — For training events for parents or school personnel, questionnaires administered before and after the training can help measure knowledge gains or changes in attitudes. Results can help program leaders and trainers make any needed changes for future events.

More Information

Additional information to support educational advocacy can be found in the following resources:

- The ABA Legal Center for Foster Care & Education offers various resources on education, including resources on special education and laws relevant to educational advocacy.
- The NTI School-Based Mental Health Professionals Training was adapted from the National Adoption Competency Mental Health Training Initiative (NTI). This free, web-based training provides the knowledge, values, and skills needed to enhance adoption competency for school-based mental health professionals (counselors, social workers, psychologists, therapists, or other support professionals) supporting children experiencing foster care, adoption, or kinship care. Core competencies covered include understanding and addressing the complex, nuanced mental health

needs of children, with a focus on the impact of loss and grief; trauma; attachment; identity; and race, ethnicity, and diversity. Issues of race, ethnicity, and diversity are particularly important for children in **interracial** and transcultural families.

- Special Education Advocacy Library (Wrights Law) provides advocates, teachers, and attorneys with reliable, up-to-date information about special education law and advocacy for children with disabilities.
- The National Indian Education Association offers information and resources specific to education for American Indian/Alaska Native children and teens.

Specific information on key educational laws can be found at the following links:

- Individuals with Disabilities Education Act
- Family Educational Rights and Privacy Act (FERPA)

Educational advocacy programs can use or adapt the following resources to share with teachers and schools:

- What Teachers Should Know About Adoption
- Supporting a Student Who Is Adopted
- Supporting a Student in Kinship Care
- Safe and Sound: A Guide for Teachers, Counselors, and Other Professionals Working with School-Age Children and Youth
- Resources for Teachers: Creating an Adoption-Inclusive Learning Environment

DEFINITION

Interracial Placement / Adoption = An adoption or guardianship where the parent(s) and child do not share the same racial identity

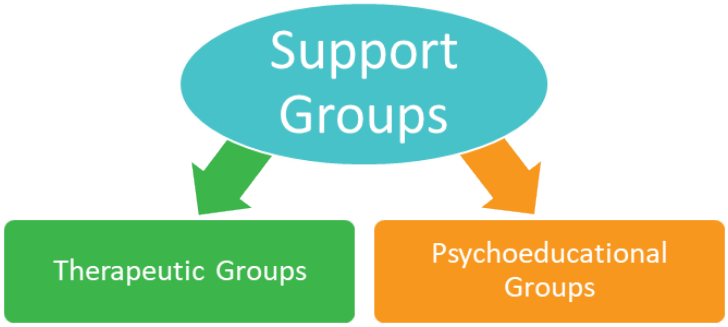
Support Groups

For the purpose of the post-permanency support model, support groups are defined as well-facilitated meetings of parents, children, or teens that provide education, peer support, resources, and problem-solving in an empathetic and supportive environment. Support groups are designed to help participants:

- Explore, build awareness about, and learn to manage feelings that are related to adoption and guardianship
- Learn more about the adoption and guardianship experience
- Build skills that improve their lives, including trauma-responsive parenting skills for adoptive parents and guardians and communication, social/emotional, and other life skills for children and teens
- Build a community that provides mutual emotional support and has shared experiences, thus decreasing feelings of isolation
- Increase resilience, hope, and the ability to cope

Support groups for parents are also intended to help them understand the perspective of children and teens in adoption and guardianship, develop realistic expectations, and learn how to access additional supports and navigate service systems.

The Post-Adoption Center recommends that post-permanency programs offer a variety of support groups for children and teens and for parents, with specific groups offered based on the community's identified needs.



Groups may be therapeutic or psychoeducational:

- **Therapeutic groups** — Therapeutic support groups are facilitated or co-facilitated by a clinician to help children and teens or parents understand and process the unique joys and challenges of adoption and guardianship. (These groups are not considered formal group therapy and do not require an assessment and treatment plan for each participant.)
- **Psychoeducational groups** — Psychoeducational groups also serve a therapeutic purpose but have a stronger focus on building knowledge or skills in key areas of adoption and guardianship. For parents, such groups may include learning trauma-responsive or therapeutic parenting techniques or building an understanding of how to respond to children's feelings or behaviors. For children and teens, groups may focus on building relationship skills, managing feelings or behaviors, or identity development. In many cases, psychoeducational groups have a specific training time or a topical agenda. Groups for children and teens and parents in interracial families are an important part of a psychoeducational support group program.

Either type of group may be open to all or may be focused on specific populations, such as **relative adoptive or guardianship parents**, parents of teens, older children and teens, children in interracial adoptions, or parents whose children have a specific diagnosis or challenge. Groups can also be ongoing or time-limited.

Although social and recreational groups and activities are an important part of a comprehensive post-permanency support system and can help engage families in other services, they are not included in this definition. Groups for adult adoptees and birth family members are also very valuable support services that comprehensive post-permanency programs may offer, but are not addressed here.

DEFINITION

Relative Adoptive Parents and Guardians = Individuals who have adopted or are providing guardianship to a child who was related to them before the placement; often includes people who were "fictive kin" (that is, people who had strong family-like ties before placement)

Research on Support Groups

In their study on service use and adoption dissolution, Hartinger and colleagues (2014) found that participating in parent support groups was one of only two post-adoption services associated with a decreased risk of adoption breakdown. Brooks and colleagues (2002) found that parent support groups were the most helpful post-adoption support used by parents surveyed, with more than 70 percent of parents who attended a support group rating it as helpful or very helpful.

Summarizing research on adoptive parent support groups, Miller and colleagues (2018) reported the following benefits, among others:

- Learning coping skills
- Normalizing complicated adoption experiences
- Providing avenues for sharing resources
- Helping parents address children's challenging behaviors

Atkinson and Gonet (2007) noted in their study of Virginia's post-adoption support program that the support groups helped participants improve as parents and succeed as a family as they came to terms with the fact that some of their children's issues may never resolve fully. Respondents noted that support from other parents "sustained them as parents over the long haul."

Support groups for children and teens in adoptive families have been studied far less than parent groups. However, based on interviews with adopted children and teens, Ryan and Navalny (2003) found:

> ***"Support groups may assist in decreasing the sense of stigma that is regrettably attached to their status as adopted children, help them realize that other children have similar questions, thoughts, and feelings, and enhance their self-efficacy and self-esteem."***

Taussig and Culhane (2010), in their study of skills groups for children in foster care, reported findings that likely apply to children in adoption and guardianship:

> ***"Skills groups have demonstrated efficacy in multiple contexts and with diverse populations, including maltreated youth. Social skills groups may be particularly useful for children in foster care as they often lack critical social skills, may have recently changed schools and peer groups, and may know no other children in foster care."***

Watson and colleagues (2012) noted that adopted children face issues of grief, loss, and identity, with children adopted interracially or from another culture also facing the loss of their culture and the challenge of developing a healthy racial identity. The authors emphasized that support groups—by their very nature—can help address these and other challenges facing both children and parents:

> ***"... the mere number of individuals within a group provides a richer and more robust amount of resources related to the generation of ideas, emotional support, learning and trying out new behaviors, and universality (Yalom, 2005). For example, members of a parenting group may both share their concerns about their perceived inability to be good parents and hear other members' fears of inadequacy, helping members find a sense of normality. From these associations, members may offer a more genuine level of support to one another and help each other find ways to increase their confidence levels."***

Core Elements of Support Groups

The Post-Adoption Center recommends that agencies ensure that their support group programs include the core elements outlined in the following table:

Has trained, knowledgeable facilitators, including those with lived expertise

In addition to being adoption competent, support group facilitators need training in group facilitation, group dynamics, maintaining boundaries, and secondary trauma. In their study of parents attending support groups, Miller and colleagues (2018) found "strong leadership to be the crux of effective support groups for adoptive parents" and noted the importance of specific preparation of leaders: "... individuals involved in conceptualizing, implementing, and evaluating adoptive parent support groups should ensure adequate training for support group facilitators.... For facilitators, this training should include material related to group conflict management, engagement, and methods of member recruitment/retention."

Whenever possible, groups should be facilitated or co-facilitated by individuals who not only have the proper training but also have lived expertise as an adoptive or guardianship parent or an adoptee or person who was in foster care. This expertise can help demonstrate the value of peer support to group members and increase members' comfort in sharing their personal feelings and experiences with others. In their study of adoptive parent support groups in Kentucky, Miller and colleagues (2018) reported, "... participants in this study expressed the desire to have a facilitator who shares the adoption experience and has knowledge, rooted in this experience, on which to draw during the facilitation of the support group."

For children's groups, leaders need training on how to manage behaviors and interactions and how to protect children's physical and emotional safety. Facilitators of groups for children and teens should also have expertise working directly with young people who have experienced trauma and loss as well as specific skills in engaging young people. Their ability to communicate and connect with children and teens will be critical to the success of the groups.

All group leaders will need to be informed about the agency's policies and procedures, including policies related to mandated reporting and incident reporting.

Resource Link

Support Group Facilitation Guide

Resource Link

Strengthening Facilitation Skills with Youth

Treats group facilitation as a professional service

When post-permanency staff facilitate support groups, they need to be provided with the time and space in their work schedule to prepare for and debrief the groups, as well as the time to lead the actual meetings. Facilitators who are not staff, including those with lived expertise, need to be trained and adequately compensated for their time. Programs should also have plans in place to:

- Supervise and support all group leaders to help them provide effective facilitation
- Address concerns and overcome challenges
- Prevent secondary trauma

Special considerations should be made to support facilitators who have lived expertise. They may be more susceptible to secondary trauma or burnout given their personal experiences. Supervisors should check in to make sure the facilitators are coping with all they hear. It can also help to provide a regular group debrief opportunity for all facilitators with lived expertise.

Honors participant feedback

Even when groups are led by staff or clinicians, parent and youth participants should have some role in setting the agenda and determining how the group operates. Group members can guide training or discussion topics, help set group guidelines or expectations, and develop traditions or rituals that help the group feel more cohesive. Miller and colleagues (2021) reported that engaging participants in group design can be key to success: “Planning efforts should consider stakeholder-informed research in which data are collected from adoptive parents about their perceived needs and preferences for support. Tailoring the support groups to the needs of the participants may increase the effectiveness of the group.”

Has structure and effective facilitation

Each meeting must be expertly facilitated, with leaders guiding participants through a set structure or agenda while also remaining flexible to meet the group’s specific needs. The facilitator should be able to engage all members of the group while keeping the conversation focused and moving forward. A key component of effective facilitation will be allowing participants to express their frustrations or negative feelings while also keeping a positive outlook and a focus on strategies and solutions. For groups of children and teens, facilitators will need to use interactive, age-and developmentally-appropriate activities in addition to guiding conversations.

Is community responsive

Post-permanency programs should ensure that support groups are designed to meet the needs of the diverse adoptive and guardianship families in their community, including:

- Offering meetings in communities where adoptive and guardianship families live
- Recruiting facilitators who reflect the population of children and families to be served
- Training all staff and facilitators in community engagement, belonging, and inclusion
- Assessing if satisfaction or outcomes are different for various populations

Agencies may also choose to offer special groups for populations with common needs, such as relative adoptive and guardianship parents, fathers, Spanish-speaking families, or interracial adoptees.

Has accessible meetings

Agencies need to have a plan to offer groups throughout their community in-person locations that are welcoming to all (for example, meetings are not held at religious centers that are not welcoming to all community members), are physically accessible, and are near public transportation and free parking. For virtual groups, agencies should assess whether there are potential participants who have technology challenges and determine if those can be overcome. Agencies should plan for any necessary accommodations for people who are deaf or blind or who have other disabilities. For in-person parent groups, a key component of accessibility is the provision of child care.

Highlights the voices of those who were adopted or in guardianship

Groups for children and teens and groups for parents should find ways to amplify the voices of people who were adopted or in guardianship, including as facilitators or co-facilitators, as guest speakers, in video presentations, and in other resource materials. Those with this lived expertise can help both parents and children and teens better understand the adoption and guardianship experience from the child's perspective.

Is offered consistently

Since part of the group experience is building rapport and respect among the group, ongoing groups should have regular meetings. Most support groups meet at least monthly, but some, especially time-limited groups, may meet more frequently.

Has expectations for participants

All groups should have specific guidelines, norms, or rules for participants, including information about maintaining confidentiality, treating other group members with respect, and allowing others to speak and share. For virtual groups, guidelines must include how to protect privacy from anyone who might be able to hear group discussions. Participants of all ages should be asked to accept and agree to follow the guidelines. Programs should design protocols for how facilitators will respond if these guidelines or expectations are not met. This could include providing guidance or support to the parent or young person so that they can comply and, if that is not successful, how they may receive support outside the group setting. Agencies should also consider if they want to offer any more formal preparation of group members. In their study of adoptive parent groups, Miller and colleagues (2018) found that support group members, like facilitators, need to know how to participate in groups. They noted, "Formal group orientations for new and potential support group members may be helpful in meeting some of these training needs."

Has safety procedures and plans

The group guidelines or expectations are designed to help ensure member safety, but for children and teen groups, agencies should have additional protocols that address the safety of minors. Plans should address items such as how to respond to dangerous behaviors, when to involve parents, and requirements for having an adequate number of staff. Staffing plans should ensure that no child is ever left unattended and that if a child or teen needs to be away from the group, at least one facilitator can continue to work with the other participants. Protocols should also address which incidents need to be reported to managers and parents and outline a process for doing so.

Examples of Support Group Programs

Following are a few ways that states are providing support groups:

Example 1: Nevada's Thriving After

Thriving After, which provides post-permanency services in Nevada, **offers a variety of monthly psychoeducational support groups**, including in-person groups for relative caregivers, Spanish-speaking families, and adoptive and guardianship parents. They also provide a support group for children and teens and an advocacy group for teens. All in-person and hybrid groups offer child care for the families who need it. Three of the parent groups are offered in a hybrid model, where parents can attend in person or virtually, using the agency's training room and technology to ensure everyone can be seen and heard. Each hybrid group has a specific purpose—one is on trauma-informed parenting, a second on managing challenging behaviors, and a third on identifying and connecting to community resources and supports. All groups are designed to meet the needs of relative and non-relative adoptive and guardianship parents, with the focused kinship groups often providing specific support on issues such as navigating shifting family relationships, setting boundaries with the child's parents, and processing grief over the family's losses.

Each Thriving After parent group is facilitated or co-facilitated by an experienced adoptive parent or kinship caregiver, and the youth groups are facilitated by a staff member who aged out of foster care. A Trust Based Relational Intervention® practitioner co-facilitates the groups on trauma-informed parenting and managing behaviors. Facilitators are all staff of FosterKinship, the agency that operates Thriving After. These facilitators receive initial and ongoing training on group facilitation, group dynamics, and key issues in adoption and guardianship.

Example 2: Virginia's Regional Post-Adoption Consortium

Virginia's Regional Post-Adoption Consortium providers offer peer support in all regions of the state. In the northern region, the Center for Adoption Support and Education (C.A.S.E.) offers peer support through **ongoing and time-limited psychoeducational support groups for parents and time-limited clinician-led support groups for teens**. Parents can attend one of four ongoing general support groups—three virtual and one that meets in person. Meeting times vary so that attendees can find a time that works for them. In addition, there are two time-limited topic-based groups for parents. The first is a seven-week group with focused discussion based on key components of the free National Training and Development Curriculum for Foster and Adoptive Parents. The second group, designed for families at higher risk of dissolution, is called the Resilience Group and meets two times a month for a period of six months. Most groups are co-led by peer support leaders and case management staff or another professional.

The teen groups, which are loosely based on the Beneath the Mask workbook from C.A.S.E., address the reality that identity formation becomes more challenging in this age range and that a more complete awareness of the adoption story unfolds as youth begin to understand the circumstances that led to their adoption. In the groups, participants join with other young people and two group leaders for 90-minute meetings every week for six weeks. During that time, they explore what it means to be adopted and how that affects each person, including their identity and relationships. Attendees also learn how to protect, share, and process their story. Group discussions help destigmatize adoption, decrease secrecy, unlock youths' "stuck spots," and aid them in embracing adoption. Support tools for these groups include C.A.S.E.'s Beneath the Mask workbook and the W.I.S.E. Up! program.

Example 3: North Carolina's Learning and Empowerment for Adoptive Families Program

As part of North Carolina's post-permanency program, the Center for Child and Family Health **offers a time-limited therapeutic group for parents and children.** Learning and Empowerment for Adoptive Families (LEAF) is a ten-week program with a separate curriculum for parents and for children aged 7 to 17. The weekly meetings are led by clinicians and parent facilitators who have already been through the program. The program allows adoptive parents and adoptees to identify and process their feelings and learn to connect during times of stress. Through the program, children connect with other kids with shared experiences, learn how to cope with strong emotions, and gain confidence talking with parents and others about adoption.

Resource Link

National Training and Development Curriculum for Foster and Adoptive Parents

Implementation Considerations

When creating or enhancing a support group program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

What type of groups to offer

Many support group programs offer a mix of in-person and virtual groups, using virtual groups to reach participants in more rural or otherwise isolated communities or those who can't attend in person. For children and teens, agencies should be sure to plan for any virtual groups carefully—making sure they can offer a program that is engaging and interactive, perhaps sending activities or other items in advance.

Agencies will also need to determine if they are offering short-term or ongoing groups and if groups will be general or focused on a particular topic or population. Many agencies offer a combination of general and specialized groups. Specialized groups might include:

- Trauma-informed parenting
- Building life skills for children
- Responding to serious mental health challenges

Groups may also be organized by participant type, such as:

- Children or parents in interracial families
- Parents of teens
- Adoptive parents and guardians who are related to the children in their care

For children's programming, agencies will need to decide what ages they will serve and whether to offer separate groups based on participants' age or development stage.

How to find and train facilitators

As noted above, the groups' facilitators are critical to achieving the goal of offering effective peer support, and agencies will need to consider carefully who will lead the groups. It's important to consider a co-facilitator model, with at least one facilitator sharing lived experience with the group's members. Having two facilitators helps divide the workload, allows for diverse expertise, and helps sustain groups during leadership transitions. If they do not have sufficient staff with lived expertise, agencies may need to ask their staff for recommendations for facilitators, including parents or adoptees who serve on local advisory boards or advocacy groups. Once the leaders are identified, they will need training on group facilitation and group dynamics, even if they already have professional or lived expertise in adoption and guardianship. Agencies will need a plan to prepare the facilitators about how to effectively run groups. They should also share information on the agency's other post-permanency services and any specific reporting, tracking, or other procedures the agency requires. The AdoptUSKids curriculum listed under More Information is a free resource for training parent group leaders.

What to call the groups

For some families or in some communities, the phrase “support groups” may have a stigma. Agencies should consider their local culture and decide if they should call their groups something that is catchier or more likely to appeal to the participants. Ideas might include connection groups, parent meet-ups, families united, or youth together.

If registration should be required

It’s important to decide if the program’s support groups will require registration, which may be particularly useful for children’s and teen’s groups. Registration will allow agencies to learn about children’s strengths, needs, and behaviors so that they can plan group content and staff properly to support children with higher needs. For parent groups, registration can help determine the issues parents most want to address. For any type of group, registration can also help agencies plan for food provided and any accommodations needed for those with disabilities. With registration, agencies can also have a plan in place to cancel groups with very low registration numbers.

If there will be limits on the number of participants

Peer groups work best when everyone can be engaged and there are enough people to brainstorm ideas and share experiences. While there is no exact number that works for all groups, many support groups function best with about eight to twelve attendees. Agencies should decide if they will limit the number of attendees and have a plan in place to offer multiple sessions if demand exceeds capacity.

When people can join the groups

For many ongoing groups, members come and go as their schedules and needs permit, and new members can join at any time. For short-term or structured therapeutic groups, however, attendees may need to start with the first session. Post-permanency programs should determine whether each support group is open or closed and how to onboard new members to open groups. For groups that have been meeting together for a long time, adding new members may take careful consideration so they feel welcomed and like true members of the group.

How to handle logistics

Support groups take careful planning. Agencies must consider:

- Where in the community will each group meet?
- What technology will be used for virtual groups?
- What's the best day and time for each group to meet?
- For in-person groups, where should they be held?
- Is the space private and welcoming?
- Is there space for child care nearby?
- What food will be provided?

For child and teen groups, there should be special consideration given to the location so that the space is safe and accommodating and children and teens have space to get up and move around or participate in activities. Agencies should also consider equipment and supplies (fidgets, games, etc.) that may be needed. The look and feel of the space can be critically important for children and teens to feel safe, welcome, and engaged.

How relative adoptive and guardianship families' needs will be met

Program leaders should consider if they need to offer specialized groups for adoptive parents and guardians who are related to the child or otherwise ensure facilitators and groups are able to meet these families' unique needs. Special outreach efforts may be needed to make sure that relatives know they are welcome and will be well served in groups serving all adoptive and guardianship families.

If there will be links between groups for parents and those for children or teens

Agencies also need to decide how their parent and child or teen groups work together. For example, will they meet at the same time and location but in different spaces to ensure privacy? Will parents and children and teens have snacks or meals together? Will the groups cover the same topic on the same day? Will they debrief or otherwise meet together?

How to work with parents of child and teen group participants

Since most young people can't make their own decision to attend a group, program staff will need to communicate with parents about the purpose and value of child and teen programming. They may remind parents that such groups provide parents with the chance for respite or to attend a group themselves. Agencies should also have protocols for having parents agree to program rules and to acknowledge what information will be shared with them. Facilitators should also make it clear to children and teens the types of information they will share with parents. For children's groups, agencies should also consider if the groups will have formal separation and reunion rituals with parents and children. Children may need reassurance that their parents are nearby or available by phone if something arises. Programs will also need guidelines for when a parent needs to come and support their child.

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine changes needed in their support group program. Tracking and analyzing attendance, as well as seeking input from parents, children and teens, and facilitators, can help identify areas for needed improvements.

Continuous quality improvement methods include:

- **Tracking service usage** — Agencies should gather and analyze information on the number of children and families who are attending support groups. If program counselors have recommended support group attendance for particular families who rarely attend, the counselor can check to see if there are individual barriers to participation or if there might be broader changes needed to the support groups to make them more appealing or accessible. For each group offered, facilitators should also track the number of attendees, and program leaders should periodically review how many people are attending each group. If attendance is low or going down, program staff can check in with families in the community to see if they have concerns about when or where the group is offered or—for those who no longer attend—why they left. Program leaders will also need to consider when to discontinue a group and if they can transition any attendees to other existing groups. If groups have many attendees, the program may consider offering a second group.

- **Surveys for both children/teens and parents** — Offering satisfaction surveys at the end of short-term groups and periodically for ongoing groups can provide parents and children and teens the opportunity to share what is working well for them and what they would like to change. Surveys can ask if the groups are accessible or if there are physical or other logistical barriers that the program could address. Survey results can also determine if particular facilitators need additional training or support to help the group function better. Some programs have facilitators do a quick check-in at end of each meeting to see how group members are feeling and if they have suggestions for future meetings.
- **Facilitator feedback** — Agencies should meet with or survey group facilitators regularly to ask if they can identify any changes needed or if they are facing challenges that require additional training or support to handle.
- **Pre- and post-questionnaires** — For short-term groups or those with specific educational goals, questionnaires administered before and after the groups can help measure knowledge gains or changes in attitudes. Results can help program leaders and facilitators make any changes to future groups to improve outcomes.

More Information

Additional information about implementing support groups can be found at the links below:

- AdoptUSKids' Parent Group Leadership Curriculum is a free curriculum that post-permanency program leaders can use to train their parent support group leaders as well as a webinar about how to use the curriculum.
- The AdoptUSKids blog for professionals has many articles, webinars, and more related to parent groups and peer support.
- Strengthening Facilitation Skills with Youth is a free curriculum from the Administration for Children and Families that agencies can use to train the facilitators of groups to improve engagement with youth.
- Creating, Enhancing, and Expanding Programs for Children and Teens outlines various ways agencies can provide support to children and teens in adoptive, foster, and kinship families, including through support groups.
- Mental Health America's Center for Peer Support's Support Group Facilitation Guide offers tips and strategies for all types of peer group facilitators.

Respite Care

For the purpose of the post-permanency program model, **respite care** is defined as programs or services that provide children with safe, enjoyable short-term care that enables adoptive parents and guardians to take time to rejuvenate so that they can be the best parents possible. It is a preventive service designed to help parents reduce family stress and avoid burnout. In the post-permanency program model, respite care includes two types of programming:

- Specialized programs or activities for children and teens
- Programs that help find, train, and fund individual respite providers who can support the family in the home or in short-term visits outside the home

In addition, the model's respite care program should include services that help families develop their personal support network with family and community members who can provide periodic informal respite when needed.

In the Post-Adoption Center's model, respite care is not intended as an out-of-home or therapeutic placement. Those services may be necessary in some cases, but respite is designed to keep the family intact and prevent the need for a higher level of care.

Research on Respite Care

In *Creating and Sustaining Effective Respite Services: Lessons from the Field* (2012), AdoptUSKids summarized the research on the benefits of respite care: "Research has demonstrated that respite services can:

- Reduce risk of maltreatment and risk of an out-of-home placement
- Achieve statistically significant reductions in reported stress levels of caregivers and improvements in the quality of their relationships
- Improve caregivers' positive attitude toward their children
- Improve family functioning
- Help caregivers meet their children's special needs
- Improve relationships between parents and children
- Decrease the risk of child abuse

- Prevent placement disruptions
- Increase families' ability to provide care at home for children with disabilities"

All parents need a periodic break so that they can continue to keep doing the challenging work of nurturing, supervising, guiding, and otherwise caring for children and teens. For parents of children who have more significant medical, behavioral, or mental health needs, such time off may be needed more frequently but often can't be met by community-based or traditional child care or recreational programs. As Madden and colleagues (2016) noted, families who adopt children from foster care have a significant need for respite care, but such care is also one of the greatest unmet needs for these families. In their study of barriers to adoption, McRoy and colleagues (2007) found that respite care was one of the two most needed but least accessible services for adoptive families.

Core Elements of Respite Care

The Post-Adoption Center recommends that agencies ensure that their respite programs include the core elements outlined in the following table:

Offers safe, enjoyable care for the child
Respite care should be enjoyable for the child, whether it's providing recreational or social activities or being cared for by another adult they trust. Madden and colleagues (2016) cited research that has shown such respite services benefit children: "In addition, respite services can also be important for children, as it can provide them with increased opportunities for social and peer interaction and access to other supportive adults…." Respite programs should offer fun activities and positive opportunities for the child so the break is something they look forward to.
Considers what the child wants
Because respite care should be designed to be enjoyable for children and youth, post-permanency programs should gather information from children and youth about activities and events and be responsive to feedback. In addition, staff should work with families to engage children and youth in discussions about choosing individual respite providers that they are comfortable with and activities that they enjoy. Respite care should never be used as punishment.

Is consistently offered

To achieve its goal of ensuring that parents are rejuvenated, respite care must be available regularly. A brief break once or twice a year, while useful, is not likely to have a significant impact on parents' or families' stress levels.

The Post-Adoption Center recommends that some form of planned respite care be available at least monthly.

Is short term and limited

In general, respite should be no more than a few days a month so that it does not affect family cohesion or attachment. Post-permanency programs can help families determine how much respite is right for their family by considering the child's preferences and comfort with the provider or activities, as well as their specific history and attachment needs. If families are requiring or requesting a lot of respite, post-permanency program staff should consider whether additional support services are needed.

Ensures respite providers are well prepared to meet children's needs

Children who have experienced trauma and loss or who have higher emotional or behavioral needs may not be able to participate successfully in programs in the community. Madden and colleagues (2016) noted that parents' concern about providers being able to meet their children's behavioral and mental health needs and lack of trust in providers have been barriers to the use of respite care. Post-permanency programs should ensure respite providers and staff working on activities are trained on:

- Key issues in adoption and guardianship
- The impact of trauma
- Trauma-responsive parenting
- How to communicate positively with children about the respite program itself

In addition, parents must have avenues to share information with individual providers or activity leaders about children, including children's preferences, medical information, and behavioral challenges and recommended solutions. *Taking a Break: Creating Foster, Adoptive, and Kinship Respite Care in Your Community* has sample forms that may be of use for such information sharing.

Is community responsive

Post-permanency programs should ensure that respite services are designed to meet the needs of the diverse adoptive and guardianship families in their area, including:

- Offering activities in communities where adoptive and guardianship families live
- Recruiting staff and respite providers who reflect the population of children and families to be served
- Training all staff and providers in community engagement, belonging, and inclusion
- Assessing if satisfaction or outcomes are different for various populations

Is normalized for parents

Families may feel guilty or reluctant to use respite care. Post-permanency programs can help families understand that needing a break is to be expected for parents of children who have experienced trauma and loss. By providing consistent respite care options and discussing how taking a break can help them be better parents, post-permanency programs can help parents understand that it's normal to need respite from time to time.

Has flexible options

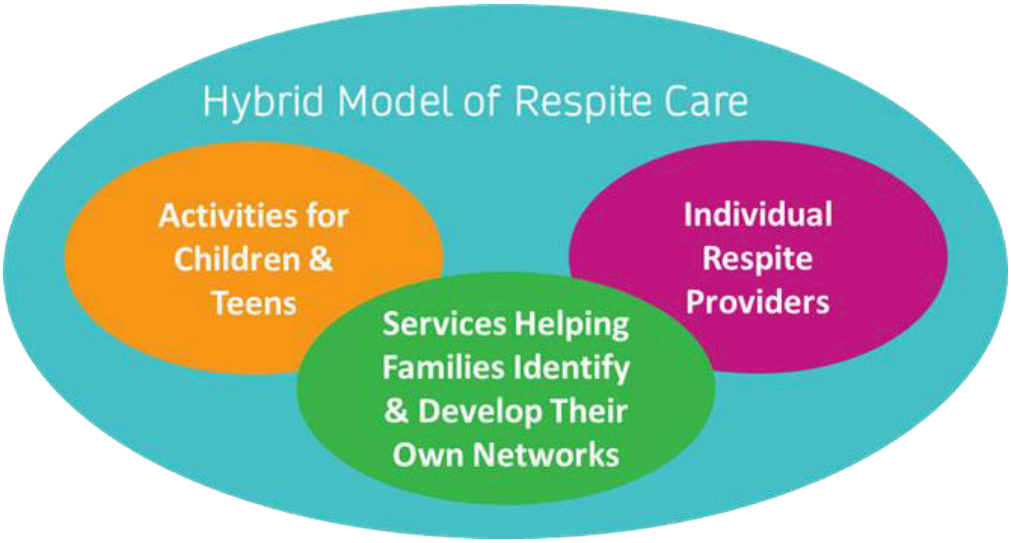
Every family is unique, so no one respite option will be the right choice for every family. Post-permanency programs that offer multiple respite options—including specialized programs and activities plus individual respite providers—will be best able to achieve the goal of reducing parental stress and preventing burnout.

Is affordable

Respite programs are best when they ensure that there are no financial barriers to participation. By offering free, well-supported social or recreational activities as well as funding for individual respite care, post-permanency programs are helping to ensure parents can access respite when they need it, not just when they can afford it. A literature review by Murphy and colleagues (2021) found that funding is often a barrier to the use of respite care.

Types of Respite Care Programs

As noted above, there are two main types of formal respite programs—one offering activities for children and teens, and the other helping families access care from individual respite providers. The Post-Adoption Center recommends that post-permanency programs offer a hybrid model that includes each program type, along with services to help families identify and develop their own support networks.



Activities for Children and Teens

- **Recreational or other activities for children and teens** — One of the best ways to support children and provide their parents with a break is to offer recreational or social activities that appeal to the children. Day camps, movie nights, recreational events, and social gatherings that are specifically geared to children who have experienced trauma, separation, loss, and grief allow children to have fun and build their own social network and build social skills while giving parents planned time away. Some children who have histories of loss or complex trauma have difficulty establishing social relationships, as well as difficulty regulating emotions and impulses. As a result, they might not be successful in general recreational or child care programs that do not accommodate their needs.

- **Family activities** — Family activities, especially longer ones with separate, supervised activities for children, can also provide parents with a needed break. Family camps where children and teens are supervised and entertained by staff and volunteers allow parents to gather with their peers and know that their children are safe nearby.
- **Mentoring for children and teens** — Mentoring programs typically provide children and teens with an adult role model that they can spend time with and learn from. At the same time, such programs also give parents a break they may need. Mentoring programs that pair children in adoptive and guardianship families with adoptees or adults who spent time in foster care can provide respite while also giving young people an opportunity to learn from others who have been in similar situations. Mentoring programs can also match youth with community members who share their interests or who simply want to help a child who needs additional support.

Individual Respite Providers

- **Training and funding for families' chosen respite providers** — In some cases, families can find their own respite providers and simply need support with training and paying the providers. Post-permanency programs can offer training for respite providers and reimburse families for the cost of periodic care. Staff can also work with families to help them identify people in the child's or family's circle of support who may be able to provide respite care. When operating such programs, it is important to help families consider the child's comfort and preferences and to engage the child whenever possible in selecting a provider.
- **Respite cooperatives** — Post-permanency programs can also support the use of individual respite care by facilitating the matching of families in need with trained respite providers. Such programs should recruit prospective respite providers and then train them on the needs of children in adoption and guardianship. Recruitment strategies may include:
  - Public announcements
  - Partnering with schools of social work or education
  - Seeking prospective foster or adoptive parents who don't have a placement yet

After training and a background check, the post-permanency program can either make matches between families and providers or provide a way for families to search for providers who can meet their needs. The Post-Adoption Center recommends that all programs include some efforts to recruit individual respite caregivers, given that not all families will have the ability to identify their own providers.

Services to Develop Families' Support Networks

In addition to the more formal respite programming outlined above, post-permanency programs can help families identify and build their own support or relief network. Case managers, counselors, parent coaches, or other staff can help families identify how often they need a break and explore creative ways to get those breaks.

In addition to specific staff work to identify and enhance families' support networks, other components of post-permanency programs—such as support groups or social events for families—can also help adoptive and guardianship families build relationships that can lead to respite exchanges among families.

Madden and colleagues (2016) found that combining such informal respite care with formal respite care was particularly valuable:

> ***"In this study, parents who used a mixture of formal and informal respite reported positive experiences related to respite more frequently than the other two types of respite groups, while those who received only informal respite reported less benefit than others. Parents who used formal respite (either alone or mixed with informal respite) reported greater stress reduction. The greatest increase in family stability was reported by parents who received a mix of informal and formal respite."***

Madden and colleagues also noted that parents who received a mix of formal and informal respite were more likely to report increased family stability. The authors suggest this increased benefit could come from both using more hours of respite and also building a stronger network of community support, which has been shown to be valuable to adoptive families.

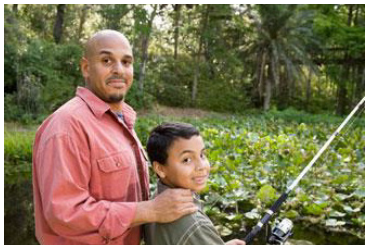
IDEA

Staff can help families brainstorm how their friends or relatives may be able to help out, perhaps having a trusted community member come over to play or sit with the child while the parent is home but getting other things done.

Examples of Respite Care Programs

The following are a few ways that states are providing respite care.

Example 1: Tennessee's Adoption|Guardianship Support & Preservation Program



In Tennessee, the Adoption|Guardianship Support & Preservation program (ASAP|GSAP) offers a combination of **recreational activities for children and teens and services to help families develop their own support network.** Offered during school breaks, therapeutic day camps for children and youth provide a fun recreational opportunity away from home.

Staffed by master's level clinicians who work in ASAP|GSAP, the camps provide adoption-competent, trauma-informed, and neurodevelopmentally sensitive interventions and support. Activities include equine-assisted learning and therapy, a climbing wall, yoga, drumming, movement and dance, a challenge course, arts and crafts, and nature activities. ASAP|GSAP also offers periodic parents' night out events where children attend a safe, structured recreational event and parents have up to four hours of respite. For registration, a brief needs assessment is required as well as emergency/crisis planning. These events are also staffed by master's level clinicians who work with ASAP|GSAP families and understand the unique needs of children who have experienced trauma and loss. Activities take into account sensory needs and experiences, attachment-sensitive routines and rituals related to separation and reunification with parents, and relationship enhancement.

Therapeutic weekend family camps are designed for the entire adoptive or guardianship family. The camps are designed to support the healing and growth of families. While at camp, families participate in activities designed to promote a deeper understanding of one another and reconnect in meaningful, lasting ways. Camp is also an opportunity to connect with other families who share a similar journey and experience. Therapeutic activities include those listed under day camps discussed earlier. The camp includes activities for the whole family as well as breakout groups for parents, teens, and children.

In addition, as part of its in-home services, educational advocacy, and parent coaching, Tennessee's ASAP|GSAP program helps families develop their therapeutic network. Staff talk with families about people or organizations that have supported their family in the past or who might become an important member of their circle of support. Supporting families in developing a therapeutic network often includes training and advocacy as well, and acknowledging and normalizing the need for ongoing support is paramount in relief team development. Staff provide consultation and coaching to parents on how to best equip members of the relief network with the information or training needed to support a child and family. Staff can also provide consultation and training to day care providers, extended family members, after-school programs, church and community spaces, etc., to help the families develop their relief team.

Example 2: Delaware's A Better Chance for Our Children

Delaware's A Better Chance for Our Children, a state-contracted post-permanency provider, offers **consistent recreational activities designed to provide parents with a break**. The Rec-n-Respite program is for children ages 6 to 14 in adoptive and guardianship families. Scheduled from 9:30 am to 4:30 pm in two different sites on two Saturdays each month from September to June, the program focuses on ensuring the children have fun while their parents have a break. Activities are recreational and social, such as arts and crafts, movies, games, and playing outside. The staff, which includes social workers, individuals with lived expertise, and other child care workers, receive training on being trauma focused, and no child is removed from the program for behavior problems. Staff-to-child ratios of about one to four allow staff to spend one-on-one time with any children who are having trouble getting along with others. Parents are asked to commit to the program for its full nine-month run.

Program staff regularly seek input from children and teens about what they like to do and survey parents each year to assess the program.

Example 3: Missouri's Respite Exchanges

FosterAdopt Connect and the Central Missouri Foster Care & Adoption Association, two of Missouri's contracted family resource centers, **help find, license, and train individual respite providers** for families in need. They seek potential providers by talking to prospective foster and adoptive parents about the option of being respite providers and sharing information with potential providers. Those who are interested in becoming a provider complete an application and then go through a background check, licensing, and training.

The resource centers share information with families about the availability of approved respite providers through various means. When families reach out needing respite care, the resource center can help connect them with an available provider or work with the family to identify any members of their existing network who might want to become a formal respite provider. Once families find a good fit with a provider, they can make arrangements directly with each other when care is needed. One of the resource centers also helps families who are receiving adoption or guardianship assistance get coverage for respite services included in their subsidy agreement.

Implementation Considerations

When creating or enhancing a respite care program as part of their post-permanency program, agencies should consider the implementation factors outlined in the following table:

What types of programs will best meet their families' needs

First and foremost, the agency should consider what types of respite programming it will offer. Agencies should gather information from families and post-permanency program staff about needs and preferences. The implementation team will also need to consider where families live and what existing programs or services (such as camps, mentoring programs, or recreational activities) could potentially be adapted to also provide respite.

How to find staff, volunteers, and providers

Finding trustworthy respite providers is critical to the success of a respite program. Potential options include:

- Prospective foster or adoptive parents who don't have a placement yet
- Social work or mental health program students seeking experience
- Schools and special education programs
- Other agency staff who want additional work
- Interns
- Adoptive parents or guardians
- Adoptees or people who spent time in foster care

How to train staff, volunteers, and providers

All people who are caring for children and teens through the respite program will need training on working with children who have experienced trauma, separation, and loss. Some providers (such as adoptive or guardianship parents or post-permanency program staff) are likely to have had this training already, but for others, the agency must offer the training through one or more of the following:

- Inviting respite staff and providers to existing training for adoptive, foster, or kinship parents
- Curating a selection of available virtual workshops
- Creating a specific training for respite staff and providers In addition to covering key issues in adoption and guardianship
- The training should include information specific to respite, including how to communicate about the program to children and families.

How to conduct background checks

Each respite program will need to ensure that it has rules in place about when and how to provide background checks on respite providers.

How to communicate about respite

Families may be reluctant to use respite care, and children may fear attending new events or being cared for by someone they don't know. Post-permanency staff working with families will need to allay parents' fears by highlighting the benefits of respite care to the entire family. Programs should also create avenues for parents—and children—to learn more about potential providers or programs in advance and make it possible to change providers if the fit is not right. In addition, program staff should help parents communicate about respite with their children. Especially for group activities, staff can encourage parents to talk to children about the activities and the fun they may have, rather than talking about the parent getting a break. When using individual respite care, parents can emphasize that they have some things they need to do and, if necessary, reassure them it's not about anything the child has done. For children who have difficulties with transitions or change, parents may want to begin talking about respite early and answer any questions the child may have. Staff can also remind parents to check in with the child afterward to ask about what they liked and what they wish would have been different.

How to honor attachment between children and parents

Post-permanency programs should pay special attention to how they can honor attachment between children and parents. When discussing the need for respite with parents, staff can explore if either activities or an individual provider are the right fit for the child, especially if the placement is new. Ensuring that respite is never used as punishment ("If you don't behave, I'm sending you to respite this weekend!") is a key component of preparing families to use respite care. Staff can also use surveys of parents and children to assess if the services are helping or hurting family cohesion. (See the following *Continuous Quality Improvement* topic.)

Managing risk and liability

Agencies need to explore how to manage risks and cover any liability issues for their respite programs, especially for any care provided by people who were not identified by the family themselves. Such efforts will include plans for background checks, training, oversight, waivers, and liability insurance. The National Respite Network and Resource Center offers a fact sheet on risk management.

Resource Link

National Respite Network and Resource Center fact sheet on risk management

Continuous Quality Improvement

In addition to overall post-permanency program evaluation to assess outcomes, agencies should use continuous quality improvement efforts to determine changes needed in the respite program. Tracking and analyzing service usage and checking in periodically with parents, children, and providers can help identify areas for needed improvements in respite services. Methods for accomplishing this include:

- **Tracking service usage by area or region** — Agencies should gather and analyze information on the number of children and families who are using respite services in all areas of the jurisdiction. Information on where services are used or not used can help guide efforts to dig deeper to determine if there are changes needed in locations, schedules, activities offered, or other plans.
- **Tracking service usage by child and family characteristics** — Data on the ages and needs of the children can help ensure appropriate staffing and activity types for event-based respite and recruitment for individual providers. Information on family demographics can help identity potential changes to be made, such as increasing outreach to guardianship families or other diverse populations or adding services in rural areas. This information may also suggest a need for increased attention to whether services or outreach are truly community responsive. As noted previously, information on which families are using respite the most may lead to further outreach to those families to see if they have other unmet needs.
- **Surveys for both children/teens and parents** — Brief satisfaction surveys of children and teens at the end of each event, along with surveys of their parents after the event, can help guide future programming to better meet participants' needs. Periodic surveys of families who are using individual respite providers, including questions to be asked of children and teens, can help identify any gaps in preparation of providers or other potential areas for improvements.
- **Post-training surveys for providers** — Agencies should survey respite providers to assess if providers feel well prepared and ask for suggestions they have for the program.

More Information

Additional information about implementing respite programs—including implementation steps, sample forms, and examples of programs—can be found in the following guides:

- Taking a break: Creating foster, adoptive, and kinship respite care in your community
- Creating and sustaining effective respite services

GLOSSARY

Adoption competent	Has a deep understanding of the lifelong nature of adoption and guardianship, the core issues of adoption (loss, rejection, guilt/shame, grief, intimacy, control/mastery, and identity) and how they affect children and families, and the normative challenges that can influence identity, family relationships, and psychological adjustment; understands that challenging behaviors are often manifestations of an array of biological and experiential risk factors that pre-date placement; offers family-based, attachment-focused, trauma-informed, and strengths-based supports
Adoption or guardianship instability	When children who were adopted or placed in guardianship are not living with their adoptive parents or guardians for significant periods of time; instability may be formal (when a child re-enters foster care) or informal (when a child lives temporarily with another family member); does not include vacations or similar short-term absences from home
Ambiguous loss	Grief that has no specific boundary or closure (as death has); typically has uncertainty or confusion about whether the loss is permanent; the loss may not be acknowledged by others
Ambivalent loss	The absence of a person, place, or thing about which someone has conflicted or uncertain feelings, for example due to conflicts that occurred before the loss, lack of contact, abuse or neglect, etc.
"Bottom up" approaches	Therapeutic treatments or activities that focus on repairing damage to the brain caused by trauma by first addressing the lower part of the brain—the brainstem, which controls the central nervous system and thus senses, and the limbic system, which controls emotions—before involving the thinking and learning centers at the top of the brain
Complex trauma	Ongoing, significantly negative experiences in childhood that have a detrimental, often long-term impact on the individual's trajectory in various areas

Continuous quality improvement	An ongoing process of collecting and analyzing data to better understand and enhance services provided
Community responsive	Understanding, recognizing, affirming, and valuing all individuals and groups in the community; requires transforming systems and practices to be accessible, inclusive, and effective for diverse populations; is based on knowledge, self-knowledge, behavior, and action
De-escalation	Actively taking steps and providing support to reduce the stress or seriousness of a situation, such as a behavioral meltdown or very concerning behaviors
Developmental trauma	When adverse childhood experiences (ACEs) and ongoing trauma significantly affect a child's developmental trajectory
Discontinuity	Instability that occurs after an adoption or guardianship has been finalized-does not mean the child has come back into the child welfare system and does not always constitute a negative occurrence. For example, discontinuity may be a child that is living with a relative of the adoptive parent or guardian for a period of time.
Disruption	The permanent ending of an adoption or guardianship after placement and before finalization
Dissolution	The permanent ending of an adoption or guardianship after legal finalization
Family cohesion	The emotional bonding and close relationships among family members; serves as a protective factor against stressors

Family focused	Understands that the best way to address challenges is in the context of the family system; providing services to the entire family and viewing the family as key agents of change
Family systems perspective	For purposes of counseling or other treatment, considers the entire family as an interdependent unit, with what happens to one member affecting every other family member; the family is seen as a source of strength or support to other family members
Fetal alcohol spectrum disorders (FASDs)	A diagnostic term to refer to a wide range of physical, cognitive, and behavioral impairments caused by prenatal alcohol exposure
Individualized Education Program (IEP)	An Individualized Education Program (IEP) outlining special education services to be provided for a student with one of 13 disabilities identified in the Individuals with Disabilities Education Improvement Act of 2004; is created by the IEP team that includes the parent(s), one of the child's general education teachers, a special education teacher, a school psychologist or other specialist, and a district administrators; includes measurable learning goals, accommodations and/or modifications, how progress will be measured, and related services; parent(s) must consent to the evaluation and before services are provided
Interracial placement/ adoption	An adoption or guardianship where the parent(s) and child do not share the same racial identity
LGBTQ2S+	The constellation of lesbian, gay, bisexual, transgender, queer, questioning, Two Spirit, asexual, intersex, pansexual, and nonbinary or gender fluid identities
Neonatal abstinence syndrome (NAS)	A specific set of conditions affecting a baby who is in withdrawal from drug exposure in the womb

Normalize	The process of helping adoptive parents and guardians understand that their family is likely to need additional support and encouraging them to expect to access supportive services after placement
Out-of-home placement	The formal placement of child away from their legal parent or guardian, such as a placement in foster care or residential treatment facility
Permanency	A permanent, stable living situation for a child; legal permanency options for children in foster care include reunification with birth parent(s), placement with kin, adoption, and guardianship; for purposes of the Program Manual, permanency refers to adoption and guardianship
Post-permanency	Any time after the finalization of an adoption or guardianship
Pre-permanency	The period of time between when parent(s) or caregiver(s) has been identified as the adoptive or guardianship resource for a child and finalization of the adoption or guardianship
Psychoeducation	A structured method of sharing information to enhance knowledge
Psychosocial assessment	Formal process of evaluating an individual's or family's mental health, functioning, and well-being
Relative adoptive parents and guardians	Individuals who have adopted or are providing guardianship to a child who was related to them before the placement; often includes people who were "fictive kin" (that is, people who had strong family-like ties before placement)
Secondary traumatic stress/vicarious trauma	An observable set of reactions, similar to the symptoms of post-traumatic stress disorder, that comes from working with people who have experienced trauma

Section 504 plan	Identification of accommodations teachers will make, as outlined in Section 504 of the U.S. Rehabilitation Act of 1973, to support a child with a physical or mental impairment who is participating in the regular classroom; plans are monitored by the teacher; parent(s) must agree to the evaluation but not the plan itself
Strengths based	Identifies and builds on the individual's and family's inner resources, skills, and resilience to find and implement solutions to the challenges
Telehealth	The provision of health care services, such as counseling, through telecommunications technology, most often through video calls
Therapeutic parenting	A deeply nurturing parenting style designed to emphasize attachment, connection, and healing for children who experienced childhood trauma, abuse, or neglect; sees behaviors as communication and seeks to address the underlying issues rather than simply the behaviors
Trauma	Negative experiences that cause significant and lasting stress reactions, including affecting a child's development
Trauma informed/ Trauma responsive	Acknowledges the significant, often lifelong impact of trauma on a child or family, recognizes and addresses the reasons behind behaviors and challenges, shares information about trauma with all staff members and integrates information about trauma into all aspects of care, and works to prevent re-traumatization
Treatment plan	A guide to the post-permanency services to be provided to the individual family, including the goals to be achieved and any clinical services to be offered by the post-permanency program; is developed after conducting a thorough and individualized family assessment and with input from the family

Virtual	The provision of services such as support groups and training through telecommunications technology, most often through video calls
Warm handoff	The act of ensuring that adoptive and guardianship families are actually connected to another service provider through a meeting or group phone call that includes the family, the existing provider, and the new service provider

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APPENDICES

Following are the appendices referenced in this manual:

- **Appendix 1:** Framework for the Post-Permanency Program Logic Model
- **Appendix 2:** Questions to Use at Intake to Assess Stability
- **Appendix 3:** Tennessee Intake Form
- **Appendix 4:** Adoption Rhode Island Welcome Letter
- **Appendix 5:** Tennessee's Adoption and Guardianship Preparation Training Outline
- **Appendix 6:** Items to Include in a Comprehensive Assessment
- **Appendix 7:** National Adoption Competency Mental Health Training Initiative (NTI) Comprehensive Assessment Outline
- **Appendix 8:** Tennessee ASAP|GSAP Comprehensive Assessment
- **Appendix 9:** List of Assessment Instruments
- **Appendix 10:** Directory of Therapies and Modalities

1 APPENDIX 1:

Logic Model for Post-Permanency Program Model Theory of Change

Logic Model for Post-Permanency Program Model Theory of Change

Inputs	Acti-vities	Outputs	Short-term outcomes	Medium outcomes	Long-term outcomes
• Child welfare agency, including leadership buy-in • Public and/or private service providers • Trained staff reflecting community characteristics • Community resources • Focus groups • Data tracking & assessment ability • Adoptive and guardianship families • Adoption-competency training curricula • Funding sources	Pre-permanency supports	• # parents/ children receiving supports & types of supports provided, such as: # parents: ○ trained ○ connected to post-permanency program ○ provided with detailed information about the child's history/service needs ○ supported to overcome barriers & access services ○ informed about key issues in adoption & guardianship #families: ○ attending counseling sessions	• # parents gaining useful knowledge, by types of knowledge • # of parents with comprehensive information on their child's history and needs • # parents feeling more prepared to meet their children's needs • # parents aware of post-permanency support services and where to get help	• # parents with realistic expectations of their children's current and future needs • # parents willing to ask for help & confident that help will be received • # parents making changes to reflect and embrace the evolving family dynamics	<u>Increased family stability</u> • Fewer foster care entries or re-entries • Less discontinuity • Fewer out-of-home placements • Fewer children run away • Fewer children leave home before adulthood • Increased family reunification when instability occurs <u>Increased child and family well-being</u> • Strong, long-term parent-child relationship regardless of
	Comprehensive assessment	• # assessments completed • # treatment plans developed based on the comprehensive assessments	• # families with information about their children's and the family's strengths and needs • # of families with goals to achieve in counseling • # of families continuing with counseling services • # families connected to services/supports	• # children/families receiving services appropriate to meet their needs	

Logic Model for Post-Permanency Program Model Theory of Change

Inputs	Acti-vities	Outputs	Short-term outcomes	Medium outcomes	Long-term outcomes
	24-hour telephone support	• # calls responded to, including any who had to wait • # families served, by reason for contact	• # parents or children receiving immediate response to questions or problems • # parents feeling supported/less stressed • # referrals made, by type of referral • # of crises de-escalated	• # children/families receiving services appropriate to meet their needs	whether child and parents live together • Improved parent & child mental health • Increased parent & child satisfaction with adoption & guardianship
	Counseling services	• # counseling sessions held, including # held in home • # families participating in counseling	• # parents with improved understanding of & empathy for their children • # of parents and children with better understanding of lifelong issues of adoption & guardianship • # parents better equipped to meet children's needs • # parents with reduced stress	• # parents better equipped to provide a safe, nurturing, and therapeutic environment • # parents and children with increased attachment to each other • # families with improved relationships • # parents with increased commitment • # parents better able to respond to problems • # children with improved behaviors/reduced challenges • # children supported in their identity development (race, ethnicity, cultural, language, sexuality, etc.)	
	Crisis intervention	• # families receiving crisis stabilization services • # of families that receive connection to ongoing services and supports after immediate crisis is resolved	• # families with de-escalated crises • # families feeling supported • # families referred to services that meet their immediate needs	• # families feeling more able to meet their children's needs • # families able to continue parenting child in the home	

Logic Model for Post-Permanency Program Model Theory of Change

Inputs	Activities	Outputs	Short-term outcomes	Medium outcomes	Long-term outcomes
	Educational advocacy	• # families served, by type of need • # and type of meetings with school personnel (504, IEP, general) • # and types of training provided	• # children with educational needs identified/addressed, by type of need • # 504 plans established • # IEPs established • # parents feeling more equipped to advocate for their children's educational needs • # educators with better understanding of adoption & guardianship	• # children making academic progress in school • # children feeling more positive about school • # children connected to services that meet their educational needs	
	Support groups	• # children/ parents attending support groups • # & types of groups held	• # children/parents feeling understood & supported • # children/parents feeling hopeful • # connections made between families • # children/parents with more understanding of key issues in adoption & guardianship	• # families with increased community of support • # children connected to friends like them • # children better able to respond to the challenges of adoption & guardianship • # children supported in their identity development • # parents with improved parenting skills • # children with increased life skills	
	Respite care	• # families receiving respite care, by type of respite service • # group respite activities held • # families provided help to develop their therapeutic support network	• # parents feeling refreshed, re-energized, less stressed • # children with enjoyable respite experience	• # parents with increased commitment • # parents avoiding burnout • # children with connections to other children in adoptive/guardianship families	

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APPENDIX 2:

Questions to Use at Intake to Assess Stability

For a variety of reasons, children may spend time away from their families, sometimes in relation to challenges families are experiencing. This may or may not have occurred in your family.

Since you or your family began receiving post-permanency services, has your child ever lived outside of the home for at least one night for any of the following reasons? Please indicate all that apply.

- o Residential treatment, psychiatric hospital, therapeutic boarding school
- o Hospitalization for a health problem or injury
- o Foster care
- o Runaway
- o Respite care
- o Prison, jail, or juvenile detention
- o Parent(s) asked child to leave due to problems
- o Other: _____

Does your child currently live or stay with either you or (if applicable) another adoptive or guardianship parent?

- o Yes
- o No
- o I don't know

Do you think that your child will live with you until they grow up?

- o Yes
- o No
- o I don't know

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APPENDIX 3:

Tennessee Intake Form

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ASAP

REQUEST FORM

Child's Name	
First	Last

Age: _____ Date of Birth: _____

Adoption Finalization Date: _____

Client Type:
- ☐ New Client
- ☐ Repeat Client
- ☐ Repeat Family (sibling has participated in ASAP services previously)

Sex:

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Adoptive/Guardianship Parent #1 Name	
First	Last

Age: _____ Date of Birth: _____

Sex:

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Marital Status:
- ☐ Single, Never Married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Partnered
- ☐ Widowed
- ☐ Unknown
- ☐ Other: _____

Street Address	City	Zip Code

Cell Phone	Home Phone
Work Phone	Email Address

Adoptive/Guardianship Parent #2 Name	
First	Last

Age: _____ Date of Birth: _____

Gender:
- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-binary/ non-conforming
- ☐ Prefer not to respond

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Marital Status:
- ☐ Single, Never Married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Partnered
- ☐ Widowed
- ☐ Unknown
- ☐ Other: _____

Street Address	City	Zip Code

Cell Phone	Home Phone
Work Phone	Email Address

FAMILY MEMBERS IN HOME

Please list all members of your household

NAME	RELATIONSHIP	AGE

DETERMINATION OF ELIGIBILITY

Choose all that apply

- ☐ Child is 18 or Younger
- ☐ Finalized Adoption
- ☐ Subsidized Permanent Guardianship

CRISIS/NON-CRISIS DETERMINATION

Choose all that apply

- ☐ Adoptive family has safety concerns
- ☐ DCS and/or Juvenile Court has referred the adoptive family for crisis intervention
- ☐ Protective service complaint has alleged abuse and/or neglect and DCS has made referral to stabilize the family crisis
- ☐ Adoptive family reports the child is at imminent risk of psychiatric hospitalization and/or residential treatment and/or is currently awaiting hospital bed and/or residential placement
- ☐ Adoptive family requests immediate removal of the child from home
- ☐ None of the above

TYPE OF PLACEMENT

- ☐ Finalized DCS Adoption (subsidized or not)
- ☐ Private Domestic Adoption (Non-DCS)
- ☐ International Adoption (Non-DCS)
- ☐ Subsidized Permanent Guardianship

SERVICES REQUESTED

Choose all that apply

- ☐ Family Therapy/Individual Therapy
- ☐ Adoptive/Guardian Family Events
- ☐ Education Advocacy/Resources
- ☐ Parent Coaching/Resources
- ☐ Support Group Information
- ☐ Webinars/Trainings
- ☐ Relief Team Development
- ☐ Family Camps
- ☐ Youth Day Camps

REASON FOR REFERRAL

Choose all that apply

- ☐ Completed community services that were not beneficial
- ☐ Unsuccessfully discharged from therapeutic services
- ☐ Unavailable resources in my area
- ☐ New developmental milestone
- ☐ New behaviors
- ☐ New trauma/concerns
- ☐ Pre-existing/unresolved behaviors or emotional needs
- ☐ Sibling referred for services
- ☐ None of the above

REFERENT CONTACT INFORMATION

Name

First	Last

Relationship to Child

Contact Information

Preferred Contact Method: ☐ Email ☐ Phone ☐ Text	
Phone Number	Email Address

Organization Type:

- ☐ Parent/Guardian
- ☐ Private Agency
- ☐ Residential Facility
- ☐ Hospital/Psychiatric Facility
- ☐ DCS
- ☐ Other: _____

- ☐ Family Therapist
- ☐ Facebook
- ☐ Newsletter
- ☐ Brochure/Poster/Postcard
- ☐ Training Presentation
- ☐ Website/Search Engine
- ☐ Family
- ☐ Friend
- ☐ DCS/Adoption Worker
- ☐ ASAP Family Therapist
- ☐ Other: _____

Please tell us more about what's going on

☐ *I am the DCS Family Service Worker for the referred child or a supervisor of the referred child's DCS Family Service Worker. I authorize communication between ASAP and referred family members. With this authorization, parties may exchange verbal and/or written information.*

☐ *I understand that referrals received after 5:00pm EST will be dated for the following business day.*

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APPENDIX 4:

Adoption Rhode Island Welcome Letter

Adoption Rhode Island
Children First, and Always.
290 West Exchange St., Suite 100 • Providence, RI 02903
tel: 401.865.6000 • fax: 401.865.6001 • AdoptionRI.org

Welcome to Preserving Families Program,

Our services provide support services for pre-adoptive and post adoptive families. We are proud to continually work with families to support stabilization and preservation. The program acknowledges that families need a variety of supports that are based on the specific needs of the individual and family, consisting of 3-4 contacts per week as identified by clinician, case manager and family. These services include:

- Psycho education
- Individual therapy
- Family therapy
- Group
- Caregiver Contacts for support
- Event invitation in the community.

To best serve our clients and families and follow standards and best practice, our intensive preservation program requires a minimum of 2-4 contacts per week. We ask that families continue to communicate shift in schedule and shift in needs. The Preserving Families model allows for intensive Family Preservation work to exist in a variety of ways.

1. A minimum of 24 hours' notice is required for rescheduling or canceling an appointment.
2. Frequent cancellations (3 or more in 6 months or 2 consecutive) and/or missed appointments (no show) will result in the discussion of discharge of treatment. If you have arranged with your therapist to have recurring appointments, the next recurring appointment will stay in the calendar. The recurring appointment will be removed after the second consecutive No Show/Late Cancel.

We look forward to supporting you and your family. If you have specific questions, please contact:
Client/Caregiver Signature: _____
Clinician Signature: _____
Case Manager Signature_____
On Call Number: _____

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APPENDIX 5:

Tennessee's Adoption and Guardianship Preparation Training Outline

Tennessee's Adoption and Guardianship Preparation Training Outline

Session 1

- Normalizing and introducing post-permanency services
- Examining common expectations, motives and fears re: adoption/guardianship
- Differences in parenting children in families created by adoption/guardianship

Session 2

- Impact of trauma, complex developmental trauma, and infant mental health
- Seven core issues in adoption
- Long-term impact of trauma and adoption/guardianship on both children and families

Session 3

- Attachment and relational health
- Connections with family of origin and adoption disclosure
- Parental self-reflection

Session 4

- Understanding therapeutic parenting
- Therapeutic parenting strategies and techniques
- Accessing post-permanency services

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APPENDIX 6:

Items to Include in a Comprehensive Assessment

Items to be Included in a Comprehensive Assessment

Child's current functioning and presenting issues

- Child's cognitive, social, emotional, physical, and language functioning at home, at school or day care, and in the community; particular strengths and challenges in each domain or location
- Child's hopes, wishes, fears, or concerns
- Child's strengths, positive experiences, and things they enjoy
- Child's high-risk behaviors and safety concerns, including suicidal/homicidal ideation, violence, sexually reactive behaviors, or running away

Child's medical information

- Any current medical or mental health diagnoses and medications; cognitive/developmental status; current or recent treatment history, including previous diagnoses, medications, and what has and has not worked well for the child
- Any screening for prenatal substance exposure including screening for fetal alcohol spectrum disorders (FASDs)
- Any past serious illnesses, hospitalizations, or health issues

Family functioning

- Current state of family relationships, including parent-child relationships, relationship dynamics among siblings (if any), and the parents' marital relationship (if applicable); attachment challenges demonstrated
- Safety concerns related to family relationships, including sexual behavior among siblings, violence by parent or child, etc.
- Family strengths and protective factors
- Cultural norms, values, communication patterns, and socialization influences in the extended family
- Parents' commitment to maintaining the adoption and stability of placement

Child's history

- Prenatal and birth history, including risk factors such as malnutrition, inadequate prenatal care, drug/alcohol exposure, premature birth, birth weight, delivery complications, and heightened stress for the mother
- Reason for entering care or for adoption placement; timeline of child's placements
- Traumatic experiences at specified ages, including details such as the frequency, duration, and severity of each incident; who was involved and where it happened; what the child knows or believes about the trauma; if they were believed and what support they received; what behaviors or emotional reactions appear to be associated with past trauma; and any assessments they may have had for developmental trauma or post-traumatic stress disorder
- Information about early nurturing and quality of attachments to other caregivers
- Birth family medical and mental health history and other relevant birth family information, including known genetic risks including family history of psychiatric illness or substance abuse

- Significant people in the child's life—birth family members, former foster parents, siblings (birth, foster, adoptive), etc.—and whether they are still in the child's life, including relationships to be maintained
- Primary losses and the child's perceptions about those losses; extent to which the child has grieved those losses

Adoption and guardianship issues

- Child's understanding of and feelings about their adoption or guardianship and birth family story
- Family's openness to communicating about adoption or guardianship to the child and others
- Family's understanding of and feelings about adoption or guardianship; family motivation to adopt or take guardianship
- Any connections with birth family, including positive relationships and challenges
- Child and family experiences with the core issues in adoption (loss, rejection, shame/guilt, grief, identity, intimacy, and mastery/control)

Parent's history, functioning, and parenting style

- Parenting style; how the family addresses the child's challenges, including discipline strategies or techniques
- Parent attitudes toward the child
- Parent expectations about the child's behaviors and functioning
- Parent's attachment style and trauma history
- Parent's substance use or mental health challenges
- Parental stress levels; sources of stress and methods of stress relief

Issues of race, culture, and sexual orientation/gender identity or expression

- The child's and family's understanding of and connections to the child's race and culture
- The child's sexual orientation and gender identity or expression and how the family honors the child's identity
- For LGBTQ2S+ children and teens, any connections with the LGBTQ2S community
- How extended family perceive any issues related to the child's race, culture, or LGBTQ2S+ identity
- The child's and family's experiences with racism, homophobia, transphobia, or other discrimination; coping skills to respond to such discrimination

Support system/environmental factors

- Child's support system, including friends, cultural resources, and extended family
- Family's support system, including friends, support groups, and others
- Specific family support needs or stresses, including financial challenges or difficulties accessing day care, recreational, or other services

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APPENDIX 7:

National Adoption Competency Mental Health Training Initiative (NTI) Comprehensive Assessment Outline

Comprehensive Assessment Outline

The goal of a comprehensive assessment is to integrate adoption-related information into a comprehensive developmental (for the child) and family assessment. What will be new is the way in which adoption issues and risk and protective factors affecting adoption adjustment are woven into other assessment questions/ techniques.

I. Prenatal, birth, developmental, medical history

A. Known genetic risks including family history of psychiatric illness, substance abuse, and violence

B. Prenatal and birth history including riskfactors such as malnutrition, inadequate prenatal care, drug/alcohol exposure, premature birth, birth weight, delivery complications, and heightened stress for the mother

C. Developmental information: physical & motor, intellectual, language, and psychosocial development; developmental delays

D. Serious illnesses, hospitalizations, disabilities, or health issues

E. Other risk factors identified

II. Pre-placement and placement experiences

A. Reason for entering out-of-home care, age at entry, trauma or loss experience associated with the removal; moves in care including returns home; child's relationships with others in out-of-home care; quality of care in out-of-home placements; how did child experience events?

B. Family

1. Primary families that child experienced and noteworthy information about them
2. History of family functioning and challenges present in birth family
3. Siblings and relationship dynamics (birth, foster, adoptive)
4. Cultural norms, values, kinship patterns, communication, and socialization influences in family

National Adoption Competency Mental Health Training Initiative (NTI)
A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services

5. Nature of relationships with extended family members, including contact with them once removed from birth parents
6. History of contact, if any, between birth/foster and adoptive families; quality of relationships between family members; child's involvement, if any, during contact; child's reaction to contact

C. Attachment history

1. Early nurture and quality of attachments to caregivers
2. Significant attachment figures, including siblings, grandparents, aunts, uncles?
3. Primary losses and child's perceptions & reactions; extent that these have been processed with child; who does child need to grieve?
4. Healthy attachments/relationships that need to be supported/maintained
5. Attachment challenges demonstrated in current home

D. Trauma exposure and traumatic stress (neglect, physical abuse, sexual abuse, emotional or psychological abuse, exposure to violence, traumatic grief, other)

1. Types of trauma experienced
2. Age(s) of child when each occurred
3. Frequency, duration, and severity
4. What specifically happened? Who, what, where, when (details of traumatic experiences help to identify triggers)
5. Messages child received from others about traumatic events (such as not being believed that child was being victimized, it was child's fault, etc.)
6. Child's perceptions & beliefs related to important events
7. Behavioral reactions and symptoms of trauma (emotional dysregulation, maladaptive beliefs, behavioral problems, unresolved trauma)
8. Triggers - What problematic behaviors or emotional responses appear to be associated with specific times, places, events, people or other stimuli
9. Assess for Developmental Trauma Disorder: 7 domains that may be affected (attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept)

III. Adoption

A. Adoptive/guardianship parents' motivation for adopting, coherence of expectations and reality, salient experiences in adoption process (such as failed attempts at adoption, feeling important info. was not disclosed, etc.)

B. Parents' experiences of grief and loss (including issues related to infertility), and other adoption issues; adoption communication openness; race and cultural issues

C. Child's attitudes about adoption prior to placement and currently; assessing core issues of adoption

IV. Current functioning and presenting issues

A. Child

1. Developmental issues, including learning challenges
2. Child's psychosocial functioning at home, in school, with peers, in neighborhood, and within their own cultural setting
3. High risk behaviors – sexualized behaviors, drug/alcohol use, history of self-injury or harm to others, criminal activity
4. Mental health functioning, including internalizing and externalizing problems, diagnoses, treatment history, medications; assess for various mental health conditions, neuro-psychological issues, sensory integration dysfunction, alcohol related neurodevelopmental disorder
5. Child's fears, concerns, and hopes, view of problems
6. Strengths and positive experiences (for child and for family)
7. Child's primary support system, cultural resources, extended family
8. What are child's key issues, thoughts, and feelings related to adoption or guardianship? (Assess re: grief and loss, identity issues, attachment problems, depression, search issues, etc.) What does being adopted mean to the child and how does this fit into his/her understanding of self and family? What are the child's salient memories about past families?

9. Nature of ongoing contacts with birth family members and other attachment figures
10. Child's experience with bullying or being treated negatively by others and their capacity/coping skills to mitigate the negative impacts of that behavior

B. Adoptive or Guardianship Family

1. Configuration of adoptive or guardianship family - parents' significant history; strengths; significant events in family
2. Parents' expectations/views of child and themselves as parents; history of parent-child relationship; their view of presenting problems
3. Assessment of parents' attachment difficulties and attachment to child
4. Assessment of parents' insightfulness, commitment to child, stability of placement, and any safety issues in the family
5. Relationship between birth and adoptive family over time; parents' perceptions and attitudes related to birth parents
6. Family's history of seeking help; reason for seeking help now; goals for treatment
7. Marriage and co-parenting relationship
8. Sibling relationships within family
9. Other identified family problems (maltreatment; lack of needed resources, including respite; mental health/substance abuse problems of parents; other family stressors such as job loss, health problems, etc.)

C. Environmental factors

1. Family's formal and informal support system
2. Relationships with important systems – extended family, school, faith group, service systems, neighborhood, etc.
3. Experiences of discrimination

V. **Relevant Standardized Measures** (a few possible measures are suggested, but many more are relevant)

A. **Child functioning and mental health** (Achenbach System of Empirically Based Assessment, Vineland Adaptive Behavior Scales)

B. **Trauma exposure and symptoms** (Traumatic Symptom Checklist for Young Children, UCLA Post Traumatic Stress Disorder Reaction Index)

C. **Parent-child relationship and attachment** (observations of interaction, semi-structured interview protocols, self-report measures from both parent and child perspective, such as Parent-Child Dysfunctional Interaction subscale of the Parenting Stress Index; Disturbances of Attachment Interview)

D. **Parent functioning** (Parenting Stress Index, Beck Depression Inventory, etc.)

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APPENDIX 8:

Tennessee ASAP|GSAP Comprehensive Assessment

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ASAP/GSAP

COMPREHENSIVE ASSESSMENT

Client Name:

Date of Birth:

Case ID #:

TFACTS ID#:

Initial Assessment Date:

Person Completing Assessment:

I. IDENTIFYING INFORMATION

Age:

Sex:

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Date of Placement:

Date of Finalization:

Type of Placement:
- ☐ Pre-adoptive
- ☐ Finalized DCS Adoption (Subsidized or not)
- ☐ Private Domestic Adoption (Non-DCS)
- ☐ International Adoption (Non-DCS)
- ☐ Temporary DCS Custody
- ☐ Permanent Guardianship (Subsidized or not)

Reason(s) for initial entry into DCS custody (if applicable, check all that apply):

- ☐ Truancy
- ☐ Sexual Abuse (Alleged/Reported)
- ☐ Relinquishment
- ☐ Physical Abuse (Alleged/Reported)
- ☐ Neglect (Alleged/Reported)
- ☐ NAS Prosecution (only select upon DCS Attorney instruction)
- ☐ Incarceration of Parent(s)
- ☐ Inadequate Housing
- ☐ Drug Abuse (Parent)
- ☐ Drug Abuse (Child)
- ☐ Death of Parent(s)
- ☐ Child's Disability
- ☐ Caretaker Inability to Cope Due to Illness or Other Reasons
- ☐ Alcohol Abuse (Parent)
- ☐ Alcohol Abuse (Child)
- ☐ Abandonment
- ☐ Child's Behavior Problems

Has child experienced prior disruption of adoptive placement(s)? ☐ Yes ☐ No

If yes, number of disruptions:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Has child experienced a dissolved adoption? ☐ Yes ☐ No

If yes, number of dissolved adoptions:

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

Post adoption finalization, has the child ever lived outside of the home for two weeks or longer for any of the following reasons?

Living with a relative or family friend	☐ Yes	☐ No
Residential treatment or hospitalization	☐ Yes	☐ No
Summer camp or extended vacation	☐ Yes	☐ No
Juvenile justice setting	☐ Yes	☐ No
Boarding school or college	☐ Yes	☐ No
Runaway or homeless	☐ Yes	☐ No
Other reasons (please explain):	☐ Yes	☐ No

If yes to any except 'summer camp or extended vacation' or 'boarding school or college,' please respond to these questions:

When was the last time the child lived outside of the home for two weeks or longer?

☐ More than a year ago
☐ In the last year
☐ Currently living outside the home

For the most recent time, was the child's time away from the home related to problems or conflicts among family members?

☐ Yes ☐ No

For the most recent time, where did they live?

☐ Relative or family friend
☐ Residential treatment or hospitalization
☐ Juvenile justice setting
☐ Boarding school or college
☐ Run away or homeless
☐ Other: _____

As a result of the child's time away from the home did the situation improve, stay about the same, or get worse?

☐ Improve
☐ Stay about the same
☐ Get worse
☐ No change

II. DEMOGRAPHICS

PARENT 1

Date of Birth: _____

Sex:

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Relationship Status:
- ☐ Single, never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Partnered
- ☐ Widowed
- ☐ Other: _____

If married, number of years: _____

If partnered, number of years: _____

Highest level of education completed:
- ☐ Eighth grade or less
- ☐ Some high school
- ☐ High school diploma
- ☐ GED
- ☐ Some college
- ☐ 2 to 4 year college degree
- ☐ Post graduate
- ☐ Other: _____

Occupation: _____

Work Schedule:
- ☐ Part time
- ☐ Full time
- ☐ Flexible
- ☐ Daytime
- ☐ Evening
- ☐ Weekend
- ☐ Weekdays
- ☐ Schedule varies

Typical Hours: _____

II. DEMOGRAPHICS

Is the parent biologically related to the child? ☐ Yes ☐ No

What is the parent's biological relationship to the child?

☐ Grandparent
☐ Aunt/Uncle
☐ Sibling
☐ Cousin
☐ Other: _____

Is the parent biologically related to the child through his/her birth mother or birth father? ☐ Mother ☐ Father

Primary Legal Custodian:

☐ Married Parents
☐ Single Parent
☐ Birth Relative
☐ DCS
☐ Divorced Parents, mother
☐ Divorced Parents, father
☐ Divorced Parents, joint
☐ Other: _____

II. DEMOGRAPHICS

PARENT 2

Date of Birth: _____

Sex:

Race:
- ☐ American Indian
- ☐ Asian
- ☐ Bi-racial/multi-racial
- ☐ Black/African American
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Other: _____

Relationship Status:
- ☐ Single, never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Partnered
- ☐ Widowed
- ☐ Other: _____

If married, number of years: _____

If partnered, number of years: _____

Highest level of education completed:
- ☐ Eighth grade or less
- ☐ Some high school
- ☐ High school diploma
- ☐ GED
- ☐ Some college
- ☐ 2 to 4 year college degree
- ☐ Post graduate
- ☐ Other: _____

Occupation: _____

Work Schedule:
- ☐ Part time
- ☐ Full time
- ☐ Flexible
- ☐ Daytime
- ☐ Evening
- ☐ Weekend
- ☐ Weekdays
- ☐ Schedule varies

Typical Hours: _____

II. DEMOGRAPHICS

Is the parent biologically related to the child? ☐ Yes ☐ No

What is the parent's biological relationship to the child?

☐ Grandparent
☐ Aunt/Uncle
☐ Sibling
☐ Cousin
☐ Other: _____

Is the parent biologically related to the child through his/her birth mother or birth father? ☐ Mother ☐ Father

Primary Legal Custodian:

☐ Married Parents
☐ Single Parent
☐ Birth Relative
☐ DCS
☐ Divorced Parents, mother
☐ Divorced Parents, father
☐ Divorced Parents, joint
☐ Other: _____

II. DEMOGRAPHICS

Others Residing in the Home

NAME	RELATIONSHIP	AGE	DOB

II. DEMOGRAPHICS

Other Family Members NOT Residing in the Home: (including close family friends who may be a respite resource for the family)

NAME	RELATIONSHIP	AGE

III. REASON(S) FOR REFERRAL/PRESENTING PROBLEMS

Family's View:
Suggested Elements: what's going on now, what does the family want, what are the needs of the family, etc.

Child's View:
Suggested Elements: what does the child want/need

IV. STRENGTHS

Family's Strengths:

Child's Strengths:

V. DEVELOPMENTAL HISTORY

Prenatal Experience of Mother:
Suggested Elements: maternal living situation, level of maternal stress, health during pregnancy, use of prescription/non-prescription drugs, significant medical history/events

Infancy:
Suggested Elements: living situation, emotional experience, support system, clarification on primary caretaker, any separations, major life events, significant medical history/events

V. DEVELOPMENTAL HISTORY

Prenatal Experience of Mother:
Suggested Elements: maternal living situation, level of maternal stress, health during pregnancy, use of prescription/non-prescription drugs, significant medical history/events

Infancy:
Suggested Elements: living situation, emotional experience, support system, clarification on primary caretaker, any separations, major life events, significant medical history/events

V. DEVELOPMENTAL HISTORY

Preschool:
Suggested Elements: family situation, stress level, primary caretaker, daycare arrangements, adjustment to caretaker or new siblings, toileting, sleep routine, behavioral issues, major life events, significant medical history/events

School Age:
Suggested Elements: family situation, adjustment to school, peer relationships, schools attended, reason for leaving schools, major life events, significant medical history/events

VI. CURRENT FUNCTIONING: HOME, SCHOOL, AND COMMUNITY

Name of School: _____

Grade:

- ☐ Pre-K
- ☐ Kindergarten
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

Does the child currently have an Individualized Education Program (IEP)?

☐ Yes ☐ No ☐ Don't Know

If yes, primary disability:: _____

Does the child need an Individualized Education Program (IEP)?

☐ Yes ☐ No ☐ Don't Know

Does the child currently have a 504 plan?

☐ Yes ☐ No ☐ Don't Know

Does the child need to have a 504 plan?

☐ Yes ☐ No ☐ Don't Know

What type of classroom setting is the child in?

- ☐ Regular Education
- ☐ Self-Contained
- ☐ Resource
- ☐ Other: _____

VI. CURRENT FUNCTIONING: HOME, SCHOOL, AND COMMUNITY

How much interest does the child have in learning?

☐ A great deal ☐ A lot ☐ A little ☐ None at all

During the past 12 months, has the child participated in any of the following after school or weekend activities? (check all that apply)

☐ Academic support or tutoring
☐ Sports or athletic activities
☐ Lessons in art, performing arts, music, or dance
☐ Clubs or organizations
☐ Religious instruction or youth group
☐ Volunteer activities
☐ Part-time job or internship
☐ None of the above

During the past 12 months, has the child? (check all that apply)

☐ Skipped school or cut classes without your permission
☐ Received an in-school suspension
☐ Received an out-of-school suspension
☐ Been expelled
☐ Been in trouble with the law or juvenile justice system
☐ Been involved in a gang
☐ Run away for a period of more than 7 days
☐ None of the above

Recreational Activities:
Suggested Elements: interests, community activities, client's view of relationships with peers, self-care skills, motor activity level

VII. SAFETY/BEHAVIOR CONCERNS (CURRENT OR PRESENT WITHIN THE LAST 6 MONTHS)

Are there imminent safety issues?

☐ Yes ☐ No

Danger to self (check all that apply):

☐ None
☐ Thoughts of Suicide
☐ Threats of Suicide
☐ Plan for Suicide
☐ Suicidal Gestures
☐ Suicide Attempts
☐ Family History of Suicide

Explain:

Danger to others (check all that apply):

☐ None
☐ Thoughts of Homicide
☐ Threats of Homicide
☐ Homicidal Plans
☐ Homicidal Gestures
☐ Homicide Attempts
☐ Family History of Harming Others

Explain:

Should a safety plan be developed/implemented?

☐ Yes ☐ No

Are there know stressors or triggers?

☐ Yes ☐ No

Explain (type, response, frequency of occurrence):

VII. SAFETY/BEHAVIOR CONCERNS (CURRENT OR PRESENT WITHIN THE LAST 6 MONTHS)

Acute Behavior (check all that apply):

- ☐ None
- ☐ Stealing
- ☐ Fire Setting
- ☐ Runaway
- ☐ Excessive Fighting
- ☐ Aggressive
- ☐ Destroys Property
- ☐ Sexually Inappropriate Behavior
- ☐ Self-harming Behaviors
- ☐ Risk-taking Behavior
- ☐ Inappropriate Social Media Interaction
- ☐ Alcohol Use
- ☐ Illegal/Prescription Drug Use
- ☐ Manipulation
- ☐ Habitual Lying
- ☐ Bedwetting
- ☐ Other: _____

Explain (frequency, severity, and duration of behaviors):

VIII. CURRENT MENTAL STATUS

Orientation (check all that apply):

☐ Person ☐ Place ☐ Time

Explain if not checked:

Intellectual Functioning and Thought (check all that apply):

☐ Poor Attention Span
☐ Disoriented/Confused
☐ Logical Thought Processes
☐ Able to Abstract
☐ Incoherent
☐ Flight of Ideas
☐ Hallucinations (Visual or Auditory)

Judgment:

☐ Poor ☐ Average ☐ Good

Insight:

☐ Poor ☐ Average ☐ Good

Intellectual Estimate:

☐ Below Average ☐ Average ☐ Above Average

Narrative regarding current behavioral/psychological functioning:

Summarized Section VIII
Should clarify 'where the child is', current level of functioning across life domains and systems, etc.

IX. PAST/CURRENT RESOURCES AND SERVICES

Current Resources and Services
Include Provider, Date(s) of Service, and Brief Description

Past Resources and Services
Include Provider, Date(s) of Service, and Brief Description

X. TRAUMA/LOSS HISTORY

Please detail child's trauma/loss history below:
Suggested Elements: history of sexual or physical abuse, history of neglect, death of family member or significant friend, separations from caretaker, witness of domestic violence or other violence, survived a natural disaster, house fire, car accident, intrusive medical procedures, significant medical history/events

XI. TREATMENT HISTORY

Please detail child's treatment history below:
Suggested Elements: services received and response to services, community resources tried, family's attitude toward treatment, what role has family played in treatment, what has worked best

XII. RELIGION AND SPIRITUALITY

Please detail child's religious history/views below:
Suggested Elements: religious preference, importance to child, importance to family

XIII. SUMMARY

XIV. PARENT SURVEYS: PRE-TEST SCORES

Parent Feelings Form (PFF)	Parent 1	Parent 2
Behavior Problem Index (BPI)	Parent 1	Parent 2
Belonging and Emotional Security Tool (BEST)	Parent 1	Parent 2

harmony
so all may live their best lives

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APPENDIX 9:

List of Assessment Instruments

Following are examples of assessment tools grouped by factor.
This is not an exhaustive list.

Patterns of Social Interaction

Adult Attachment Interview by Mary Main

The AAI is a semi-structured interview and scoring system developed to assess adult- and adolescent-attachment based on congruence between semantic and episodic memories. To illustrate, the semantic descriptor "loving" about an interviewee's childhood relationship with his mother is incongruent with the episodic memory of being punished for failing to take out the trash but is congruent with the memory of being surprised that she comforted the interviewee for failing a history exam. There is a fee for this tool.

Assessment of Strategies in Family Effectiveness (ASF-E)

This tool is used in clinical settings to assess the need for therapy and track effectiveness of family therapy. It consists of 20 items. The tool is free to use.

Attachment Questionnaire by Daniel Siegal

This tool is used to assess parent's self-understanding in order to better help raise their children. The tool is free to use.

Belonging and Emotional Security Tool (BEST)

The Belonging and Emotional Security Tool (BEST) helps caseworkers to explore a youth's sense of emotional security with their foster parents and a foster parent's sense of claiming and attachment with a youth in their care. The tool is free to use.

Family Assessment Device (FAD)

This tool uses the McMaster Model of Family Functioning and consists of 60 family-related statements to assess global family functioning. The respondents rate how well each item describes their own family. The tool is free to use.

North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R)

This tool includes the following domains: Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Youth Well-Being, Social/Community Life, Self-Sufficiency, Family Health, Caregiver/Child Ambivalence, and Readiness for Reunification. There tool is free to use.

Secure Connector Quiz by Yerkovich & Yerkovich

This tool is used for understanding and assessing your relational style. The tool is free to use.

Parenting Practices

Adult Adolescent Parenting Inventory (AAPI)

This tool was created to recognize high-risk parenting behaviors and activities and is a 45 item self-report questionnaire using a rating scale. It can be administered as a test-retest tool to measure change in parenting practice. The tool is purchased online, and cost is dependent upon the number of measures purchased.

Behavioral Assessment for Children, Parent Relational Questionnaire (BASC-3 PRQ)

This tool assesses traditional parent– child dimensions such as attachment and involvement and provides information on parenting style, confidence, stress, and satisfaction with the child's school. There is a fee to use this tool.

Behavior Rating Inventory of Executive Functioning (BRIEF)

The Behavior Rating of Executive Function (BRIEF; Gioia et al., 2000) is a parent- and teacher-completed rating scale, developed to assess the everyday behavioral manifestations of children's executive control functions. There is a fee to use the tool.

North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R)

See "Patterns of Social Interaction" above.

Parenting Stress Index

This tool is used to screen for risk of abusive or neglecting parenting behaviors and practices. It evaluates social interaction traits that may have an impact on the quality of family functioning through a 120 item self-report questionnaire. There is also a short form (PSI-SF) available, with only 36 items. The cost differs by version of the instrument.

Parent Stress Scale

The Parental Stress Scale (PSS) is an 18-item questionnaire assessing parents' feelings about their parenting role, exploring both positive aspects (e.g. emotional benefits, personal development) and negative aspects of parenthood (e.g. demands on resources, feelings of stress). The tool is free to use.

Protective Factors Survey

This is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. Participants are asked to respond to 20 statements about their family, using a seven-point frequency or agreement scale. The tool is free to use.

Background and History of Parents, Caregivers and Children

Adverse Childhood Experience Questionnaire for Adults

This instrument is often used to assess the effects of child abuse and neglect. It is a 10-item self-report scale. The tool is free to use.

Disturbances of Attachment Interview (DAI)

The Disturbance of Attachment Interview is a semi-structured interview with the primary caregiver of the child investigating two types of attachment disorder symptoms. The tool is free to use.

Trauma Symptom Checklist for Young Children (TSCYC)

The TSCYS evaluates acute and chronic posttraumatic symptoms in children and is designed to be used by caretakers of young children ages 3-12 years who have been exposed to traumatic events such as child abuse, peer assault, and community violence. There is a fee for this tool.

UCLA Posttraumatic Stress Disorder (UCLA PTSD) Reaction Index for DSM IV

The UCLA PTSD Reaction Index for DSM IV is a self-report questionnaire to screen for exposure to traumatic events and assess PTSD symptoms in school-age children and adolescents. The scale assesses the frequency of occurrence of PTSD symptoms during the past month (rated from 0 = none of the time to 4 = most of the time). There is a fee to use this tool.

Accessing the Necessities

Home Observation for the Measurement of Environment (HOME)

This instrument is used to gauge a family's ability to meet basic needs. Several versions of the tool are available for different age groups. The tool was developed in the 1960s but was revised in 2016. It can take an hour to administer and may be purchased from Arizona State University. There is a fee for this tool.

Protective Factors Survey – Concrete Supports

See "Parenting Practices" above.

Domestic Violence

Idaho Risk Assessment of Dangerousness Tool (IRAD)

This tool determines both signs of lethality and potential future harm. Seven factors are explored to identify risks related to history of domestic violence; threats to kill victims

and/or children; threats to harm others (e.g., parents, friends); threats of suicide; recent separation; obsessive, coercive, or controlling behavior; prior police involvement; and alcohol or drug misuse by the suspect. The tool is free to use.

The Danger Assessment Tool (DA)

This instrument assists in assessing the risk that an abused individual would be killed by an intimate partner. There are two parts to the instrument: a calendar to help determine the frequency and cruelty of the abuse and a 20-item scoring instrument. The tool is available online for free and in multiple languages.

Mental Health, Physical Health, Physical, Intellectual, and Cognitive Functioning

Achenbach System of Empirically Based Assessment (ASEBA)

The ASEBA is a comprehensive evidence-based assessment system that assesses competencies, strengths, adaptive functioning, and behavioral, emotional, and social problems from age 1½ to over 90 years. There is a fee to use this scale.

Beck Depression Inventory (BDI)

The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. The tool is free to use.

Behavior Problem Index (BPI)

This tool is used to measure the frequency, range, and type of childhood behavior problems for children age four and over. The tool is free to use.

Casey Life Skills (CLS)

CLS is a set of tools that assess the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives. The tool is free to use.

Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

The 20 items in CESD-R scale measure symptoms of depression in nine different groups as defined by the American Psychiatric Association Diagnostic and Statistical Manual, fifth edition: sadness, loss of interest, appetite, sleep, thinking/concentration, guilt, tired, movement, and suicidal ideation. The tool is free to use.

Child and Adolescent Needs and Strengths (CANS)

CANS is a multi-purpose tool developed for children's services to support decision

making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 50 states in child welfare, mental health, juvenile justice, and early intervention applications. The tool is free to use.

Guilliam Autism Rating Scale (GARS-3)

The GARS-3 is a norm-referenced screening instrument that is designed to identify individual's ages 3 through 22 Years Of age who have severe behavioral problems that May be indicative of autism. The GARS-3 is divided into six subscales That describe specific, observable, and measurable behaviors. There is a fee to use this tool.

Neurosequential Model of Therapeutics (NMT)

NMT focuses on understanding a child's brain development and function and provides a framework for:

- Assessing a child
- Identifying primary issues
- Recognizing key strengths
- Applying evidence-based interventions (educational, enrichment, and therapeutic).

NMT is an approach to working with children and incorporates therapies such as Rhythmic Auditory Stimulation; Melodic Intonation Therapy, Patterned Sensory Enhancement; Musical Speech Stimulation; and interventions from allied fields such as occupational therapy. To use this approach, clinicians need to be trained in the model and obtain certification from the NMT Training Institute.

Perceived Stress Scale

The PSS is a measure of the extent to which situations in one's life are appraised as stressful, including situations where one experiences life as unpredictable, uncontrollable, and overloading, which are core to the experience of stress. The PSS has 14 items measured from 0 (never) to 4 (very often). The tool is free to use.

Vineland Adaptive Behavior Scales

Vineland Adaptive Behavior Scales Third Edition aids in diagnosis of intellectual and developmental disabilities, as well as provides valuable information for developing educational and treatment plans. There is a fee to use this scale.

Substance Use

Addiction Severity Index (ASI)

This tool is used to identify the services a person needs and how substance abuse affects their life. The assessment highlights seven potential areas of challenges. They are medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. It can take up to an hour to complete. The ASI is scored using composite scores and interviewer severity ratings. The tool is free to use.

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APPENDIX 10:

Directory of Therapies and Modalities

Directory of Therapies and Modalities

The following list of therapies and modalities is not intended to be exhaustive. It reflects a wide variety of approaches to treatment, with some having a stronger evidence base than others. Inclusion in this list is not an endorsement and is meant for information purposes only.

The 3-5-7 Model® is built on the belief that all children placed in out-of-home care experience separation and loss, and this loss must be acknowledged and grieved before permanency can be pursued. The Model is underscored by the three core values of separation and loss, resilience, and attachment. It is a directional model – always moving towards the decision of relationships in permanence, relying on the belief that a child or youth must do their own work to know their own story. The 3-5-7 Model® is both an approach and a framework – it focuses heavily on case workers and supervisors, ensuring they are best trained to guide youth through the grieving process, to heal relationships, and build trust and permanent relationships. The Model recognizes that permanency is a relationship; it is not a place.

Therefore, it is a guided approach that trains and coaches professionals to support young people and families to make those decisions themselves, through meetings, tools, and activities. 3-5-7-model-overview

Adoption themed camps and other camp experiences focus on healing relationships and experiences. There are family camps that create positive family memories and offer parent workshops and children's activities that foster understanding of adoption and a sense of belonging. Camps for children can have various themes; for example, "Camp To Belong," gives separated siblings a chance to reunite, while being therapeutic and healing Camp To Belong | Reuniting Brothers & Sisters Separated by Foster Care. Another example is the family camp model through Pact, where adopted children of color get support being amongst peers and mentors while their parents gain skills and support. Pact Family Camp - Family Camp For Adopted Children of Color (pactadopt.org)

Animal Therapies such as Equine Therapy and the use of therapy dogs and other animals, teach children how to take care of and nurture an animal as well as how to interact and communicate with the animal. With equine therapy, children learn when to let the horse take the lead and when to take the lead themselves. As they learn about the ways in which horses learn, react, and follow instructions, they can relate these lessons to their own lives. Telling an animal's story, for instance about a puppy leaving their mother and siblings to be part of another family, can help an adopted child be more open to telling their own story. Having an animal present during a therapeutic session can be a calming influence on a child who has formed a relationship with and is comforted by the animal.

National Adoption Competency Mental Health Training Initiative (NTI)
A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services

nti National Adoption Competency Mental Health Training Initiative™

Children's Bureau

C.A.S.E. CENTER FOR ADOPTION SUPPORT AND EDUCATION
nurture. inspire. empower.™

Attachment and Biobehavioral Catch-up (ABC), was developed by Dr. Mary Dozier, and tailored toward infants who have experienced early adversity. This practice model is covered in more depth in NTI Module 3 Promoting Secure Attachments – Relationships and Experiences Mater.
ABC Intervention | Developmental Psychology Lab.

www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/

https://journals.sagepub.com/doi/10.1177/10775595211010975

Attachment-Based Family Therapy (ABFT) was designed to capitalize on the innate desire for meaningful and secure relationships. It is an interpersonal, process-oriented, trauma-focused approach to treating adolescent depression, suicidality, and trauma. A process-oriented therapy, ABFT offers a clear structure and road map to help therapists quickly address attachment ruptures that lie at the core of family conflict. www.cebc4cw.org/program/attachment-based-family-therapy/

NREPP ABFT Outcomes and Empirical Support.drexel.edu

Attachment, Self-Regulation & Competency (ARC) is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress (complex trauma). It focuses on building attachment, self-regulation and competency with the caregiver and child that are relevant for future resiliency.
www.nctsn.org/interventions/attachment-self-regulation-and-competence-comprehensive-framework

Behavioral Health Interventions for High-Risk Children

Ira Chasnoff, MD and the Children's Research Triangle team in Chicago, IL have conducted research on the integration of behavioral health interventions into primary health care services for high-risk children and their families, and through this project they studied the impact of concurrent planning on permanency placement for children in the foster care system. Services of the Children's Research Triangle team include pre-adoptive consultation for prospective adoptive parents with review of a child's medical/mental health information and follow-up support, as well as comprehensive developmental and psychological evaluations after adoption. Children's Research Triangle (childrensresearchtriangle.org)

Child-Parent Psychotherapy (CPP) is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with their primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health.
Child-Parent Psychotherapy Resources | Child Trauma Research Program (ucsf.edu).

https://www.cebc4cw.org/program/child-parent-psychotherapy/

Drumming is another activity with therapeutic benefit. Drumming accelerates physical healing, boosts the immune system, and produces feelings of well-being, a release of emotional trauma, and reintegration of self. Slow drumming is calming, and the rhythmic beat can help to organize the brain. Drumming with families and groups can help bring cohesion among members.

Dyadic Developmental Psychotherapy (DDP) is a model of treatment and parenting for children with problems resulting from abuse, neglect, and multiple placements, including complex trauma. It was developed for children who were not able to experience the dyadic (reciprocal) interaction between a child and parent that is necessary for typical development and therefore have a reduced readiness and ability to participate in such experiences. The foundation of these interventions--both in home and in treatment--must incorporate attitudes based on playfulness, acceptance, curiosity, and empathy. CEBC » Program › Dyadic Developmental Psychotherapy (cebc4cw.org).

https://ddpnetwork.org/research/evidence-base-for-ddp/

Expressive Therapies such as Art Therapy, Music, Poetry, Dance and Drama provide a creative outlet for children to express themselves, create drawings, writings, music, dance and plays to tell their story and express their feelings without the pressure of verbal recall, allowing them to work through loss and grief, trauma and other emotional issues. The presentation of these creative expressions together can engage children and their parents in re-learning and relationship building.

Eye Movement Desensitization and Reprocessing (EMDR) can be an effective therapeutic tool with older youth who have experienced trauma and/or have a diagnosis of PTSD. It is a comprehensive, integrative psychotherapy approach, including psychodynamic, cognitive, behavioral, interpersonal, experiential, and body-centered therapies. www.emdr.com. In specific, **Integrative Attachment Trauma Protocol for Children (IATP-C)** may be especially well indicated for improving behaviors, attachments, and symptoms of traumatic stress in children and adolescents impacted by early abuse, neglect, and placements outside of the biological home as it supports a combination of parenting skill and critical connection opportunities between parents and children

Groups specifically geared to children/teens who are adopted can normalize the children's experiences and reduce a sense of isolation. Teens, especially, benefit from hearing each other's stories and identifying their own feelings in others' experiences (see Beneath the Mask: Understanding Adopted Teens for scripted group format) www.adoptionsupport.org.

Lifebook work is more than a scrap book. It is a tool for helping children know their stories and begin the healing process. Supporting the child's understanding of their past paves the way for them to heal and move forward.

Narrative Therapy is a way for a child to tell their story, and have the therapist help to separate the story from the child, allowing for a more objective perspective of the situation. The therapist asks questions and engages in a dialogue with the child to help view the story outside of the child, enabling the child to separate from the experience and change the impact of the experience on the child.

Occupational therapy (OT) can be very useful for children with sensory integration and self- regulation problems. OT can help children improve their cognitive, physical, sensory, and motor skills and enhance their self-esteem and sense of accomplishment. For instance, rocking is soothing and helpful for children with attentional difficulties to focus. Weighted vests help children feel grounded, and activities that assist with balance and dexterity help the child who feels physically awkward.

Parent-Child Interaction Therapy (PCIT) is treatment for young children with emotional and behavioral challenges, using Child-Directed Interaction (CDI) similar to play therapy, in which the parent engages the child in a play situation with the goal of strengthening the parent-child relationship; and Parent Directed Interaction (PDI) resembling clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child.

While not specific to adoptive families, the goal is to improve parent-child interaction patterns, teach parents nurturing skills, increase prosocial behavior and decrease negative behavior. www.pcit.org. www.parentchildinteractiontherapy.com/pcit-research.

Positive Parenting Program (Triple P) is an evidence-based parenting program that has been used successfully with many populations of adoptive and guardianship families. www.triplep-parenting.com/us/triple-p/

Psychoeducational Training helps parents feel more confident parenting children with traumatic backgrounds and confounding behaviors. Helping parents to build their parenting skills is key to creating a safe, nurturing environment that will allow the child to begin to heal. Most public adoption agencies have preparatory training for adoptive parents before they adopt, but once the child is in the family, there may be little offered in the way of in-person training. There are a variety of online resources for parents, including webinars through C.A.S.E, the Right Time Series of the NTDC Training for Families - NTDC Portal parent education through NCFA, Adoptive Parents - National Council For Adoption (adoptioncouncil.org) or Adoption Learning Partners Adoption Learning Partners. Many private adoption agencies offer ongoing workshops and parenting curricula, such as Pathways to Permanence (Kinship/ Seneca Center). Check locally to see if your community partners offer workshops that would benefit your families.

Safe and Sound Protocol This therapy is a 5-hour listening intervention designed to support emotional regulation and sense of safety by calming the nervous system using music. It creates positive connections in the brain that allow the person to learn how to regulate themselves. Based on years of research on Polyvagal Theory by Dr. Stephen Porges, implementation of this the system is found at https://integratedlistening.com/products/ssp-safe-sound-protocol/

Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART) is an innovative, structured, phase-based, abuse-focused treatment approach to address the emotional and behavioral needs of young children with a history of child sexual abuse (CSA) exhibiting problematic sexual behavior. A major premise of the model is that the behavior stems from emotional responses to the prior CSA causing the child to form cognitive distortions about themselves, others, and the world around them. The family unit is a major target of treatment. Important aspects of family values and beliefs are integrated into the model including examining the family power structure, perceptions regarding sexuality, gender roles and identity, stigmatization of mental health, and spirituality. Unique to the model is the formation of parallel narratives of the child's experiences as a victim and as one who victimizes others and the development of a family narrative that addresses the impact and difficulties associated with caring for a child with a history of CSA and problematic sexual behavior.
https://www.cebc4cw.org/program/safety-mentoring-advocacy-recovery-and-treatment/

Sand Tray Therapy Using trays of sand and miniature figures of people, animals and other toys and objects, the child can construct a scene that represents an aspect of the child's life, or an incident or story. It allows the child to reflect on the scene, change it, remove obstacles, resolve conflicts and gain acceptance. This therapy can be used with a child or with a family together.

Theraplay is an intensive, relationship-focused therapy for children and youth of all ages promoting attuned engagement of the child or youth in interactions with parents. It is modeled on the natural patterns of joyful, playful interactions that promote secure attachments in babies, young children, and teens. The primary goal of Theraplay is to enhance the parent-child attachment relationship. Related goals are to increase the child's felt safety and self-esteem, to decrease inappropriate behaviors, and to give parents the tools to continue rewarding and healthy interactions with their child.
https://theraplay.org/the-theraplay-institute/.

https://www.cebc4cw.org/program/theraplay/.

https://doi.org/10.1037/pla0000182.

Trust-Based Relational Intervention (TBRI) TBRI is an attachment based, trauma-informed intervention designed to meet the needs of children who have experienced adversity. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs and Correcting Principles to disarm fear-based behaviors. The heart of TBRI is Connection. To learn more:
https://child.tcu.edu/about-us/tbri/#sthash.O6n5oz65.uMUazP3n.dpbs

https://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-caregiver-training/