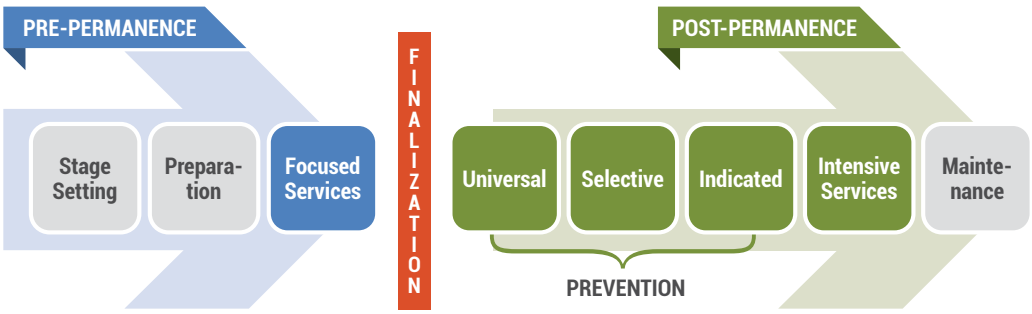
INDICATED

POST-PERMANENCE INTERVAL

QUALITY IMPROVEMENT CENTER FOR ADOPTION & GUARDIANSHIP SUPPORT AND PRESERVATION

The QIC-AG has developed a Permanency Continuum Framework that is separated into eight intervals. This is one in a series of papers that describes the intervals along the continuum. Information on the other intervals can be found at www.qic-ag.org



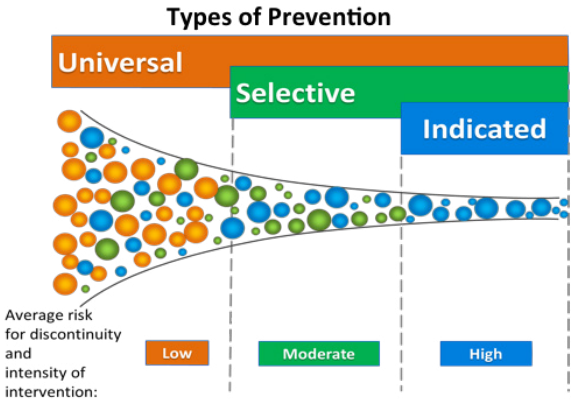
INTRODUCTION

INDICATED INTERVAL

> *My husband and I need help parenting our daughter. The chaos in our family is starting to get out of control and we do not know what to do. We are starting to feel isolated and losing confidence in our ability to effectively care for our daughter.*

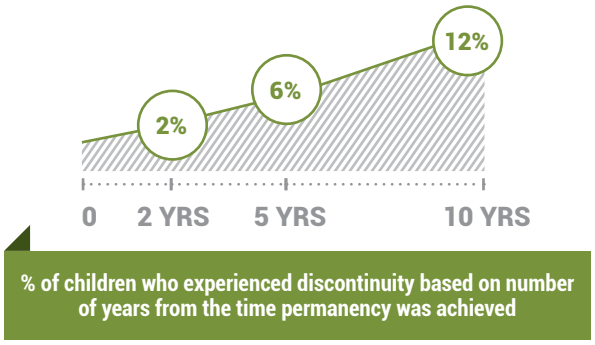
Adoptive Parent

The QIC-AG continuum framework contains aspects of the Institute of Medicine's (IOM) continuum of care model for mental health. The IOM model categorizes prevention into three separate intervals, each of which address need at different degrees of risk. Indicated is the third of the three prevention intervals. The differences between these three intervals are based on the degree of average expectable risk and the intensity of the intervention. As shown in the figure below, as we move from universal to selective, and selective to indicated, the population narrows. Also as the degree of risk for post-permanency discontinuity increases, the intensity of the intervention also increases. According to Springer and Phillips, *indicated prevention efforts* target families who have been identified as being at higher risk based on individual risk factors or initiation of behaviors. For the purposes of the QIC-AG, indicated prevention efforts are defined as services that target families who request assistance to address an issue that has arisen after permanence has been achieved, but before the family is in crisis.



Adoptive parents and guardians who have experienced years of family stability can be caught off guard by the onset of challenging behaviors and circumstances years after permanence has been achieved. These changes in family dynamics and sudden need for services can disrupt family stability, increasing the risk of post-permanency discontinuity. Research from Illinois indicates that discontinuity rates accumulate over time: 2% of children experience discontinuity two years post-finalization; 6%

experience discontinuity at five years, and 12% at ten years. In many cases, the doubling of the cumulative risk of discontinuity at ten years compared to five years after finalization coincides with the child's entering adolescence, which is already a time of role confusion and identity crisis that can be complicated by adoption and guardianship. More than 20 years of follow-up data from Illinois show that regardless of the child's age at the time of the adoption or guardianship was finalized, discontinuity is most likely to occur when the child enters her or his teenaged years.



% of children who experienced discontinuity based on number of years from the time permanency was achieved

Issues that suddenly crop up in families who have adopted or assumed guardianship can result from the interaction of a variety factors, including normal child development, issues related to underlying trauma, or parenting practices and beliefs. Some families might need assistance immediately after permanency whereas others might not need services until years after the permanency arrangement has been finalized. When the services needed are those at the indicated prevention level, it is important to target efforts on managing challenging circumstances and putting supports and services in place before the difficulties exceed the capacity of the family to address and cope with these challenges. The overall goal of indicated services and supports is to prevent challenging circumstances from escalating into a crisis and to stabilize the family unit.

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POPULATION

Children and families whose needs are best met by interventions that fall in the indicated interval on the continuum of services are often identified when an adoptive parent or guardian reaches out to a child welfare agency for assistance. Other families with this level of service need are identified when a response to outreach indicates that a child has elevated behavioral, emotional, or mental health issues. Still other families might be identified when a response to an agency contact suggests that an adoptive parent's or guardian's commitment to permanency has become weakened.

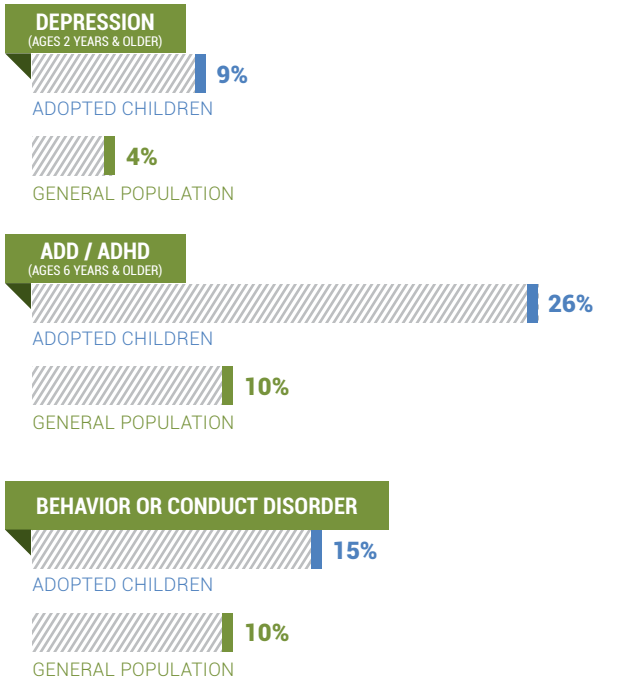
Research with adoptive and guardianship families has shown that most families report that the children are doing well. Indeed, the majority of these families report that with existing supports, subsidies, and services they are able to meet the needs of their children. Moreover, most adoptive parents or guardians report overall satisfaction with the adoption or guardianship. When these families do express a need for support, often times it is related to managing behaviors and issues that are directly related to the adoption or guardianship as well as managing normal developmental issues that surface over time such as social and emotional issues, or the child's sense of identity. When such issues are left unaddressed and families are left without a clear path for assistance, these issues can lead to discontinuity. To prevent such difficulties from escalating to a crisis point and exceeding the families' capacity to address them, the services and supports at the indicated prevention interval should be tailored to meet both the immediate needs of families who have expressed a need for assistance, and their longer term need for supports and services to stabilize and strengthen the family.

Birth Family Relationships. A child's desire to maintain or establish relationships with her or his birth family is a complex issue that adoptive and guardianship families might struggle with over time. Although maintaining contact with birth family members can have a positive effect on the child's sense of self, this relationship can present complex challenges, especially balancing the dynamics of the adoptive or guardian family with the dynamics of relationships within the birth family. The challenges of open adoption have also been transformed by social media. Connections between adopted children and their biological family members are no longer limited by adoption laws that regulate the timing and place of interaction between the child and birth family members. Social media makes

instantaneous and unfiltered interaction between children and birth family members not only possible but easily accessible, making it much more difficult for adoptive parents and guardians to manage the parameters of a child's contact with member of his or her birth family. As children age and have increased access to social media, families might find it particularly difficult to manage these relationships during the teenage years.

Social and Emotional Well-Being. According to Perry and Dobson, the findings from research conducted over the last 20 years has shown some issues can be long-term or lifelong challenges for children, particularly children who were maltreated or neglected at an early age or before entering the foster care system. Examples of persistent issues found among children adopted from foster care include attachment disorders, disorders related to exposure to toxic levels of traumatic stress, as well as prenatal trauma from inter-uterine drug exposure. These adverse childhood experiences negatively impact the normal development of the brain and can lead to increased risk of developmental issues, including physical health problems, emotional and behavioral health problems, cognitive delays, sensorimotor impairments, and difficulties with self-regulation.

According to the National Survey of Adoptive Parents (NSAP), children who have been adopted through the child welfare system, private domestic arrangements, or international agencies are more likely to be diagnosed with emotional or behavioral disorders as compared with the children in the general population. Specifically, the NSAP found adopted children had substantially higher rates of diagnoses for depression, attention deficit hyperactivity disorder (ADD/ADHD), or a behavioral or conduct disorder. The following table shows the prevalence of these diagnoses among children who were adopted and same-age peers in the general population.



Adopted children are also somewhat more likely than the general population of children to exhibit problematic social behaviors (e.g., physical aggression, anger, self-injury) and somewhat less likely to exhibit positive social behaviors (e.g., self-regulation of emotions, consideration and empathy for others).

Although families in need of indicated services might come to the attention of the child welfare system in a number of ways, it is not always easy for a caregiver to make their needs known. Moreover, the types and extent of post-permanency services and supports available to families varies widely across child welfare service systems. Most systems grapple with finding ways of reaching families before a crisis occurs. However, it is especially difficult to provide this type of outreach and prevention

support to families who adopted internationally or privately because they do not have a relationship with the child welfare system and their contact information is not readily available.

Even when families can be contacted and services are available, other problems can emerge when child welfare systems struggle to provide families with clear, consistent messages about how to seek assistance and access services. In many cases, the difficulty of connecting families with the services they need stems from the lack of a central point of contact for families seeking help; in other cases, the problem arises when the designated contact person does not have sufficient training to assess a family's need and connect families to the appropriate supports. Even when issues are correctly identified, a family's needs might not be adequately addressed because the child welfare or other social service systems do not have the full array of services available needed to provide support for complex, challenging issues.

When families reach out for assistance after adoption or guardianship arrangements have been finalized, it is critical that service providers respond to their requests in a timely, caring manner. However, many child welfare systems and other service providers struggle both with keeping track of the requests for services and keeping track of the outcomes of the families who have received services. In recent years, child welfare agencies have made substantial investments in upgrading computer protocols or other systems capable of tracking children and families involved with child welfare services and supports. Despite such investment, most child welfare agencies have not developed systems for tracking the service needs and outcomes of families after finalization of adoption or guardianship. This lack of tracking not only hinders the development of an effective response system for post-permanency service needs but also limits the ability of agencies to follow up with families after indicated services have been provided.

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INDICATED INTERVENTIONS

PRACTICE PRINCIPLES

A key factor in preventing family issues from escalating into a crisis is the ability of service providers to assist families in a manner that is responsive and comprehensive at the time the families are reaching out for help. Interventions that support the family by normalizing the adoption or guardianship process can help improve family functioning and promote stability. In addition, skill-building activities can help both the parent/guardian and child to expand their capacity to connect and to manage their feelings and behaviors, which in turn, can help to strengthen the family and promote stability of adoption and guardianship arrangements. While the indicated interval contains a wide breadth of services, all services and supports in this category should address the following set of practice principles:

- prevent issues from escalating into a crisis
- reduce tensions and stabilize behaviors and relationships
- provide assistance to facilitate the engagement of families in services beyond information and referral
- address risk factors and characteristics of children and families known to increase the likelihood of discontinuity
- assess for on-going service needs

QIC-AG INTERVENTIONS

The QIC-AG implemented two interventions at the Indicated Interval: Reach for Success and Adoption Guardianship Enhanced Support.

REACH FOR SUCCESS

In Catawba County, North Carolina the QIC-AG site team tested the theory that proactive outreach could identify families who might need post-adoption services. The team launched the Reach for Success project to identify adoptive families in Catawba County with potential interest in Success Coach services. Success Coach is a free post-adoption support program available to families in Catawba's post-permanency service region. Prior to the QIC-AG project, Success Coach services were available to qualified families who requested services. However, the QIC-AG project partnership enabled Catawba to test a proactive outreach intervention called Reach for Success.

The two-part Reach for Success intervention began with a tailored survey to gather information about the experiences and needs of the families and their children. Survey responses were reviewed to determine if the families (a) had unmet service needs, or (b) reported difficulties with child behavior issues.

Families who met these criteria were randomly assigned to either an intervention group, which received additional outreach, or to a comparison group, which received services-as-usual without additional outreach. Families assigned to the additional outreach group moved to the second phase of the Reach for Success project, which introduced the Success Coach services. In this phase, a Success Coach called the family to explain the program and ask the parents if they were interested in services.

GUARDIANSHIP ENHANCED SUPPORT (AGES)

The Wisconsin Department of Children & Families (DCF) created a new intervention, Adoption and Guardianship Enhanced Support (AGES), to address the complex challenges faced by families who have adopted or assumed guardianship of a child. AGES was designed with the goal of responding to families who expressed feelings of being unprepared, ill-equipped, or unsupported in trying to meet the emerging needs of their children after adoption or guardianship was finalized.

Rather than implement an existing evidence-based practice, the Wisconsin site team made a decision to design, develop, and test a new program to offer comprehensive supports for families. AGES filled existing service gaps by providing enhanced case management services to families and linking families to external services that without the assistance of the AGES program they might not be aware of or know how to access.

Once enrolled in the AGES comprehensive support program, an AGES worker assesses the family's strengths and needs. Then, the AGES worker and the family collaborate to develop a custom support plan, covering critical areas such as social supports, case management, parenting-skills development, education, and other capacity-building activities.

Given that AGES was a new intervention, the site team also developed a highly detailed implementation plan, which created all of the core components; mapped the operational strategy; and develop supporting documentation, including a 120-page program manual.

EXAMPLES OF OTHER INTERVENTIONS

The following section provides descriptions of three programs that are examples of interventions categorized in the indicated interval. Additional information about the interventions is provided in the QIC-AG Intervention and Program Catalog (see http://qic-ag.org).

ADDRESS THE DISTRESS OF POST-TRAUMATIC STRESS (ADOPTS)

ADOPTS is an evidence-based, trauma-focused treatment for adopted children ages 8 to 17 years old who have experienced physical abuse, sexual abuse, domestic violence, traumatic loss, PTSD, or chronic neglect. Children eligible for ADOPTS may or may not be exhibiting symptoms of post-traumatic stress disorder (PTSD), and living in either pre-adoptive permanency or post-permanency adoptive or guardianship homes. A modified version of ADOPTS is available for younger children (ages four to eight years) with PTSD symptoms.

ADOPTS addresses the effects of traumatic experiences on children by giving children the tools needed to develop skills for coping with stress in healthy ways. The ADOPTS model is based on the nationally recognized ARC model (Attachment, Regulation, and Competency) developed by the Trauma Center at the Justice Resource Center Institute in Boston, Massachusetts. The ARC framework addresses the assessment and treatment of three key behavioral domains affected by trauma: attachment, self-regulation, and competency. The ADOPTS intervention includes pre- and post-testing to measure changes in the child's trauma-related symptoms and levels of parental stress.

ADOPTS addresses the effects of trauma by teaching children to cultivate skills to:

» develop healthy expressions of emotions
» understand the effects of past trauma
» increase the capacity to form healthy attachments
» build personal strengths and self-identity

ADOPTS has three program components:

» ***Family and Individual Therapy***
ADOPTS includes 12 to 18 sessions of family or individual therapy that focuses on helping the child heal from past traumas.

» ***Parent Groups***
The intervention also includes six weekly sessions of a parent group designed to support development of the skills and knowledge needed to meet the challenges of parenting.

» ***Child and Adolescent Groups***
Children and adolescents participate in six weekly group sessions that focus on building social skills, enhancing self-concept, and forming healthy relationships.

CIRCLE OF SECURITY

Circle of Security is an intervention for children and families who are experiencing attachment difficulties. The intervention consists of several key components:

» assessment of attachment-caregiving patterns
» development of individualized treatment goals for the family
» review of videos for attachment-related research
» participation of parents and children in psychoeducation and psychotherapy with a trained therapist

The central focus of the Circle of Security intervention is relational work with parents of children who have disrupted relationships as a result of complex trauma, attachment issues and/or maltreatment. The program's goal is to help parents understand the child's attachment needs and cues. The program is designed to build parents' skills in observing the child's cues that stem from his or her trauma history, and then respond in a manner that promotes the child's feelings of security, which in turn, can increase secure attachment. For children, the overall goal of Circle of Security is to increase the child's secure attachment to the parent or parents. For the parents, the intervention has several goals including improving the parents' abilities to read their child's cues; increasing the parents' empathy for their child; enhancing the parents' ability to regulate their emotions; and improving parents' ability to pause, reflect, and react in ways that promote the child's feelings of safety and security.

FOSTERING HEALTHY FUTURES

The Fostering Healthy Futures intervention is a entoring and skill-building group for pre-adolescents (ages six to twelve years) who have a history of maltreatment and are living in out-of-home care. The intervention is designed to promote child well-being by identifying and addressing mental health issues, preventing adolescent risk behaviors, and developing competence. The Fostering Healthy Futures intervention combines traditional activities of a cognitive-behavioral skills group with process-oriented material. The skills group is held weekly and covers topics such as emotion recognition, perspective taking, problem solving, anger management, cultural identity, change and loss, healthy relationships, peer pressure, abuse prevention, and future orientation. Trained interventionists follow a manualized curriculum and lead the group discussions. The lessons learned in the skills group are reinforced by a one-on-one mentoring component. The mentors meet individually with the children for two to four hours per week throughout the intervention. Although the mentors serve several purposes, their primary role is to help children apply their newly learned skills.

Fostering Healthy Futures is designed for pre-adolescents who have demonstrated difficulty with regulating their emotions; exhibited behavioral or social competency problems of a severity that warrant mental health services; have delayed cognitive development; experienced difficulties in school; exhibited low levels of competence; and/or have demonstrated levels of psychological, social, or behavioral functioning that deviate from normative-development. The intervention is designed to promote the child's adaptive functioning and thereby foster resilience. Fostering Healthy Futures aims to improve the youth's mental health functioning by promoting healthy relationships with peers and adults, helping youth develop positive attitudes about themselves and their future, and facilitating development of skills for self-regulating behavior and coping adaptively.

The Fostering Healthy Futures intervention combines traditional activities of a cognitive-behavioral skills group with process-oriented material.

OUTPUTS AND OUTCOMES

A key consideration for prevention efforts is the selection of outcomes that are both realistic and capable of being evaluated to determine the effectiveness of the effort. Too often prevention efforts are assigned long-term (distal) outcomes that are more appropriate to a later stage in the process. For the QIC-AG initiative, more short-term (proximal) measures of successful prevention efforts may include the following:

- the percentage of the population contacted and the response rates associated with outreach efforts
- the percentage of contacts that result in an immediate request for services or referrals

Ultimately, the underlying hope is that these prevention efforts will translate into improved outcomes, including stronger permanency commitments, increased post-permanency stability, and improved child and family well-being. Because little is known about children in international and private domestic adoptions, outcomes for these children will be intervention-specific and determined based on the specific services or supports provided by each site.

For more information visit the QIC-AG website at ***www.qic-ag.org***

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