NORTH DAKOTA
POST ADOPT NETWORK
PROGRAM MANUAL

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INTRODUCTION

Preface

Child welfare professionals have historically viewed their job as being done when adoptions and guardianships were finalized. The thinking was that finalization was the last chapter in the journey, rather than a new chapter to a life-long journey. Because of this kind of thinking, most systems were not designed to offer post adoption and guardianship services and professionals did not talk to families about the challenges they may encounter in the future or how to access services if they needed them. Families often took on some of this same kind of thinking. Some families were happy or relieved to end their relationship with the child welfare system and did not see this entity as a place to obtain support in the future. Some families felt and continue to feel shame or a sense of failure about the need for services and support. Many did not know services were available to them or how to access services. The prevalent thinking now is that even though the finalization of an adoption or legal guardianship is an important step, it is by no means the final step or the end of the journey. Professionals now see the importance of educating families about the lifelong journey of adoption and guardianship so that families will feel better about accessing supports as they need them.

Research on the short- and long-term impact of trauma from leaders in the field like Dr. Bruce D. Perry at the Neurosequential Network (formerly known as the Child Trauma Academy) help us to be more aware that children who have experienced trauma can demonstrate typical challenging child behaviors, but often at a frequency, intensity, and duration that can stress families beyond their capacity to cope. We have learned that these kinds of difficulties do not disappear once an adoption or guardianship is finalized, and families may need support long after permanence as they reach different milestones and transitions in their life. Research by Dr. Mark Testa and Dr. Nancy Rolock have shown adoptive families are most likely to experience difficulties during the teen years, regardless of the age of adoption. A continuum of post adoption and guardianship services is needed because of the differences in families' service needs.

Adoptive and guardianship families have unique characteristics that differ from biologically created families in significant ways and the challenges faced by these families are best addressed through a family-centered approach. The ND Post Adopt program provides family-centered intervention to empower and strengthen families to become self-sufficient in their communities. Post adoption and guardianship services can be preventative, as when provided at the time of adoption finalization or as children reach new developmental stages. Services can also be provided in times of crisis. The primary purpose of post adoption and guardianship services is to support the permanency of adoption or guardianship.

Purpose of the ND Post Adopt Manual

The ND Post Adopt Network Program Manual was developed in 2020-2021 to provide a clear description of the program and to be used as a guide for program staff in carrying out the program as intended. While program staff must be flexible in responding to the needs of youth and families, consistency and fidelity in the delivery of services across the state is critical to

ensuring that the intended outcomes are achieved. Catholic Charities ND AASK Policy 22 directs that the staff of the ND Post Adopt Network follow the procedures outlined in this manual while in their role working with families seeking support and services post adoption and guardianship finalization.

History of Post Adoption and Guardianship Support in North Dakota

The North Dakota Department of Human Services contracts with Catholic Charities North Dakota to administer both the Adults Adopting Special Kids (AASK) and the ND Post Adoption Network.

AASK Program

Adults Adopting Special Kids (AASK) is North Dakota's Foster Care Adoption Program. AASK provides adoption services for children in foster care and to the families who adopt them. Services provided by AASK include child preparation and assessment, family preparation and assessment, recruitment efforts, placement and placement supervision, services to finalize the adoption, assistance with application for adoption subsidy, and post adoption information and support. Adoption Competency Training is required of AASK adoption case managers within their first year of employment.

ND Post Adoption Network

North Dakota implemented its post adoption service program in January 2016 through the AASK Program, naming it the ND Post Adopt Network. The network gives priority and focused attention to adoptive and guardianship families through the provision of post finalization support. The staff of the ND Post Adopt Network can help by answering questions, advocating for the family, and connecting families with a strong network of people who understand the unique circumstances that come with parenting a child through adoption.

In the years prior to 2016, several graduate-level students had focused their work in the area of post adoption services and described the needs of post adoption families in the state. These descriptions were consistent with what was being learned across the country as described in the research literature. Through the provision of services to families through the AASK program, AASK staff were also communicating with the state about the perceived needs of youth and families moving to finalization. These identified needs and the associated issues were translated into white papers (a series of reports intended to help readers understand an issue, solve a problem, or make a decision) written by the Adoption Services Administrator and

circulated to legislators to support funding to meet adoptive family needs. The program is funded by adoption savings identified through the delinking provisions of Public Law 110-351.

Between March and May 2016, a series of focus groups were held with stakeholders (primarily other professionals) to discuss adoption specific needs. Discussion topics included: training needs, support groups, existing services, needed services, and adoption specific issues. These focus groups helped to shape the initial work of the ND Post Adopt Network.

The ND Post Adopt Network began with a single Post Adopt Coordinator who covered the entire state. Since then, the network has grown to four Post Adopt Coordinators and one program supervisor, allowing direct work to be completed locally in each quadrant of North Dakota. The number of families served increased dramatically between 2016 and 2019, providing direct service to 183 families over a span of 10,814 miles in 2016 and 621 families over a span of 20,264 miles in 2019.

Program Goal

The goal of the ND Post Adopt Network is to maintain and enhance adoptive and guardianship families' well-being by providing a network of supportive and responsive resources.

Program Model (Post Permanency Continuum)

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) has developed a continuum, shown in Figure 1, which describes a comprehensive array of pre- and post-permanency services provided from the point a child enters the public child welfare system through finalization of an adoption or guardianship, and continuing throughout post-permanence after an adoption or guardianship is finalized. The first three stages in the post-permanency continuum focus on prevention.[1] The three levels of prevention interventions are based on the average risk for discontinuity and the intensity of the intervention.

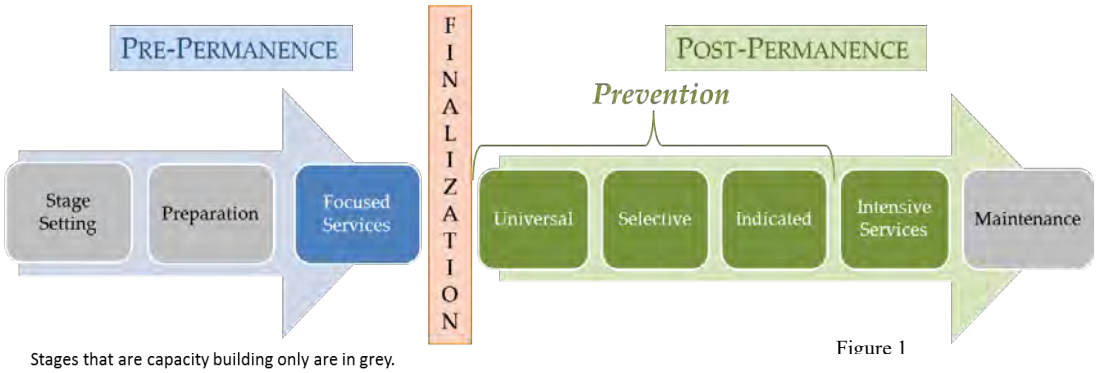


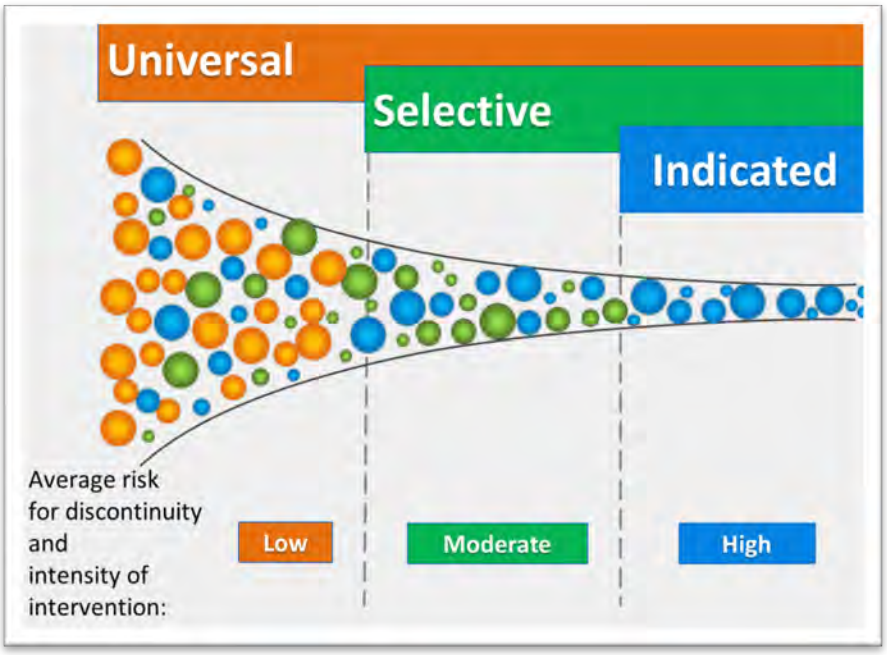
Figure 1

Stages that are capacity building only are in grey.
Areas where the QIC-AG will build capacity AND implement and evaluate interventions are blue (pre-permanence) and green (post-permanence).

[1] The post-permanency continuum is based on: Springer, F. & Phillips, J. L. (2006). *The IOM model: A tool for prevention planning and implementation* (Prevention Tactics 8:13). Folsom, CA: Community Prevention Institute.

As shown in Figure 2, each intervention level focuses on a different population size, with the scope becoming narrower as we move from universal to selective to indicated interventions. In addition, as the degree of risk for post-permanency discontinuity increases, the intensity of the intervention also increases. While many children and families will be in a subgroup identified for universal and selective prevention efforts, only a small percentage will exhibit behaviors that place them in the indicated prevention category.

Types of Prevention Figure 2



Meeting Needs at Various Intervals

Universal

Post-permanence universal prevention includes ongoing outreach efforts and engagement strategies that are intended to keep families connected to available supports, to improve their level of awareness regarding the services and supports available for current as well as future needs, and to educate families about issues prior to problems arising.

Population Served in the Universal Interval: All children and families in adoptive or guardianship homes, including new cases (i.e., finalization has recently occurred) and families in which finalization has previously occurred.

Services and supports in this category address the following set of practice principles:

- Proactive in nature
- Maintain ongoing connections with all families post adoption or guardianship
- Reinforce availability of support services for existing or emerging issues
- Provide ongoing access to educational opportunities and information related to opportunities for adoption or guardianship

We provide:

- Post Finalization Welcome
- Outreach to Families
- Information and Referral
- Educational Opportunities

Selective

Decades of child welfare research have given us significant insight into the characteristics of children and families who are likely to face higher risk for discontinuity. Selective interventions are designed exclusively for the at-risk sector of the post-permanency population. It is important to note that while this level of prevention targets risk factors, it does not necessarily mean that a child or family has demonstrated problematic behavior. Interventions provide increased support to families who have known risk factors that increase their *potential* for poor outcomes; these prevention efforts focus on improving the risk profile by increasing specific knowledge, attitudes, and skills. The goal is to reduce risk for dissolution, increase resiliency, and promote stability.

Population Served in the Selective Interval: At the point when an adoption or guardianship placement is finalized, the child or the family might exhibit one or more factors known to be associated with post-permanency discontinuity. These factors include children who are older at the time of permanence, especially adolescents; children who have experienced multiple moves prior to permanence; children who are "stepping down" from a residential or group home setting to become part of a nuclear family, and older adoptive parents or guardians.

Services and supports in this category address the following set of practice principles:

- Provide selective outreach efforts based on information (risk factors associated with discontinuity) known at time of the adoption or guardianship finalization
- Provide increased supports to groups that have been identified has having risk factors
- Use data to target families at risk for poor outcomes

We provide:

- Support groups for youth

Indicated

Indicated prevention populations are identified based on individual risk factors or onset of behaviors that put families at high-risk for post-permanency discontinuity (Springer & Phillips, 2006). This level of prevention involves outreach efforts tailored to families' needs by specifically targeting the characteristics or behaviors that put them at high risk for post-permanency discontinuity. Service providers may first become aware of this level of risk when an adoptive parent or guardian reaches out to a child welfare agency asking for assistance, or when a response to survey indicates that a child has elevated behavioral issues or that an adoptive parent or legal guardian has weakened permanency commitment. Some at-risk families might be identified through outreach efforts, while others might contact the child welfare system directly to seek services or support. Unlike at-risk families in the selective prevention category, the target population for indicated interventions is currently experiencing issues or demonstrating behaviors that put them at high risk for post-permanency discontinuity.

Population Served in the Indicated Interval: Children and families in adoptive or guardianship placements that have been finalized but have an indicated risk of post-permanency instability or discontinuity.

Services and supports in this category address the following set of practice principles:

- Provide resources to prevent issues from escalating into a crisis
- Support the family to 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 ongoing service needs

We provide:

- Respite Grants
- Assessment
- Case Management

Intensive

At some time in their journey, some adoptive and guardianship families will encounter situations or behaviors that require immediate service provision. Regardless of whether these families have participated in prevention interventions, a family in a crisis will require intensive support and services targeted to both children and their families to diminish the crisis and restore stability. Intensive services include interventions designed for both families who are intact and families who have experienced discontinuity. These strategies aim to respond to a crisis, diminish the impact of a crisis, and stabilize and strengthen families who have experienced a crisis.

Population Served in the Intensive Interval: Children and families who are experiencing a crisis that threatens the stability of their placement AND children and families who have, or are at risk for, experiencing discontinuity.

Services and supports in this category should address the following set of practice principles:

- Manage complicated crisis events
- Provide immediate response to families in crisis
- Provide more time-intensive family involvement
- These efforts aim to decrease discomfort, stabilize behaviors, maintain and strengthen familial relationships, and increase families' abilities to respond to a crisis in the future

We provide:

- Respite Grants
- Assessment
- Case Management

For more information about the QIC-AG Permanency Continuum Framework, please refer to the Appendix of this manual.

Types of Services Provided

The services provided through the ND Post Adopt Network are completely voluntary. This means that they cannot be listed on a Service Required Case Plan or Court Document. Services provided through the network include:

- Post Finalization Welcome
- Outreach to Families
- Inquiry/Service Request Calls
- Short Term Services
- Information and Referral
- Educational Opportunities
- Support Groups
- Parent-to-Parent Mentorship
- Planned Activities
- Camps/Retreats
- Respite Grants
- Crisis Response
- Assessment
- Case Management

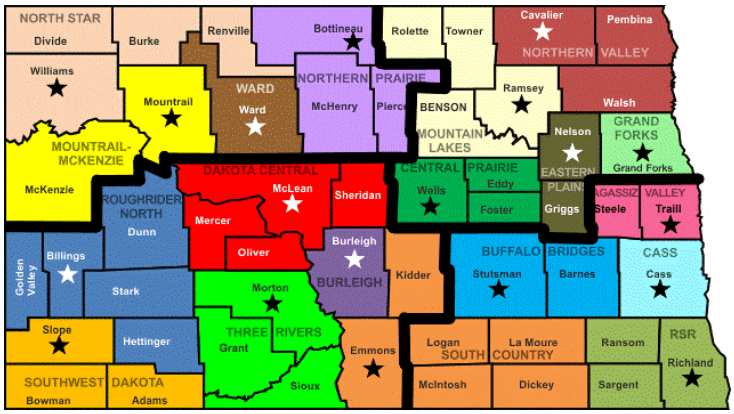
A more complete description of each service type can be found later in the manual.

Overview of Staff and Locations

When the ND Post Adopt Network was established in 2016, it began with one Post Adopt Coordinator that traveled the state supporting families. In 2020, the program staffing was increased to four Post Adopt Coordinators and one Post Adopt Supervisor.

Geographical Areas

ND Post Adopt Network provides statewide support. The state is divided into four quadrants, shown with the bolded line on the map. Managed by Post Adopt Supervisor, one Post Adopt Coordinator is assigned to each quadrant. Staff are located in Southwestern, Northwestern, Northeastern and Southeastern North Dakota. The color-coding within each quadrant shows coverage area for each Human Service Zone. Information about the coordinators assigned to each area can be found on the ND Post Adopt Network website.



Catholic Charities North Dakota has a toll-free number (1-844-454-1139) dedicated to the ND Post Adopt Network, providing direct access to a post adopt staff member when dialed. Program staff can also be reached by email postadopt@catholiccharitiesnd.org. While the toll-free number provides quick access to ND Post Adopt Network staff, it is not intended to function as a crisis line or hot line. Families being actively served will typically call their assigned worker directly. Families experiencing immediate, crisis related concerns are encouraged to contact their local Human Service Zone, and then to contact the ND Post Adopt Network for additional support.

Hours of Operation

Typical office hours are 7:30am to 5pm M-Th; Friday 8am-Noon. Activities outside these hours are by prior appointment or are pre-scheduled.

Service Delivery Settings

The services of the network can be provided in the office or in the family home. Visiting the family in their home is typical of assessment and case-management related services as it creates a level of comfortability for the family that may help the Post Adopt Coordinator better assess the family's circumstances. Other interactions with families may occur in the office setting.

Cost for Services

Services provided by the ND Post Adopt Network are funded by adoption savings identified through the delinking provisions of Public Law 110-351. There is no cost to families for the services provided by the network. The North Dakota Department of Human Services issues a Request for Proposals and selects a vendor to administer the program. The Request for Proposals (RFP) process facilitate by the state describes clear deliverables while also allowing for flexibility to support continued growth of the ND Post Adopt Network.

Role of the Post Adopt Coordinator

Post Adopt Network Coordinators are the primary staff working with youth and families in the program. Despite the similarities between supervision of foster care placements and services provided post-adoption or guardianship, there is a significant difference the worker's role in the latter circumstance. In foster care settings, the agency tends to view the foster parent as an extension of the agency, responsible for following the course of care and treatment chosen by the agency. It is not uncommon for the agency to be "in charge" and direct the family to parent the child in a specific manner; in adoption placement supervision, the agency's role is less directive and more geared toward providing support and information. In a finalized adoptive or and guardianship family home, however, the agency's role is to assist and support the family. The family is "in charge", with the agency assuming a consultative role.

The Post Adopt Network believes in the importance of self-determination—the right of families to determine their own future. Promoting self-determination is a family-centered, empowering approach that aligns with practicing in a trauma-informed environment. The adoptive parent(s) or legal guardians are viewed as the expert on their child. Post Adopt Coordinators function as guides who consult with the family as needed to help them respond to issues that are common in the life of an adoptive family.

Population Served

The ND Post Adopt Network offers services to all adoptive families in the state, including those who have adopted from foster care, those who have adopted domestically and those forming their families through inter-country adoption. Guardianship families (both those formally finalized through the Department of Human Services and those who finalized guardianships privately) are also eligible for services.

Inclusion Criteria

The intention of the Post Adopt Network is to maintain as much flexibility as possible in providing support and services to families formed by adoption or guardianship, while also ensuring structure and consistency. In most cases, services are provided to families who are parenting minor children (under the age of 18). However, the Post Adopt Network recognizes that a child's developmental age does not necessarily align with their chronological age, and that the need for support often continues after youth reach adulthood. In some cases, families of children over the age of 18 may continue to be engaged in the Post Adopt Network, including:

- Youth who are over the age of 18, but have a Court Appointed Guardian[2], which may or may not be their adoptive parent or guardian (also referred to as Adult Guardianship)
- Parents or caregivers of adult children who are attending support groups
- Youth 18 or over receiving case management services who specifically consent to participation[3]

Families who adopted in North Dakota and moved out of state or families who adopted or assumed guardianship elsewhere and move into North Dakota are also eligible for support through the ND Post Adopt Network. Most commonly, this includes Info and Referral services to ensure linkages are made to the appropriate services within the family's state of residence.

Exclusion Criteria

The ND Post Adopt Network welcomes families to apply for Family Camps who have finalized the adoption or guardianship of their child in North Dakota or who have finalized their

[2] Appointment of an Adult Guardian is separate and distinct from finalization of a legal guardianship of a minor. The North Dakota Department of Human Services operates the Guardianship Establishment Program. More information about this process can be found here: https://www.ndcourts.gov/legal-self-help/adult-guardianship.

[3] The provision of subsidy until a youth is 21 does not necessarily mean that the parent or guardian can consent to services on the youth's behalf after they reach the age of majority.

adoptions in another state but are now living in North Dakota. Families who participate in Family Camps must be parenting adoptive or guardianship children who are under the age of 18. Due to space limitations, families who are currently caring for foster children must make other arrangements for the foster children in their care in order to attend Family Camps.

Caseload Assignment

Post Adopt Coordinators are assigned a caseload in the Post Adopt Network database (ETO). There are two basic case types. Families residing within the coordinator's coverage area who are being contacted for outreach, accessing educational opportunities or attending support groups are considered to be part of the Coordinator's caseload. Contact with families at these service levels is generally not significant, and likely consists of an occasional phone call or email exchange. The second case type is when a family is formally "opened". Families are considered "opened" when a more intensive need exists and where more frequent and regular contact between the coordinator and family will be need for support.

Securing Family Commitment to Participation

Family participation in the services of the Post Adopt Network is voluntary and may be terminated any time the family choses. While participation in the services of the Post Adopt Network is voluntary, many of the services require the commitment and involvement of the parent to ensure a more successful outcome. For example, the development of an effective case management plan is dependent upon obtaining complete assessment information.

The Post Adopt Network uses an Informed Consent process which includes 1) being informed about the conditions or situations that could benefit from intervention, 2) knowing the options related to services and treatment, and 3) understanding the consequences or probable consequences of each option. With this information, families have the right to choose one course of action in lieu of another. While Post Adopt Coordinators are expected to exercise flexibility in their involvement with families, including with regard to decisions about the frequency and duration of their involvement in services, it is appropriate for Post Adopt Coordinators to communicate the level of engagement that is needed to promote the greatest likelihood of success. If at any time the family's level of engagement is not sufficient to expect a reasonable level of benefit from a service, the family may be asked to reconsider their participation in that particular service at that particular time.

Managing the Impact of Previous Experiences with the System

Families seeking support from the Post Adopt Network may have been involved in the public child welfare system and adopted a child or children through foster care. Other families may have little to no experience working with public child welfare agencies, as they may have adopted a child or children intercountry through private agencies. Post Adopt Coordinators must be sensitive to the family's past experiences with the child welfare system, which may or may not have felt supportive in the past. The caregiver may be frustrated, overwhelmed, and anxious to tell their story. Post Adopt Coordinators should be prepared to listen and affirm the family's experiences, while being careful not to wade into discussions about whether a previous

set of decisions were “right” or “wrong”. Instead, Post Adopt Coordinators are encouraged to focus their efforts on supporting the parent’s decision-making in the present and into the future.

Reporting Suspected Child Abuse or Neglect

The services of the ND Post Adopt Network are family driven, however, coordinators are mandated reporters and must report any reasonable suspicion of child abuse/neglect. A person mandated to report, or any person wanting to report suspected child abuse or neglect, should call 1-833-958-3500, North Dakota's toll-free Child Abuse & Neglect Reporting Line. Reports of suspected child abuse or neglect may be made verbally or in writing. Written reports may be faxed to: 701-328-0361. The state's reporting form, SFN 960, is available online at: https://www.nd.gov/eforms/Doc/sfn00960.pdf and is also available at local human service zone offices.

Post Adopt Coordinators should be aware of the *Safety Framework*, which is the model of child welfare practice in North Dakota. Staff at all levels in the child welfare agency are responsible for providing quality services, conducting comprehensive and accurate assessments, and making decisions at the individual and family level. *Safety Framework* is an overarching process that assesses and manages safety from receipt of a report of suspected child abuse and neglect through case closure. The *Safety Framework* practice model includes all actions and decisions required throughout the life of a case to:

1. Ensure an unsafe child is protected;
2. Support and encourage the parents/caregivers to take responsibility for the child’s protection whenever possible;
3. Reconfirm the child’s safety at home or in out-of-home care; and
4. Establish a safe, permanent home for the unsafe child.

Safety Framework refers to all the decisions and actions required throughout child welfare agency involvement with the family to assure that an unsafe child is protected. *Safety Framework* respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

STAFF QUALIFICATIONS

The ND Post Adopt Network is managed by a Director who has responsibility for the overall operation of the program. Coordinators work directly with families, supported by a Supervisor. Support staff execute administrative duties that support Coordinators and Supervisors as they provide services to families. The basic qualifications and training requirements are noted below for the Post Adopt Supervisor and Coordinator positions. An orientation checklist is included in the appendix that contains more detail about initial training topics and tasks.

Post Adopt Supervisor

The Post Adopt Supervisor provides supervision to Post Adopt Coordinators in assigned regions, including a minimum monthly supervision meeting in accordance with agency and program standards.

Mandatory Qualifications/Certification

- Bachelor's Degree in Social Work, MSW preferred
- Social Work license in the State of North Dakota
- Experience with families in the human service field, child welfare system, and adoption
- Must have a valid driver's license

Training Requirements

Post Adopt Coordinator

The Post Adopt Coordinator position provides post adoption services to adoptive families and to families who provide guardianship to a child in their home.

Mandatory Qualifications/Certification

- Bachelor's Degree in Social Work, MSW preferred
- Social Work license in the State of North Dakota
- Experience with families in the human service field, child welfare system, and adoption
- Must have a valid driver's license

Training Requirements

Post Adopt Coordinators attend the following trainings within their first year of employment: Child Welfare Certification, Wraparound, the National Training Initiative (NTI) web-based training developed by CASE, and PRIDE.

AASK Support Staff

Support Staff perform clerical work of a confidential nature for the Post Adopt program as needed.

On-Going Staff Development

Post Adopt Coordinators attend additional educational trainings to enhance their knowledge whenever offered or available. The ND Post Adopt Network works closely with the State Administrator for Guardianship to ensure the ND Post Adopt Network is equipped with current and North Dakota specific information on guardianship services. The ND Post Adopt Network will continue to identify additional trainings necessary based on the need for enhancement in

North Dakota's post permanency continuum in universal services, selective services, indicated services, intensive services, and maintenance services.

Post Adopt Coordinators will also attend training to receive their Permanency and Adoption Competency Certificate (PACC). The PACC was developed by the University of Minnesota Center for Advanced Studies in Child Welfare (CASCW) in response to community demand to meet the need for increasing the availability and competency of a professional workforce able to work across systems to serve the unique and complex clinical and practice needs for adopted individuals and their families. The goal of the PACC is to increase the number of qualified permanency and adoption mental health and child welfare professionals in the state who are able to work in collaborative and multicultural contexts. The PACC includes the nationally-recognized Training in Adoption Competency (TAC), developed by the Center for Adoption Support and Education (C.A.S.E.), as well as four additional modules on child welfare policy and process and the Indian Child Welfare Act (ICWA) developed by CASCW. This is an investment for the program, so commitment to the agency will be required prior to completion of the course or a return of funds will be initiated from the staff member.

One Post Adopt Coordinator is sent to the North American Council on Adoptable Children (NACAC) conference each year. Post Adopt Coordinators are also able to attend various in-state trainings for continuous and relevant information on adoption and guardianship services.

EDUCATING FAMILIES ABOUT POST ADOPT SERVICES

Warm Hand-off

An essential component of engaging in post adopt services is accomplished by introducing them to the ND Post Adopt Network prior to an adoption finalization. Following the approval of an adoption home assessment, the AASK adoption worker can: 1) invite the Post Adopt Coordinator to one of the last Child and Family Team Meetings offered, 2) arrange a home visit to introduce the coordinator to the family, or 3) involve the Post Adopt Coordinator in the activities of the adoptive placement to discuss accessing post adoption or guardianship services through the ND Post Adopt Network. Using one of these strategies provides the family with an opportunity to meet the coordinator and learn about all of the services that are available to them after an adoption finalization occurs. The goal of this effort is to normalize the need for supports after an adoption and to provide a sense of comfort and relief when a familiar professional reaches out to them at a later time.

During the meeting, the Post Adopt Coordinator would introduce themselves and share the following:

- Describe to the family that the ND Post Adopt Network can provide access to educational resources, connections to support from other adoptive and guardianship families, and case management and advocacy services when the need arises.

- Explain that all of the services of the ND Post Adopt Network are provided at no cost to the family, as they are funded completely by the state.
- Let the family know that support groups are offered in various locations across the state. Explain that support groups and camps are a great way to meet other adoptive families, share joys and sorrows, vent, and even develop close friendships with others who understand the family's unique situation. Inform the family about the support groups closest to them, including the next date, time and location.
- Provide information about Family Camps, Parent Retreats and other planned events that the network offers.
- Share that the ND Post Adopt network offers individualized case management services, which can include helping the family navigate the challenges related to accessing services, providing emotional support, helping to strengthen parenting strategies and educational advocacy.
- Inform the family that the ND Post Adopt Network conducts regular outreach calls to connect with families periodically after the finalization of their adoption or guardianship. Let the family know that they can opt out of these outreach calls at any time by contacting the ND Post Adopt Network.
- Inform the family that the network maintains an email distribution list to which is sent monthly about events happening in the network. Verify their email for this purpose.

Families are also provided with a welcome packet and follow up calls which are described in more detail later in this manual.

Enhanced Warm Hand-off

In some cases, AASK staff are able to identify families who could benefit from a seamless transition to post adoption case management services. These might involve situations where a child is actively experiencing challenges and additional support for the caregivers is needed and/or where a child is receiving services that may require monitoring to ensure continued eligibility. In these cases, the Post Adopt Coordinator may complete an assessment and develop a case management plan even prior to the finalization of the adoption or guardianship. Discussion of assessment and case management is discussed further in this manual.

Outreach to Community Partners

The ND Post Adopt Network regularly invites community partners to presentations that are given about the offerings of the ND Post Adopt Network. These presentations are intended to familiarize important partners who may also interface with families within the network so that they may refer families for supports and services (a referral form can be found in the Appendix of this manual). Presentations for community partners are generally offered in a Lunch & Learn format. Post Adopt Coordinators are expected to develop and maintain collaborative relationships and network with community partners as a way to ensure that there is awareness about the support and services available to families post-adoption and guardianship. Expectations for frequency and type of outreach activities are aligned with current needs as defined by program leadership.

Website and Facebook Page

The ND Post Adopt Network has its own website at www.ndpostadopt.org, where families can access training links, support group dates, parent resources, blog posts written by post adoption coordinators, information on post adoption camps, and family scholarship opportunities. The ND Post Adopt Network also has a public Facebook page, the "ND Post Adopt Network" (@NDPOSTADOPT), accessible to everyone with links to various resources and new updates from the program.

Newsletter

The ND Post Adopt Network sends newsletters once a month to adoptive families and professionals, to notify recipients of local events, trainings, and support groups throughout the state.

Collaboration with Regional Recruitment & Retention Coalitions

Regional Recruitment & Retention Coalitions, often referred to as Foster and Adopt Coalitions, operate across North Dakota to support recruitment and retention of foster and adoptive parents. The coalitions are made up of representatives from: Adults Adopting Special Kids (AASK) and the ND Post Adopt Network, Human Service Zones, Human Service Centers, Nexus-PATH, and additional private agencies within child welfare. Foster parents, adoptive parents and community members are also encouraged to join the committee as well.

Prior to 2021 there were eight regional coalitions, and each aligned with the North Dakota Human Service Regions. In 2021, the eight coalitions were collapsed into four-coalition model as described below:

Northwestern Region Recruitment and Retention Coalition

Zones: North Star, Mountrail McKenzie, Ward, and Northern Prairie
Counties: Divide, Burke, Williams, Ward, Renville, McKenzie, Mountrail, Bottineau, McHenry, and Peirce

Southwestern Region Recruitment and Retention Coalition

Zones: Roughrider North, Southwest Dakota, Dakota Central, Three Rivers, Burleigh, and South Country
Counties: Golden Valley, Billings, Dunn, Stark, Hettinger, Slope, Bowman, Adams, Morton, Grant, Sioux, Mercer, Oliver, McLean, Sheridan, Burleigh, Kidder, Emmons, Logan, McIntosh, LaMoure, and Dickey

Northeastern Region Recruitment and Retention Coalition

Zones: Mountain Lakes, Northern Valley, Eastern Plains, Central Prairie, and Grand Forks
Counties: Rolette, Towner, Cavalier, Benson, Ramsey, Pembina, Walsh, Grand Forks, Nelson, Griggs, Foster, Wells, and Eddy

Southeastern Region Recruitment and Retention Coalition

Zones: Agassiz Valley, Buffalo Bridges, Cass, and Ransom Sargent Richland
Counties: Steele, Traill, Stutsman, Barnes, Cass, Ransom, Sargent, and Richland

Collaboration with Infant & Intercountry Adoption Agencies

Infant and Intercountry adoption agencies in North Dakota and Building Forever Families, which is based out of South Dakota, receive the ND Post Adopt Network monthly email newsletter and have Welcome Packets to give to families. Christian Adoption Services and Pregnancy Parenting and Adoption Services (PPAS) provide Welcome Packets to all of their adoptive families. Christian Adoption Services provides contact information for finalized families to the ND Post Adopt Network, which allows the network to complete the finalization call and follow-up calls, similarly to the outreach offered to an AASK family. One ND Post Adopt Network Coordinator is responsible for maintaining outreach to infant, domestic adoption agencies and agencies that facilitate intercountry adoptions on a quarterly basis.

Referral Process

All AASK Adoptive Families are automatically notified of the availability of services offered by the ND Post Adopt Network. All other adoptive and guardianship families are notified about ND Post Adopt Network services through service providers making referrals on their behalf. Outreach to private agencies has encouraged their referral of intercountry or private domestic adoptive families in need of service.

Referrals for services can be either formal or informal. In a formal referral, the referral source (such as Human Service Zone workers, therapists, OT/PT, etc) asks the parent to sign a Release of Information (ROI) and completes the Post Adopt Referral Form in order to formally refer families to the ND Post Adopt Network. This form is used only for referrals from external sources and can be found on the website or ND Post Adopt Network can provide the form to any community partner. Once the ND Post Adopt Network receives a referral, a Post Adopt Coordinator will initiate contact with the family.

In some cases, another agency or service provider may call to inquire about services on behalf of a family. This is considered an informal referral process. The referral source should be asked to obtain verbal consent from the parent and permission to give the ND Post Adopt Network the parent's contact information. In these cases, the Post Adopt Coordinator should initiate contact to the family as soon as possible, but minimally 48 hours after contact information was received. The Post Adopt Coordinator will explain why they are calling and describe the services that could be offered to the family. Alternatively, the referral source can provide the contact

information for the ND Post Adopt Network to the family, who can then initiate contact with the network.

Adoptive or guardianship families can also reach out directly to the ND Post Adopt Network to self-refer for support and/or additional services.

DESCRIPTION OF SERVICES

Post Finalization Welcome

The Post Finalization Welcome intends to communicate to adoptive and guardianship families that the state does not view the finalization of adoption or guardianship as the end of support. The packet provides information that describes the ND Post Adopt Network and the services provided, including that support is available from the network even years after adoption and guardianship finalization as their children move through different ages and stages of development.

Welcome Packet

The ND Post Adopt Network has developed a Welcome Packet that is provided to all families who adopt through the child welfare system. Post adoption welcome packets are widely disseminated across the state to all AASK adoptive families, infant adoption agencies, service providers, Human Service Centers, Human Service Zones, private agencies, and any others upon request or identification. The Welcome Packet can also be downloaded from the ND Post Adopt Network website.

Welcome Packets include an introductory letter that is intended to provide an overview of the supports and services that are offered through the ND Post Adopt Network and serves as a reference for families to retrieve information that may be needed at a later time following finalization. Families are encouraged to view the network website and Facebook page for the latest training and educational opportunities.

When possible, the Welcome Packet is hand delivered to families by a Post Adopt Coordinator at the final Child and Family Team Meeting prior to finalization, as described earlier under “Warm Hand-off”.

Congratulations Call

Approximately one month after the finalization, a Congratulations Call is made to the family as another way to establish a connection to the family. This Congratulatory Call offers a welcome to the ND Post Adopt Network and provides another opportunity to notify the family of the supports and services available to them.

The phone numbers that are used for Congratulations Calls are those that have been collected in the Effort to Outcomes (ETO) information management system in the “demographics”

section of the family home page. Although an effort is made to ensure that the phone numbers in this database are current, there may be several types of difficulties when making calls. In addition to having an outdated phone number, there may be problems reaching the adoptive parent or guardian either because they are unavailable or because no one is answering the phone.

The Post Adopt Coordinator should make an attempt to call the family using the phone number on file in ETO. If there is no answer, the coordinator should leave a voice mail requesting a return call. A second attempt to call the family should be made on a different day and time if possible. If the second attempt does not result in reaching the adoptive parent/guardian), another voice mail can be left requesting a return call. After the second attempt, the Post Adopt Coordinator will send a welcome email to the family.

In some cases, you will need to leave a message with someone in the household or on an answering machine or voice mail system. Remember that when placing a phone call, you can never know for certain who is answering the call. In order to respect the privacy of the family, it is critical that a message is never left with a person or on a message system that references anything about adoption or guardianship. When leaving messages, clearly state your name, the agency you work for and the number they can use to call you back.

Initial Contact with Adoptive Parent/Guardian

When the adoptive parent or guardian is reached by phone, the ND Post Adopt Network coordinator should introduce themself and reference the Welcome Packet that was provided by AASK worker. The ND Post Adopt Network coordinator should ask if it is a good time to talk. If it is not, set up another time to contact the parent or guardian. If it is a good time to talk, start by confirming if the parent or guardian received the Welcome Packet.

- If the family did not receive the Welcome Packet, ask if you can send a Welcome Packet to the family via mail or via email. If the family agrees, confirm their mailing or email address. The ND Post Adopt Network coordinator will be responsible for sending the Welcome Packet. Ask the parent or guardian if it is ok for you to continue to explain the program even though they have not received the packet. If not, set up a time to talk to the parent or guardian within one week so that they have time to receive the material. If the parent or guardian agrees to hear about the program proceed as outlined below.

- If the family did receive the Welcome Packet, provide them with an opportunity to ask questions about the material that was sent to them before you begin describing the program. The ND Post Adopt Network coordinator should then briefly re-explain the supports and services offered as follows:

    - Describe to the family that the ND Post Adopt Network can provide access to educational resources, connections to support from other adoptive and guardianship families, and case management and advocacy services when the need arises.

- Explain that all of the services of the ND Post Adopt Network are provided at no cost to the family, as they are funded completely by the state.
- Provide information about Family Camps, Parent Retreats, and other planned events that the network offers.
- Let the family know that support groups are offered in various locations across the state. Explain that support groups and camps are a great way to meet other adoptive families, share joys and sorrows, vent, and even develop close friendships with others who understand the family's unique situation. Inform the family about the support groups closest to them, including the next date, time and location.
- Share that the ND Post Adopt Network offers individualized case management services, which can include helping the family navigate the challenges related to accessing services, providing emotional support, helping to strengthen parenting strategies and educational advocacy.
- After covering these items, ask if there are any questions.
- Inform the family that the ND Post Adopt Network conducts regular outreach calls to connect with families periodically after the finalization of their adoption or guardianship. Let the family know that they can opt out of these outreach calls at any time by contacting the ND Post Adopt Network.
- Inform the family that Post Adopt maintains a distribution list to which is sent monthly about events happening in Post Adopt. Verify their email for inclusion on this list.

- Ask if the family understands or has any questions about the process of updating their child's legal documents (birth certificate, social security card, medical cards). Offer to support the family in navigating the processes involved in obtaining these updated documents if necessary.

- Thank the parent/guardian for their time and remind them that they can reach out to the ND Post Adopt Network at any time. Wish them a good day and end the call.

A scripted version of the Initial Contact call can be found in the Appendix.

The congratulations call should be followed by a welcome email sent by the Post Adopt Coordinator so that the family has written summary of the information shared during the call.

Offering a Home Visit

During the Initial Call, it is possible that the parent may share concerns that they have about their child or express feeling frustrated or even overwhelmed by something they are experiencing with their child. In these cases, the Post Adopt Coordinator may make an offer of a home visit to talk more about the parent's concerns and potentially begin an assessment.

Procedures for Families Who Cannot Be Reached

ND Post Adopt staff will attempt to reach families by making two call attempts and by reaching the family by email as described above. The email sent to the family is as follows:

Congratulations on your adoption/guardianship! I wanted to introduce myself and welcome you to the Post Adopt Network. I am hoping you received the Welcome Packet prior to your adoption/guardianship. This packet contains some helpful information about the supports and services that we can offer at no cost to you!

Our website is www.ndpostadopt.org. On that page we post information about support groups and upcoming events; check out the calendar to see what is coming up! We also share many other resources such as recorded webinars and other educational items. Content is updated frequently, so be sure to visit often!

We also have Facebook page (ND Post Adopt Network), and a private Facebook online support group (ND Post Adopt Network Online Support Group). For the online support group you will need to answer a few membership questions in order to be approved to join the page.

In addition to the support groups and events we offer around the state, offer support and assist you in finding resources that will help you on your adoption journey. We can also schedule a home visit with you to talk more about how the network can support your family. We are here to answer the simplest of questions to supporting you through your most difficult dilemmas. Please don't hesitate to reach out to us!

Outreach to Families

In a study of adoptive families over a number of years, Rolock (2015) found that approximately 2% of adoptive families experience discontinuity during the first two years following an adoption[4]. While this number appears small, the importance of universal outreach (check-ins, newsletters, educational opportunities, etc.) is vital to building a presence for the network so families become educated on who to contact if they experience difficulties in upcoming years. Rolock also noted that approximately 6% of families experience post-permanency discontinuity five years after an adoption and 12% of families experience discontinuity ten years after an adoption. The Post Adopt Network's current ongoing outreach efforts are described below.

Distribution Lists

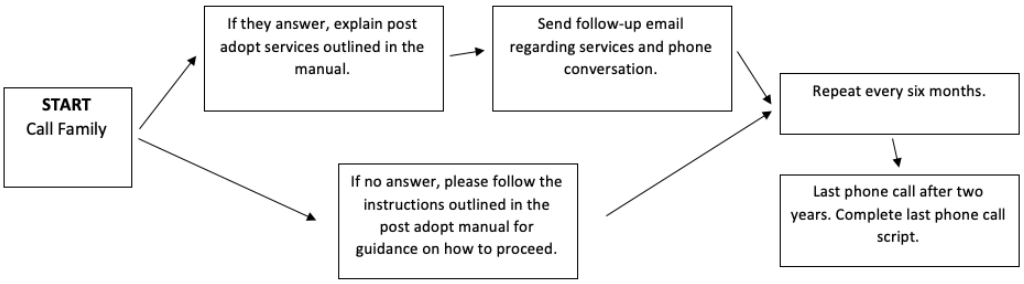
Upon finalization, families are added to the ND Post Adopt Network distribution mailing list (kept on an Excel spreadsheet) and to an email distribution list (using the Mail Chimp platform) also maintained by the network. Families adopting through the AASK program are added as part of the routine warm hand-off process, and other families are asked if they would like to be added when they make their first contact with the network.

[4] Post-permanency discontinuity is a term used to describe situations where children leave their homes after adoption or guardianship, prior to becoming an adult. From Rolock, N. (2015). Post-permanency continuity: What happens after adoption and guardianship from foster care? *Journal of Public Child Welfare,* 9:2, 153-173

When the youngest adopted child turns 18, the family is removed from both the postal mail and email distribution lists.

Follow-Up Calls

Ongoing outreach continues to the family after the Post Finalization Welcome on a pre-determined schedule. Post Adopt Coordinators complete phone call check-ins with families at the following points after finalization, and intermittently as needed: within one month of finalization (Congratulations Call), six months after finalization, one year after finalization, one-and-a-half years after finalization, and two years after finalization. When further needs are identified through check-ins, Post Adopt Coordinators become more heavily involved, providing resources and case management as appropriate. At the two year follow up call, the Post Adopt Coordinator asks the family if future follow-up calls would be welcome, and will continue calls beyond two years if desired.



When the adoptive parent or guardian is reached by phone, the ND Post Adopt Network staff should introduce him/herself as a representative of the ND Post Adopt Network and ask if this is a good time to talk. If it is not, set up another time to contact the parent or guardian. If it is a good time to talk review the following:

- Ask how things are going for the child and family.
    - If the family states that they are doing well, proceed with the additional points below.
    - If the family shares that they are having some difficulties, use the screening tool (see Appendix) to guide the conversation and explore the family's concerns to determine how the network may be able to provide support. Consider offering a home visit if it appears a more detailed assessment would be appropriate.
- Describe to the family that the ND Post Adopt Network can provide access to educational resources, connections to support from other adoptive and guardianship families, and case management and advocacy services when the need arises.
- Explain that all of the services of the ND Post Adopt Network are provided at no cost to the family, as they are funded completely by the state.
- Provide information about Family Camps, Parent Retreats and other planned events that the network offers.

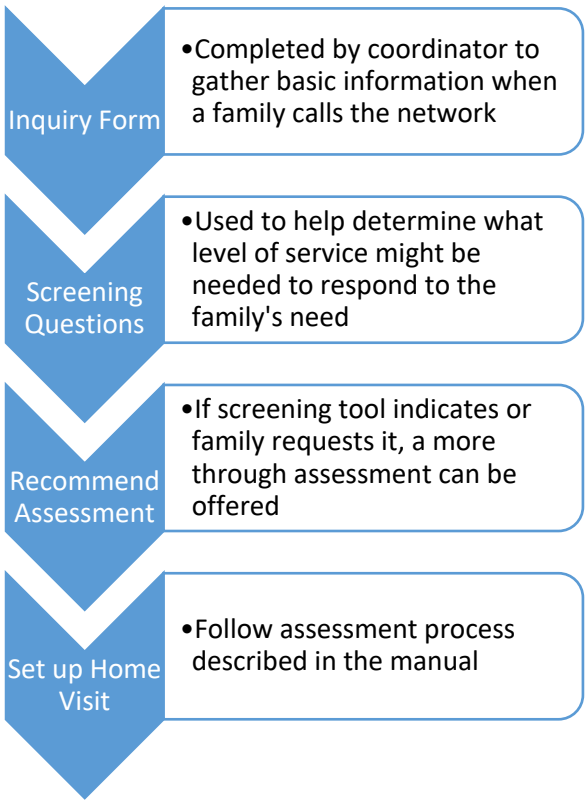
- Let the family know that support groups are offered in various locations across the state. Inform the family about the support groups closest to them, including the next date, time and location.
- Share that the ND Post Adopt network offers individualized case management services, which can include helping the family navigate the challenges related to accessing services, providing emotional support, helping to strengthen parenting strategies and educational advocacy.
- After covering these items, ask if there are any questions.
- Inform the family that they are encouraged to be a part of our network even if they are not having struggles at the moment. Let them know the network provides opportunities to meet other adoptive families, share joys and sorrows, and be surrounded by others who understand.
- Ask if the family is receiving post cards and emails from the ND Post Adopt Network. Ask the parent/guardian's permission to confirm or update the family's contact information to ensure communication is being received and/or if they would like to continue receiving mailings and emails.

After the call concludes, the Post Adopt Coordinator will communicate any updates to the family's mailing address and/or email address to the AASK Support Staff.

Inquiry/Service Request Calls

Calls from Families

When a family calls requesting services, they speak directly to a Post Adopt Coordinator. The coordinator gathers basic information such as adoption/guardianship status, county where the family resides, and the nature of the request or reason for call. When speaking with the family during the initial contact, the coordinator will search in Post Adopt ETO to see if the family is already enrolled. If the family is enrolled, the coordinator will confirm contact information is correct and update any necessary information. If the family is not enrolled in ETO, the coordinator will complete an Inquiry Form. An inquiry form is completed for every new family that contacts the ND Post Adopt Network. The coordinator will utilize the information gathered on the inquiry form to enroll the family in ETO.



In addition to the Inquiry Form, a screening tool is used to gather additional information. This helps a determination be made with regard to the most appropriate action based on the severity of needs expressed by the family. Based on the

family's responses to questions on the tool, the Post Adopt Coordinator is guided toward offering educational opportunities and/or support group or suggesting that the family may benefit from case management or other supportive services.

Information and Referral

Post Adopt Coordinators are considered experts in their field and are well-versed in community service providers across the state. As a part of their job expectations, they provide one-on-one and group trainings to local service providers, infant adoption agencies, and human service zones across the state in an effort to share information about the ND Post Adopt Network. They also work to learn more about various agencies and community resources, and they have a working partnership with providers for ease of referrals and high-quality services to children and families.

Post Adoption staff can provide information about topics such as:

- Subsidy questions
- Referrals to services in the family's local community, including respite and in-home services
- Referrals to Adoption Competent Therapists and Trauma-Focused Cognitive Behavioral Therapists

ND Post Adopt Network maintains a database of 'adoption competent therapists' in North Dakota to share with families in need of services that are more clinical in nature.

ND Post Adopt Network staff can also help to link families to services offered through the North Dakota Department of Human Services, which operates eight regional human service centers. Each serves a designated multi-county area, providing counseling and mental health services, substance abuse treatment, disability services and other human services.

Families may request that a member of the ND Post Adopt staff participate in a school meeting or service planning meeting. In order to effectively support the child and family, an assessment and case management plan should be in place prior to participating in these types of meetings. In some cases, a Post Adopt Coordinator may attend a meeting prior to an assessment or case plan being completed. In these cases, the Post Adopt Coordinator may have a more limited role, such as information gathering or providing post-meeting debriefing with the family.

Short-Term Services

Assistance with Tribal Enrollment

The ND Post Adopt Network can provide support to a family to enroll a child with a tribe after adoption finalization has occurred. There is no cost to the family for this process.

- The adoptive family (if the adoptee is under the age of 18) or the adult adoptee (if 18 or older) needs to complete the tribe's application to the best of their ability. Applications are sometimes found on the tribe's website, and in other cases, the Post Adopt Coordinator will need to call the tribe and request it. It is the Post Adopt Coordinator's role to retrieve the appropriate application and provide it to the adoptive family or adult adoptee.
- The family will also need to complete a Search/Disclosure Request (Form Number SFN 940) for each child who they are applying for enrollment. The form can be found here: https://www.nd.gov/eforms/Doc/sfn00940.pdf
    - If the adoptee is an adult (age 18 and older) they must complete the form and check off "Adopted Adult" in the top right status box. If the adoptee is a minor (under the age of 18), the adoptive parent must complete the form and indicate such by checking off the Adoptive Parent option in the status box.
    - Catholic Charities ND should be marked for Question 4b.
    - The SFN 940 form must be notarized. Catholic Charities ND has staff who are notaries, and Post Adopt Coordinators can access these staff on the family's behalf.
- If the youth or their adoptive family is not able to complete the questions about the child's birth parents on the tribe's application or on the Form SFN 940, the coordinator can provide assistance in completing these questions, by retrieving information from Alchemy. Note that the coordinator is not able to show the family the completed form due to HIPAA limitations.
- When forms are as complete as possible, the Post Adopt Coordinator gathers the application and the SFN 940 (one set for each child) and forwards them to the NDDHS Administrator of Adoption Services (template cover letters are available to use for this purpose in the manual appendix).
- On rare occasions, the NDDS Administrator of Adoption Services may be able to access additional information to answer questions that were left blank on the tribe's application or on the SFN 940 from.
- The NDDHS Administrator of Adoption Services will forward both documents to the tribe.

The Post Adopt Network Coordinator should always double check the application requirements, as some tribes have requirements in addition to those noted here. In some cases, tribes will accept a 'birth verification' (different from a certified copy of the original birth certificate), which the NDDHS Administrator of Adoption Services can request from Vital Records. If the tribe requires a certified copy of the youth's original birth certificate (with birth parents name on it), the adoptive family or adult adoptee will need to go to their local courthouse and request the Court to allow Vital Records to release their birth certificate. Typically this process begins with the adoptive parent (if the youth is under the age of 18) or adult adoptee obtaining a petition form from the County Clerk to request Vital Records to release the birth certificate. The County Clerk then files the petition, a court hearing is scheduled, and the adoptive parent

or adult adoptee attends the court hearing and explains to the Court why they are requesting their original birth certificate.

The Post Adopt Coordinator will not be contacted about the status for the enrollment request. The family/individual will be notified if: 1) they are an enrolled member of the tribe; 2) they do not qualify for enrollment; or 3) the tribe requires a certified copy of the birth certificate and one was not provided in the initial request. Based on the reports of families who have submitted enrollment requests in the past, it can take as short as two months to as long as nine months or more to receive a response to the submitted application.

Birth Family Contact

Families sometimes find that support in navigating healthy and safe birth parent contact for the child and can be helpful. The ND Post Adopt Network can assist with contact by supporting the exchange of gifts or letters and by supervising visits.

Gift and Letter Exchange

The Post Adopt Network facilitates the exchange of letters and gifts between birth and adoptive and guardianship families. Confidentiality is maintained according to the preferences of the families, following the Memorandum of Cooperation (for AASK families only) on file with the network. The Memorandum of Cooperation would be on file in the Alchemy Database.
An individual can drop off an item to be given to another party (for example, a birth parent giving a present to a birth child or vice versa). An item is dropped off with a ND Post Adopt Coordinator and a Gift/Letter Exchange form is completed. A copy of the Gift/Letter Exchange form can be found in the appendix. The individual who is dropping off the item is informed that ND Post Adopt Network will contact the recipient to pick up the item, and that if the recipient declines or the network is unable to connect with the recipient, the item will be returned to the original person. The ND Post Adopt Coordinator will contact the recipient and explain that an item is being held for them and schedule a time for pick up. If the recipient is unable to pick up the item, it may be shipped to them.

When there is a minor involved, the ND Post Adopt Coordinator needs the adoptive parent's approval prior to moving forward with the process. When the adoptee is older than age 18, the ND Post Adopt Coordinator needs to ascertain if there is a guardianship in place and if not, will need to contact the adoptee directly.

All letters and photos are copied and saved in the attachment section in the family's ETO file, similarly if there is a gift, a photo can be taken and the image is saved in the same location. All communication and contact will also be documented in ETO.

Supervised Visitation

When an individual requests a supervised visit with an adoptee or other birth relative, the ND Post Adopt Network can assist, with the goal of visits becoming unsupervised. ND Post Adopt

Network can assist for adoptees who are under the age of 18 and must need adoptive parent approval.

When a visit is requested, the ND Post Adopt Coordinator will ask both parties if there are any safety concerns that should be known and if there are any ground rules that should be established. Examples of ground rules include: no promises can be made during the visit, no gifts given during the visit, or no discussion of the other birth parent during the visit. The ND Post Adopt Coordinator will determine a safe place for the visit to occur (often in the office or conference room) and may provide small arts and crafts projects to be completed during the visit. The ND Post Adopt Coordinator will notify each party of when, where, and how long the visit will take place, and will remain present during the visit. The adoptive parent must also be present throughout the duration of the visit.

During the visit, the ND Post Adopt Coordinator will encourage communication and if appropriate, will allow the individuals time to spend time together and interact with each other. The ND Post Adopt Coordinator will intervene if any of the previously agreed upon rules are broken or if the conversation is inappropriate. At the end of the visit, the ND Post Adopt Coordinator will walk everyone outside so that there are no private conversations without the Post Adopt Coordinator present.

Supervised visits should not occur more than once a month. The visits can begin in a safe secluded space (in the office) and can move towards more public places (for example a park or mall). Eventually, the visits will be encouraged to occur in a public space without the supervision of a ND Post Adopt Coordinator.

Referrals to Birth Parent Support Group

The Post Adopt Coordinator will refer birth parents to the support group facilitated by Christian Adoption Services if it appears additional support for the birth parent may be needed. Information about this support group can be found here: https://www.christianadoptionservices.org/birthmothersmallgroup.html

Search and Reunion Requests

North Dakota Century Code 14-15-16 provides that an adopted individual, a birth parent, or a birth sibling of an adopted individual may initiate a search for the adoptee/ birth parent. As of August 1, 2003, an adult child of a deceased adopted individual may also initiate a search.

- Searches may be made for either non-identifying information or for identifying information. When completing an identified search, a request for updated medical information may be made.
- An adopted individual may request a search when they reach age 18.
- A birth parent or birth sibling may request a search when the adopted individual being sought reaches age 21.

- The law requires individuals involved in the search process to consent to the release of identifying information about themselves.
- The search agency must make personal and confidential contact with the person being sought to request their consent.
- The licensed child placing agency that facilitated the adoption, or (if a facilitating agency cannot be identified) a licensed child placement agency of the searcher's choice completes the search.

To begin the adoption search, searchers complete the appropriate forms through the State's Electronic Forms Web site. Completed forms are then forwarded to the licensed child placing agency that facilitated the adoption (or if the agency is not known, the forms can be forwarded to the Department's Adoption Service Unit, Children and Family Services Division). State Statute allows the licensed child-placing agency to charge a fee for services. No information can be provided until the appropriate fee is paid.

All searches presented to staff of Catholic Charities North Dakota (Post Adopt Network and AASK workers) are referred to the Pregnancy, Parenting, and Adoption Services Program (PPAS) to initiate the search work.

If an adoptee under the age of 18 requests their own non-identifying background information (with the permission of their adoptive parent), and the adoption was finalized through the AASK program, and the adoption was facilitated by Catholic Charities North Dakota in its role as a child placing agency, the ND Post Adopt Network can respond to this request by providing the adoptee with a copy of the Child Adoption Assessment on file for that youth (the Child Adoption Assessment is written prior to the finalization of the adoption and contains a detailed summary of the child's record without identifying information). If the adoption was facilitated by another child placing agency, the Post Adopt Coordinator can help facilitate this process as the request is made to the appropriate child placing agency.

Intermediary Agency for United Kingdom Adoptions

The ND Post Adopt Network is an Intermediary Agency for intercountry adoptions from the United Kingdom. A representative from the UK Adoption Agency will contact the ND Post Adopt Network for assistance in the search and disclosure process with an adoptee in the United States. The ND Post Adopt Coordinator will respond to the UK adoption agency to confirm acceptance of the responsibilities set forth. The ND Post Adopt Coordinator will also connect with the adoptee, introduce themselves and explain that they will be assisting in the search process. The Post Adopt Coordinator will gather a better understanding of the adoptee's search goals and expectations and help them consider the impact of not being able to access the information being requested.

Roughly six weeks after the initial contact, the UK adoption agency will mail the ND Post Adopt Coordinator documents pertaining to the adoptee's adoption. After thorough review, the Post Adopt Coordinator will schedule a time to meet with the adoptee (can be virtual or over the phone if necessary) to discuss the information provided. The Post Adopt Coordinator will share

everything that is in the report (often times it includes the birth mother's name and the location of the birth) to the adoptee. The Post Adopt Coordinator will process this information with the adoptee. The Post Adopt Coordinator will also further explain the documentation provided and explain that all of the documents will be mailed to the adoptee.

Prior to mailing, the Post Adopt Coordinator will make copies of all documents and upload them into ETO.

Educational Opportunities

Online Book Club

A structured Book Club provides participants with opportunities to be exposed to resources that are relevant to parenting through adoption and guardianship. The selected book is announced and over several weeks a series of virtual meetings are facilitated by ND Post Adopt Network staff to review and discuss each chapter. Participants may request support obtaining copies of the books if there is a need. See Appendix for discussion questions that are used during Book Club.

Blog Posts

Post Adopt Coordinators create blogs that are posted on the ND Post Adopt Network website and on the Facebook groups managed by the network. New blogs are posted regularly.

Specialized Training for Parents

Programs offered by ND Post Adopt

Informational Sessions

The ND Post Adopt Network Coordinators offer regular informational sessions to familiarize families on various adoption and guardianship related topics such as:

- Managing Expectations (Realities of Adoption)
- Emotional Issues for Youth (20 Things Adopted Kids Wish Their Adoptive Parents Knew)
- Sensory Processing
- LBGTQ+ Issues
- Attachment
- Specific intervention strategies such as: Collaborative Problem-Solving and Trust-Based Relational Intervention

In addition to the educational offerings facilitated by ND Post Adopt Network staff, the network also brings in subject matter experts as needed on general topics that are of interest to families. These sessions have included topical areas such as Sex-Trafficking and Vaping.

Training opportunities that are available in the community are also shared with families using the ND Post Adopt Network communication channels (Newsletters, website notices, Facebook posts, etc).

Formal Curricula

Trauma Knowledge Masterclass

ND Post Adopt Coordinators can facilitate the Trauma Knowledge Masterclass by Kristin and Mike Berry, Honestly Adoption Company. This 6-week course meets weekly for 90 minutes and can also be facilitated one-on-one with individual families as needed. More information about this course can be found here: https://www.traumaknowledgemasterclass.com.

CORE Teen

CORE Teen is a training curriculum developed through a 3-year cooperative agreement with the Children's Bureau. Spaulding for Children worked with several partners to create the curriculum: the Child Trauma Academy; The Center for Adoption Support and Education; the North American Council on Adoptable Children; and the University of Washington. The curriculum was tested in four pilot sites over 18 months. ND Post Adopt staff were trained to use both the classroom modules and Right Time materials with families.

The seven classroom sessions cover core skills, knowledge, and competencies families need to understand to successfully parent older children from foster care who have moderate to severe emotional and behavioral challenges. The classroom training provides content specific to teens with behavioral and emotional needs, provides opportunities for participants to learn from each other, stimulates conversations among parenting partners and/or support networks, develops best parenting strategies and builds knowledge and skills.

CORE Teen Right Time training is video based, and is designed to be used in support groups, during case manager home visits, or at times when the family is experiencing a particular challenge or situation. Right Time videos are about 20 minutes in length and include stories from youth exploring how this theme impacted them and how it related to their behavior, resource families talking about the importance of the topic and how it impacts parenting strategies, and experts describing why this theme may be important and offering guidance. Discussion guides help to facilitate an individual's reflection or group discussions after participants view the video, and an action plan helps the family consider what changes can be made and how to support those changes.

Coordinators are expected to facilitate the virtual CORE Teen training at least five times in a fiscal year to new AASK families and can also utilize the material with post adopt families. CORE Teen Trainings will consist of evenings and weekend trainings. There will be two facilitators for each training to help guide and facilitate the training. If a coordinator is unable to train a session, the coordinator will notify their supervisor immediately.

Programs offered outside of ND Post Adopt

Throughout the United States, educational opportunities and gatherings for adoptive parents are held by various providers to further enhance knowledge and skills regarding parenting traumatized youth. Adoptive and guardianship parents have the opportunity to apply for training scholarships through the ND Post Adopt Network to attend such events. The ND Post

Adopt Network may ask the parent receiving the scholarship to share any resources or training materials they received for further enhancement of the program. Examples include:

- Hope for the Journey
  - https://showhope.org/our-work/pre-post-adoption-support/hope-for-the-journey/
- Road Trip for Dads
  - Road Trip is a gathering of dads in the mountains of Colorado that provides a safe space for foster and adoptive dads to share their greatest fears and greatest struggles, without judgement.
  - https://confessionsofaparent.lpages.co/road-trip-dads-2020/#section-1
- Refresh Conference
  - The Refresh Conference is a Christian conference hosted by Overlake Christian Church, but the conference is not limited to only people of the same faith.
  - https://therefreshconference.org
- The Nurtured Heart Approach®
  - The Children's Success Foundation offers a series of live and online courses on the Nurtured Heart Approach, which is a framework for parenting.
  - https://childrenssuccessfoundation.com/nha-training/

Dissemination of Information About Trainings in Community Settings

The ND Post Adopt Network regularly shares information about other training opportunities being hosted by agencies in the communities where parents and caregivers live. For example, the University of North Dakota has sponsored an annual training event called the "Spring Carnival of Training".

Specialized Training for Professionals

ND Post Adopt Network maintains a database of adoption-competent therapists in North Dakota to share with families in need of more clinical post adoption services. The University of Minnesota Center for Advanced Studies in Child Welfare (CASCW*)* offers a Permanency and Adoption Competency Certification (PACC) that includes 96.5 hours of on-site training in either St. Paul or Mankato and a total of 18 hours of follow-up case consultations. To support the development of these resources, the ND Post Adopt Network provides scholarship dollars to therapists who are interested in obtaining this certification and focusing their practice on adoption-related issues. More information about PACC can be found here: http://cascw.umn.edu/continuing-education/permanency-adoption-competency-certificate/

Support Groups

Support Groups are open to all North Dakota adoptive families and families who provide guardianship to youth in their home. The structure of each support group is determined by the needs and preferences of attendees, but generally follows a basic format that may include:

- Welcome, confidentiality notice, and introductions (name, family make up, location)

- Review of a brief information piece such as an article or podcast to support initiation of conversation among attendees
- Open discussion and opportunities for peer sharing and support

When participants arrive at the support group, the coordinator will request the family to sign into the support group, providing their name, address, phone number, and email address. Most support groups are open to all types of adoptive and guardianship families. In some cases, support groups are targeted to sub-populations of families, such as parents adopting domestically or those who are grandparents raising their grandchildren.

In person support groups begin with everyone signing into the support group and providing their name, phone number, email address, and home address. Virtual support groups begin by asking every person the name and requesting the attendee to email the Post Adopt Coordinator their first and last name, phone number, email address, and home address.

If in person, the Post Adopt Coordinator will welcome the attendees and offer refreshments. provided by the network. Participants are reminded of confidentiality and are asked not to share what others have said during the support group to outside individuals. Post Adopt Coordinators are mandated reporters, therefore if there is concern of a child being harmed, the Post Adopt Coordinator will notify child protection services. Participants are then invited to introduce themselves and share some basic information about their family make up. If it is a virtual support group, asking the family to share where they live is also encouraged. The Post Adopt Coordinator will ask if there is anyone who would like to share something to start the conversation. If there are no volunteers, the Post Adopt Coordinator can prompt conversation by asking if there are any frustrations or successes that anyone would be willing to share with the group.

The North American Council on Adoptable Children (NACAC) has developed several resources for starting and facilitating support groups, including in virtual formats. Post Adopt Coordinators can access these resources here: https://www.nacac.org/help/parent-group/start-parent-group/.

To close the support group, participants are thanked for their attendance and reminded about the date and time of the next meeting.

Online Closed Support Group

The ND Post Adopt Network currently has a closed Facebook support group for families who have previously adopted/have guardianship of a North Dakota child, or who reside in North Dakota and are parenting a child of adoption or guardianship. This online support is designed to connect adoptive and guardianship families together for support and resources across the state. This support group is currently family-driven, with oversight from the ND Post Adopt Network to monitor, intervene, and provide resources as appropriate.

In-Person Family Support Groups

In-person support groups are currently held in several regions throughout the state, including Fargo, Wahpeton, Grand Forks, Devils Lake, Bismarck, Dickinson, Minot, and Williston. Attendance varies for each region, and the content of the group is driven by family needs.

Support Groups for Adopted/Guardianship Youth

Supporting children who have been adopted is as equally important as providing resources and services to families. The ND Post Adopt Network uses a variety of adoption-competent resources to create a curriculum for adopted youth support groups across the state. These curricula include:

- W.I.S.E Up—Center for Adoption Support and Education (C.A.S.E.)
    - Creates a safe way for children to express their emotions and respond to difficult questions surrounding adoption
- Beneath the Mask—Center for Adoption Support and Education (C.A.S.E.)
    - During this six-week session, teens are given a safe place to tell their stories, do hands-on projects, and socialize with their peers. Activities used during sessions are inspired by the nationally recognized book, Beneath the Mask: Understanding Adopted Teens, by Debbie Riley. Participants may also be provided with a copy of the companion book, Beneath the Mask: For Teen Adoptees: Teens and Young Adults Share Their Stories.

Other Support Groups Outside the ND Post Adopt Network

The ND Post Adopt Network newsletter advertises support groups offered by the Regional Recruitment and Retention Coalitions that operate across North Dakota. Support Groups offered by the coalitions can include both foster and adoptive parent attendees.

Parent-to-Parent Mentorship

Peer support from parents who have experienced similar situations with their child(ren) is invaluable to parents who are in need of extra support. Parent-to-Parent Mentorship (also referred to as Informal Mentorship) is a voluntary, one-to one, supportive connection between parents who may share similar experiences. While each Parent-to-Parent relationship is different, and defined by the parents themselves, these connections can help provide important support when families are feeling overwhelmed or isolated. Catholic Charities North Dakota interacts with hundreds of adoptive families who may be interested in providing support to other families who may be struggling. Informal introductions are made when staff determine that two families share similar experiences.

Planned Activities

Once each month, the ND Post Adopt Network offers either a Family Gathering, Parents Night Out, or Kids Night Out activity in an effort to create connection among adopted youth and

adoption/guardianship families. Monthly activities are held in each quadrant, or surrounding areas of the state. All events need to be pre-approved by the ND Post Adopt Network Supervisor. Families must RSVP to the event and the Coordinators will document and monitor each family who is signed up. When families register to the event, the coordinator will ask for the names of all participants, ages/date of birth, when the youth was adopted or in guardianship, phone number, address, and email address. The coordinator will provide the family all necessary details of the event and notify them that a survey will be completed at the end of the event.

Family Gatherings

Family-oriented activities in the community (bowling, hockey games, etc) are planned and organized by the Post Adopt Network and adoptive families are invited to join. Family Gatherings are intended to promote cohesion and networking amongst the adoption community. This includes sixteen events per year (4 events in 4 quadrants throughout the state).

Budget: $500 per event (including parents and child pre-planned event)

- Pre-planned events may include bowing, a dinner, arts and crafts, a trampoline park, movie theater tickets, zoo tickets, museum entrance, clay your way or other art and crafts projects, etc.

Parents Night Out

Adoptive/guardianship parents attend a pre-planned event with other adoptive parents to increase connections within their network and enjoy some time away from home. Childcare is provided, and children also participate in a pre-planned activity, separate from their parent(s). This includes eight events per year (2 events in 4 locations throughout the state).

Budget: $350 per event (including parents and child pre-planned event)

- Parent pre-planned events may include a dinner, sports game, murder mystery dinner, musical, play, a training, etc.
- Child pre-planned events may include bowling, a kid's fitness center, a gymnastics center, a childcare center, trampoline park, outdoor park, etc. Food and/or snacks and drinks will be provided.

Kids Night Out

Adoptive/guardianship parents have the opportunity to bring their child to a pre-planned event so parents can enjoy a portion of their day to use their time however they wish. This provides a healthy mental break for parents and gives children an opportunity to connect with other adopted children. This includes sixteen events per year (4 events in 4 quadrants throughout the state).

Budget: $350 per event

- Pre-planned events may include bowling, a trampoline parks, movie theater tickets, clay your way or canvas painting party, a gymnastics center, a childcare center or indoor play park, a kid's fitness center, etc.

Camps/Retreats

Family Camps

Two annual family camps are planned and hosted by the ND Post Adopt Network each fiscal year, one in the winter and one in the summer. Camps include several sessions from a speaker(s) for the parents and several indoor and outdoor activities for the children, including a separate parent and child support group for those wanting to attend. Both camps also include family-centered activities and connection building tasks to promote cohesion within the family unit and larger adoptive family community. Each camp experience incorporates an evaluation process, asking for feedback from adopted youth and parents on their satisfaction of the event. This aids the ND Post Adopt Network in identifying needs and outcomes for future events.

Camp Connect is held in the summer and *Winter Retreat* is in the winter/early spring. Each camp is Friday evening through Sunday morning. AASK Adoption Workers and Post Adopt Coordinators are there to help out in case of a youth needing support. Families who wish to participate submit an application and a $50 refundable deposit per family member. The ND Post Adopt Network can accommodate approximately 10-12 families at family camps. The application is updated annually and posted on the ND Post Adopt Network website.

Parent-Only Camps

On an annual basis, adoptive parents are offered a retreat just for them (Adoptive Moms Retreat and Adoptive Dads Retreat) and include a speaker/training opportunity, activities to promote bonding and connection between parents, resources from the ND Post Adopt Network, and opportunities to reset and refresh.

Respite Grants

For families experiencing distress, periods of planned respite may prevent crisis or family breakdown that can lead to the family disruption and instability. Adoptive parents using respite services often experience feelings of guilt related to their need for respite services. They may believe that their own needs are insignificant. They may experience feelings of inadequacy when asking for help, or they may worry that using respite signifies that they have not lived up to their parenting responsibilities. It is important to recognize the power of guilt and convey the message to the parent that utilizing respite can help them be more effective as a parent. An adoptive family seeking respite must be able to develop trust in their respite provider in order to be comfortable with and benefit from their decision to access respite services. Respite providers must convey an attitude of understanding of the family situation from the onset, and assure that the unique needs of the child and the family will be addressed.

ND Post Adopt Network offers a limited amount of reimbursement through grants for respite services. These respite grants alleviate the financial burden of paying an outside source to care for their children and help parents to practice much needed self-care when parenting children with special needs. This is to assist in providing the caregiver an opportunity for a temporary rest from parenting duties. Respite provides short-term breaks for parents so they can relieve stress, renew their energy, and restore a sense of balance to everyone in the family.

To qualify, adoptive or guardianship families must have a youth under the age of 18 in their home. Adoptive/guardianship families must find their own respite provider. Drop-off childcare facilities are also accepted. Families can be approved for either 1) up to two overnights for $135 or 2) 15 hours of respite for $135 per child. ND Post Adopt Network has the right to approve or deny based on a case-by-case status and/or increase or decrease nights and/or number of hours based on need and available resources. ND Post Adopt Network has the right to approve or deny families based on discretion.

A respite plan will be developed for families using ND Post Adopt Network respite grant funds. The plan will outline the approved respite provider and the details regarding the use of the grant funds. Families who are approved to receive a respite grant must meet with their Post Adopt Coordinator at least once per month while the family is receiving the respite grant. During these meetings, the Post Adopt Coordinator will confirm that the respite plan is being followed and work with the family on any needed changes to the plan. These meetings also give the Post Adopt Coordinator an opportunity to provide support to the family, which in some cases may lead to a recommendation to the family for additional assessment and case management services.

Respite grants are approved one month at a time. Additional respite grants will be approved based on funds available and the number of applications received by the ND Post Adopt Network. Approximately six youth each month can be served through Respite Grants.

Crisis Response

Crisis Triage

The ND Post Adopt Network does not provide 24/7 crisis response services. In cases where families are experiencing a crisis and they are referred to the ND Post Adopt Network or are being supported by a Post Adoption Coordinator, the worker will facilitate the connection to services that are designed to meet those crisis needs. The Post Adopt Coordinator will follow up with the family to ensure linkages have been made to support resolution of the acute crisis and to offer additional support.

Crisis Prevention

While crisis response is not a service of the ND Post Adopt Network, through Case Management services, Post Adopt Coordinators can support families in learning strategies to better manage the challenging behaviors associated typically associated with a crisis event.

Children who have experienced early childhood trauma often do not have control of their internal thermostat. These children can become extremely upset over the smallest infraction, and be unable to calm themselves down, or be on the alert for any behavior that may be threatening to them. The outbursts that children who have been traumatized experience can be extreme and difficult to understand. Recognizing the triggers in advance is the first step in preventing escalation to a crisis. The Post Adopt Coordinator helps caregivers:

- **Identify the child's triggers**: Triggers are events, situations, interactions or times of the year likely to impact the child's behavior in a negative fashion. It is helpful for caregivers to keep a log of triggers as they become evident. It is important to note that children are often unaware of their triggers. Some common triggers are:
  - Holidays
  - Before or after contact with birth family
  - Bedtime
  - Therapy
  - Transition to a new school
  - Major household changes
  - Changes in home routine
  - Criticism from peers or adults
  - Confrontation
  - Physical, emotional, or experienced reminders prior traumatic events

- **Prevent, mitigate or manage the triggers:** Once triggers are identified, the role of the worker is to strategize with the caregiver to identify ways to lessen the child's response to the trigger(s). This includes trying to prepare the child as much as possible for the upcoming challenge and as well as giving caregivers an opportunity to reflect on how to best manage the event.

- **Understand the importance of a measured response:** The Post Adopt Coordinator reinforces with the family the importance of managing the child's response to these triggers in a calm, measured fashion. Responding to the child calmly in a way that focuses on the child's feelings and not on the child or child's behavior.[5]

Parent and Caregiver Questions about Out of Home Placement

In some cases, adoptive parents and guardians call the ND Post Adopt Network to request the placement of their child into out-of-home care. In these cases, the ND Post Adopt Network staff can offer an assessment (following the process outlined in this manual) to determine how best to assist the family in addressing the underlying circumstances that may indicate a need for out-of-home care. In cases where the assessment indicates a clinical need for a higher level

[5] Excerpted from the Team Approach to Partnerships in Parenting. Family Services of Metro Orlando, 2011.

of care, ND Post Adopt Network can help the family connect to Behavioral Health Services or to Children & Family Services for additional support in accessing appropriate therapeutic services if efforts to obtain the needed level of care through the parent's private insurance channels are unsuccessful.

If the family declines to participate in an assessment process with the ND Post Adopt Network, they will be provided with contact information for the appropriate resources to pursue on their own. The ND Post Adopt Network worker will conduct a follow up two weeks after the last contact made with the family to make another offer for post adoption services. If the family continues to decline, the Post Adopt Coordinator will encourage the family to contact the ND Post Adopt Network at any time as needed in the future.

Assessment

When an adoptive or guardianship family is referred to the ND Post Adopt Network or self-refers with concerns, the post adopt coordinator will conduct a screening to determine the most appropriate intervention or referrals necessary to meet the child and family's needs. In many cases, information and referral or a connection to an educational opportunity, support group or parent mentor may be all that is needed to meet the family's need.

In other cases, the initial screening reveals signs that the family could benefit from a more complete assessment. In these cases, the ND Post Adopt Network will conduct an assessment that is adoption competent, trauma-informed and family-focused.

Content

Murray & Sullivan (2017)[6] assert that "...adoptive families have unique clinical needs, including the need for postadoption mental health services that are adoption competent, trauma informed, and evidence based" and that "…the assessment process is the gateway to the provision of trauma-informed, adoption-competent services…" (p. 217). Unfortunately, adoption-related issues may not be evident in routine intake and clinical assessment protocols and may not capture important information about adoption (CASE, 2020[7]). Adoption-competent assessment should include: 1) a thorough examination of the impact of pre-adoptive risk factors known to impact post-adoptive functioning, 2) a biopsychosocial perspective that examines functioning within multiple systems, and 3) assessment of the unique issues that commonly impact adoptive families. Important domains to assess include (Miller & Sullivan, 2017):

- Child Trauma Exposure and Traumatic Stress
- Child Functioning
- Parent–Child Relationship and Attachment

[6] Murray, K. J., & Sullivan, K. M. (2017). Using Clinical Assessment to Enhance Adoption Success. Families in Society, 98(3), 217–224. https://doi.org/10.1606/1044-3894.2017.98.29

[7] Center for Adoption Support and Education (CASE), 2020. Training for Adoption Competency (TAC), Module 4. Center for Adoption Support and Education, Baltimore, MD.

- Parent Functioning
- Adoption-Specific Adjustment
  - Grief and loss
  - Unmet expectations
  - Openness in adoption
  - Understanding of adoption
  - Race and culture
  - Perception of permanence

In addition to working with the specific emotional challenges related to adoption (i.e. race, loss, identity, rejection), many youth are also exploring their Sexual Orientation, Gender Identity, Gender Expression (SOGIE). Given this, ND Post Adopt staff should also assess the challenges and needs associated with SOGIE issues that maybe impacting their clients.

The assessment process identifies child and family strengths and needs, explores important social relationships that may be sources of support for family members, explores the child's interaction patterns with others in the family, and determines the level of access and connectedness to resources in the community.

Cultural considerations and traditions as well as religious or spiritual considerations can also help Post Adopt Coordinators understand the overall context of the family. Exploring how connected the youth is to their culture including their observance of special cultural traditions, and customs is one place to start. Information related to tribal connections, if applicable, or other cultural considerations are also important as part of the assessment process.

The Seven Core Issues in Adoption and Permanency are widely known as a cornerstone in understanding the experiences inherent in adoption for all those involved, including the child, the adoptive parent(s) and birth parents. "These issues [loss, rejection, shame/guilt, grief, identity, intimacy and mastery/control] create dynamics in people's and family's lives that must be acknowledged and addressed in order for healthy authentic relationships to unfold", (Roszia & Maxon, 2019, p. 25-26)[8]. Loss is sometimes referred to as not only a core issue, but as the key issue in understanding clinical issues in adoption. Those working with adoptive families must be attuned to the behavioral, developmental and emotional manifestations of loss and grief, especially because unresolved grief and loss can lead to profound grieving that can interfere with daily living, negatively impact current relationships, and lead to depression, anxiety and other clinical problems (CASE, 2020). The book titled Seven Core Issues in Adoption and Permanency: A Comprehensive Guide to Promoting Understanding and Healing in Adoption, Foster Care, Kinship Families and Third-Party Reproduction, authored by Roszia and

[8] Roszia, S. K., & Maxon, A. D. (2019). Seven core issues in adoption and permanency: A comprehensive guide to promoting understanding and healing in adoption, foster care, kinship families and third-party reproduction. Philadelphia, PA: Jessica Kingsley Publishers.

Maxon in 2019 is a resource that provides robust information that can help Post Adopt Coordinators understand and assess the issues experienced by adoptive families.

Individual variables that are important to understand as part of the assessment process include (Roszia & Maxon, 2019):

- temperament
- level of resilience
- gender
- age
- cognitive and language ability
- mental, intellectual or physical disabilities
- genetic factors impacting personality type such as:
  - one's motivational system
  - level of curiosity
  - sensory sensitivity

In order to identify cultural and ethnic issues that may impact delivery of services, assessment interviews are conducted in a culturally responsive manner to identify resources and supports that can increase service participation and support the achievement of agreed upon goals.

Some of the behaviors seen in children who are adopted may also be connected to physical health. Enuresis and encopresis are sometimes seen in children who have experienced trauma. Food related concerns, such as hoarding, can also be present in children who have been adopted from foster care. Medical screenings can be an important supplement to the assessment process. The Post Adopt Coordinator can support this process by helping to connect the family to a medical professional who is well-versed in adoption issues, or can support the parent in communicating with the health care provider related to the child's adoption history to ensure medical evaluations are well informed. The QIC-AG has developed a fact sheet about adoption tailored for health care providers. This fact sheet is designed to raise awareness about the unique needs of children who have been adopted, and to provide concrete tips on how these professionals can effectively work with children who have been adopted. It can also be used by adoptive parents as tools for engaging their child's health care provider. The tip sheet can be found here: https://qic-ag.org/wp-content/uploads/2017/08/QICAG-Pediatric-Brochure-v07-Final.pdf.

Tools

Assessment Questionnaire for Caregivers

The ND Post Adopt Network created a questionnaire for families by selecting items from several scales and measures that have been developed to measure constructs including commitment, available supports, child development and knowledge of parenting, adaptability and family functioning, among others. These scales and measures where items for the questionnaire were drawn from include:

- Caregiver Commitment Items[9]
- Protective Factors Survey[10]
- FACES III[11]
- Functional Social Support Questionnaire[12]
- Brief Resilience Scale[13]
- Caregiver Strain Questionnaire[14]

This tool is used to gather additional information from the family during the assessment process to help inform the development of support plan goals and other case planning activities.

Developmental Challenges and Issues and Challenges Worksheets

The Post Adopt Network also uses the Developmental Challenges and Issues and Challenges worksheets from the CORE Teen curriculum to collect information about some of the most common behaviors that result from experiences of developmental and relational trauma, separation, grief and loss. The Developmental Disruptions worksheet allows for a review of the child's developmental history, both for information gathering for the coordinator and reflection

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[9] Caregiver Commitment Items were developed by the Illinois Post Permanency Surveys and collected/tested by the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign. See Rolock, N., White, K., Cho. Y., Zhang, L., Diamant-Wilson, R., & Fong, R. (2019). Evaluation results from Illinois-Final evaluation report. In Rolock, N. & Fong, R. (Eds.). Supporting adoption and guardianship: Evaluation of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)-Final evaluation report. (pp. 6-1 – 6-74). Washington, DC: Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

[10] The Protective Factors Survey (PFS) and the Protective Factors Survey, 2nd Edition (PFS-2) were designed for use with parents and caregivers participating in family support and child maltreatment prevention services. See Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. Child Abuse & Neglect, 34(10), 762-772.

[11] FACES III was developed to assess two major dimensions on the circumplex model: adaptation and cohesion of the family. The circumplex model is a classification system of 16 family types and three or more general types: balanced, mid-range, and extreme. The measure can be used with families across the life-cycle from newlyweds with no children to retired couples. The authors report that children over 12 years old can complete the FACES III to allow for comparisons between family members. See Olson, D.H. (1985). FACES III (Family Adaptation and Cohesion Scales). St. Paul, MN: University of Minnesota.

[12] The Duke-UNC Functional Social Support Questionnaire (FSSQ) is an eight-item instrument to measure the strength of the person's social support network See Broadhead, W. E., Gehlbach, S. H., de Gruy, F. V., & Kaplan, B. H. (1988). The Duke-UNC Functional Social Support Questionnaire. Measurement of social support in family medicine patients. Medical care, 26(7), 709–723.

[13] The Brief Resilience Scale (BRS) was created to assess the ability to bounce back or recover from stress. See Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. International journal of behavioral medicine, 15(3), 194–200.

[14] The Caregiver Strain Questionnaire is a 21-item measure of self-reported strain experienced by caregivers and families of youth with emotional problems, with responses on a 5-point Likert scale. See Brannan, A.M., Heflinger, C.A., Bickman, L. (1997). The caregiver strain questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. Journal of Emotional and Behavioral Disorders, 5(4) 212-222.

for the parent. On this worksheet, the child's probable or certain developmental disruptions are noted. The Issues and Challenges worksheet connects developmental disruptions to current behaviors. Because the Issues and Challenges Worksheet is organized by the areas of the brain associated with each behavior, the tool can help families make a connection between the presence of challenging behaviors and brain development, so that they can focus their parenting responses and interventions in areas most likely to make an impact.

Previous Records

If the client's family has other documents from past service providers or adoption history these may be used as well to provide additional detail and background to aid in the completion of the comprehensive assessment. Discharge notes from previous providers, biopsychosocial assessments, and mental health screenings and assessments are examples of the types of information that can be helpful. With the adoptive parent/guardian permission, records may be obtained from previous service providers to aid in the assessment process. A consent for release of information is required for information obtained from former providers or from DHS. Individual providers often have their own protocols to be followed related to the sharing of information. Note that while obtaining records can provide valuable background information, collecting collateral information can take time and the assessment process should not be unnecessarily delayed or stopped while awaiting records.

Process

When information for the assessment has been gathered, and the assessment tools used have been scored, the Post Adopt Coordinator will complete the ND Post Adopt Network Family Assessment template. The assessment template is an internal document that supports the Post Adopt Coordinator in summarizing the information gathered and helps to organize key elements of this information to begin shaping the support plan. The results of the assessment, such as scores on tools completed and the worker's impressions and interpretations of the assessment information should be shared with the family to promote to empower the family and model a transparent and trusting approach. This is typically done in conversation with the parent to help the parent put the information in context. With the support of the Post Adopt Coordinator, the family will be encouraged to identified potential areas of focus for the case management plan and begin to brainstorm actions steps toward those areas. More detail about prioritizing goals and developing goals and actions steps can be found in other sections of this manual. In addition, refer to the Appendix for two tip sheets: Talking About Sensitive Subjects and Key Actions in Priority Setting.

After referral of a family is accepted for casemanagement, the initial assessment should be completed within 45 days. The process of gathering the information needed for a complete assessment requires at least one face-to-face visit in the family's home. Additional face-to-face sessions and other conversations with the caregivers and the children in the family will be needed to gather sufficient information to complete the assessment. Whenever possible, use of virtual platforms should be considered when in-person sessions cannot be scheduled to allow more rich exchange of information to occur.

Case Management

Adoptive and Guardianship families need support, understanding, and immediate strategies to reduce stress. When asked what services families need, overwhelmingly families report they need support, competent and available service providers, assistance navigating the paperwork and referral process, and opportunities to connect with other families with similar experiences. ND Post Adopt staff can support adoptive and guardianship families, acting as a guide to helping the family navigate the challenges of identifying, locating, and accessing competent services. This should help to reduce stress and stabilize the family.

Case management services may include home visits or other in-person contact and contact via email or phone calls. Post Adopt staff educate families about tools and right time interventions, provide emotional support and necessary referrals, and collaborate with other service providers who may be working with the family.

Types of Case Management Supports

The following are the types of Case Management supports that are available through the ND Post Adopt Network:

- Service Navigation and Coordination
- Strengthening Social Supports
- Trauma-Informed Parenting Strategies and Relationship Enhancement
- Educational Advocacy

When developing a support plan, goals will likely fall into one of these four categories.

Service Navigation and Coordination

Families often reach out for assistance as they approach their breaking point. Many families are frustrated by their inability to find appropriate resources within their community. Navigating systems, completing paperwork all add to the challenges these families are facing.

When working with families to access needed services, the Post Adopt Coordinator can:

- Advocate and make referrals for services such as:
  - Mental health services such as counseling and psychiatric/psychological evaluations
  - Respite (using either Respite Grants or participating in Planned Events offered by the network or helping to access other respite opportunities that may be available in the community),
  - After school programming, summer programs, day care,
  - Tutoring and educational assistance, and
  - Vocational programs.
- Organize information for referral to a community-based, outpatient, mental health agency or other community resources.

- Refer or link families to services that address identified needs and the goals of the case plan.
- Assist families with obtaining and completing applications/paperwork required for services.
- Navigate service requirements and reduce barriers to accessing these services, such as assisting a family with application steps or helping to manage funding challenges (for example, there may be certain records or documentation that needs to be gathered to support the approval of funding for some services, such as a Certificate of Need for residential services).
- Facilitate multi-disciplinary meetings, as requested, that bring service providers together to develop effective service strategies.

- Refer families in need of legal advice to appropriate legal agencies versed in adoption and guardianship law.
- Coordinate with multiple agencies and community services to prevent duplication.
- Check in with families regularly to ensure service linkages are working as expected
- Remain up to date on current community resources and providers that are adoption and guardianship competent.

Strengthening Social Supports

Social supports are resources that address the emotional, relational, or companionship needs of families. In some cases, the social support strategies used by the family in the past may no longer be effective. This may cause stress to the caregivers. Some families may be seeing an increase in stress and a higher need for social support because of recent challenging behaviors, divorce, death, separation, physical health issues, or financial challenges. It is common for parents to experience social isolation as a result of parenting challenges. Many parents feel they are alone in their challenges and do not have anyone who understands. Kinship families may find themselves parenting young children while their peer groups are comprised of "empty nesters", which can result in loneliness and possible resentment.

When working with families to strengthen social supports, the Post Adopt Coordinator can:

- Listen and affirm the family's experiences and offer support by normalizing their situations.
- Allow parents time to describe challenges and vent frustrations.
- Connect the family with support networks of other families with similar experiences (camps, support groups, and other events hosted by the network can help with this).
- Refer the parents to relationship-building interventions if there is identified strain between partners/caregivers.
- Connect the family with opportunities for positive social interaction between their children and the community.
- Explore availability of social supports in the school setting.

Trauma-Informed Parenting Strategies and Relationship Enhancement

Children who have experienced early childhood trauma are impacted by long-term effects such as regulating their emotions, difficulty developing and keeping relationships, and challenges associated with attachments to caregivers. Development of trauma-informed parenting strategies includes activities that help caregivers identify strategies that enhance attachment, empathy, and communication with their child or children.

When working with families to develop trauma-informed parenting strategies and enhance family relationships, the Post Adopt Coordinator can:

- Offer one-on-one education about parenting strategies and tools that are specific the child and family's needs.
- Refer the family to community resources and/or share psycho-educational materials that address activities that support the development of trust and attachment.
- Work with caregivers to enhance their ability to increase their child's positive interaction within the community.
- Model effective communication strategies for caregivers to utilize with their child.
- Assist caregivers in modifying expectations of their child. Guide the caregivers to understand different developmental stages and common challenges for children in adoptive or guardianship families.
- Build caregiver's knowledge and understanding of trauma. Help families understand the impact of trauma on brain development (the Trauma Knowledge Masterclass and CORE Teen contain a great deal of useful information on this topic) and the following domains: emotional development, cognitive development, regulation of body functions, behavior, and social relationships (families can be directed to tip sheets and resources available on these topics).
- Provide information to families about relevant topics, such as: identity, birth family, normative developmental stages, and discipline.
- Assist the family in understanding their physical and/or mental health needs. Reinforce recommendations from therapists and/or medical providers. Teach the importance of medication management, attending medical appointments, and using anxiety management techniques.
- Model advocacy strategies by attending service meetings with the caregivers and assisting them with services requests.
- Help manage a child's challenging behaviors.
- Assist the family in identifying, preventing, and mitigating triggers that the child experiences. Strategize ways to identify and lessen the child's response to the trigger with the caregiver.
- Reinforce the importance of a measured response to behaviors that focuses on the child's feelings and not the child's behavior.

Educational Advocacy

Educational advocacy involves guidance on navigating complicated school systems and education-specific challenges a child may encounter. Children who have experienced multiple placements may be at a disadvantage for several reasons. First, frequent absenteeism can lead to falling behind their peers in the classroom. Second, unstable out-of-home placements, or frequent placement changes can result in multiple school changes. Finally, and perhaps most importantly to note, children who are impacted by separation, grief and loss or trauma often experience challenges with executive functioning skills, resulting in poor school performance or behavior-related concerns within the school environment. Adoptive and guardianship families report school challenges are among the most stressful they encounter, and many find school systems difficult to navigate. Parents or guardians may be required to attend frequent conferences or meetings. Family, work, and child-care arrangements may be impacted, escalating the level of familial stress.

When working with families to provide educational services, the Post Adopt Coordinator can:

- Help the family understand the impact of maltreatment and placement changes on school performance.
- Assist the family with the Individual Educational Plan (IEP), such as requesting an IEP, accessing supportive services, and how or when to attend school meetings that would be relevant for their child.
- Advocate and support the family by attending school conferences, meetings, or events.

Post Adopt Role When Other Systems are Involved

There may be some cases where a family is involved with a Human Service Zone or the Division of Juvenile Services. If this involvement includes a custodial relationship, making case plans and decision-making will likely need to include the assigned staff from these agencies.

The Post Adopt Coordinator can continue to be a resource to the adoptive or guardianship family during their involvement with Children & Family or Juvenile Services. Post Adopt Coordinators are typically able to focus on the parent and caregiver needs during these times, while the focus of the Human Service Zone or Juvenile Services tends to be more on the child. Post Adopt Coordinators can help advocate for what they family needs to the Children & Family or Juvenile Services systems, share information on history and services provided since finalization and help coordinate referral and service activities.

Intensive Need Development During Support Planning/Delivery

There will be cases where services do not diminish the stress and instability the family is experiencing. As the level of stress escalates and interventions are ineffective, the role of the Post Adopt Coordinator is to:

- Help the family understand the need to mitigate conditions that may escalate into a crisis.
- Respond to the family's call for assistance, providing supports and available concrete resources to reduce stress and stabilize the family.
- Refer the family to the community crisis stabilization resources.
- Assist the family in managing the many components of a crisis.
- Advocate for services for the family with crisis providers and attend meetings with crisis providers as necessary.

Not all crises can be prevented. Though crisis intervention is not a core component of the ND Post Adopt program, it is essential to help the family prepare for foreseeable challenges, before the family situation escalates to a crisis. Preparation should address the availability of immediate supports, besides the Post Adopt Coordinator. The Post Adopt Coordinator can help a family who is nearing crisis set priorities and effectively manage the crisis through support, education, skill building, and referrals to services.

Some important questions to explore with families to prepare for potential crisis situations are[15]:

- What does it look like when the family is doing well?
- What does it look like when the family is not doing well?
- What are early signs the family is not doing well?
- What are some things the family can do when things are not going well?
- What are ways that others can help the family when they are not doing well?
- What is not helpful to the family when things are not going well?
- When does the family know it is time to get help?

DEVELOPING A SUPPORT PLAN

Overview

Support Planning is the link that ties the findings of the assessment to the identification of goals. It also involves the selection of a set of services including both formal and informal supports to address the needs of each child, caregiver, and family. It is a collaborative, strength-based, and solution-focused process that empowers and motivates families to identify strategies that will help them address their needs and maximize their strengths. The supportive services provided by the ND Post Adopt Network aim to reduce familial stress and increase the family's skills in managing challenging behaviors; ultimately increasing the family's capacity for post-permanence stability and improved well-being. A Support Plan is developed for any family who receives case management services from the ND Post Adopt Network. The Support Planning phase begins after assessment is completed.

[15] From the Catawba County Success Coach Manual

The family's strengths and needs identified in the assessment process provide the framework for the development of the Support Plan. The plan provides a structure to follow and identifies needs and strategies to meet identified needs. The Support Plan describes what, how, when, and by whom the identified needs will be met. The plan allows all parties involved to inform the work.

Support Plans are dynamic and reflect all the work done or to be done with, by, and on behalf of the child and family. Although the Support Planning phase marks the end of the assessment phase, the Post Adopt Coordinator will continue to gather information and learn more about the family. The Post Adopt Coordinator will review support plan goals every three months after the plan is developed to document changes/progress on the Support Plan and will ensure a case note is entered to track progression as well. After six months, the assessment will be updated with any new information that has been gathered since the initial assessment was completed. The assessment questions will be administered again and the Post Adopt Coordinator will determine if there have been changes in scores that may indicate evidence of progress toward identified goals. Ongoing assessment will help the Post Adopt Coordinator track and adjust the Support Plan for relevance of interventions implemented. As support delivery begins to conclude, the Support Plan will educate families about issues that might occur in the future and helps guide services that can continue to provide needed supports after conclusion of case management services.

Developing the Support Plan

Using all available information, the Post Adopt Coordinator develops a Support Plan, which will include a summary narrative of the general functioning of each child in the home, the caregiver's functioning, and family functioning. The Post Adopt Coordinator will work with the family to develop goals for the identified needs. Developing a plan with the family is a collaborative process, incorporating the ideas of both the worker and the family. The Post Adopt Coordinator supports the planning process by making recommendations to the caregivers about appropriate goals and objectives to be included in the Support Plan. The Support Plan organizes case activity and is a tool for communicating with caregivers, children, and family members.

The written plan is then reviewed with the family for confirmation of the agreement on the plan. The plan must be completed and approved within 15 calendar days of the completion of the assessment (45 days of the family's case becoming active). COA requires that the family sign the support plan. The plan developed with the family is uploaded into ETO.

In summary, Support Plans:

- Are individualized;
- Are reflective of the assessment of the caregiver, child, and family strengths and needs;
- Include goals that address areas of need identified (or document other goals were selected);

- Identify the current community supports;
- Support family connections and utilize extended family support where appropriate;
- Recognize the importance of the adopted or guardianship child's birth and cultural heritage;
- Are consistent with the availability of adoption and guardianship competent providers;
- Are re-evaluated regularly to adjust to changing needs and capacities in the family.

Once a Post Adopt Coordinator begins working with a family, it may become clear the family needs services sooner than a support plan may be developed. When typical services are delivered immediately, it is easy to use those services to develop a support plan that is not individualized and underutilizes assessment results, client strengths, and informal resources. While it is crucial for the Post Adopt Coordinator to document these services and incorporate them into the support plan, the Post Adopt Coordinator must recognize that the goal of the ND Post Adopt program is not for the family to simply complete a task, service, or class. The goal is for the family to improve their ability to handle stress and challenging behaviors in a consistent and independent manner.

Using Assessment Data to Inform Goals

The gathering of information and the assessment process forms the foundation of the goal planning process. Using structured tools protects the family against services that are guided by the beliefs and values of an individual worker rather than services that are based on data. As noted previously, questions from the following assessments are used to help identify strengths and needs, and to inform the support plan:

- Caregiver commitment Items contained in the initial screening (measures level of caregiver commitment)
- Protective Factors Survey (measures family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development)
- FACES III (measures adaptability and cohesiveness in the family)
- Functional Social Support Questionnaire (measures levels of social support)
- Brief Resilience Scale (measures caregiver resiliency)
- Caregiver Strain Questionnaire (measures level of caregiver strain)
- Developmental Disruptions and Issues and Challenges Worksheets (explores child behaviors)

The Post Adopt Coordinator worker will review the answers from the Caregiver Assessment Questionnaire and meet with the family to discuss these results, which may help reaffirm the caregiver's concerns and validate their feelings and need for assistance. The assessment and subsequent conversations with the family about the assessment results can help identify:

- Behaviors of concern that could indicate underlying needs
- Strengths that can be reaffirmed and used to address needs

- Supports that can be strengthened
- Barriers to change
- Needed scope of support plan goals

Goals may be developed for children in the family, parents/caregivers or both children and parents/caregivers.

Focus Areas

As described above, the ND Post Adopt Network case management service provides support in four major focus areas:

- Service Navigation and Coordination
- Strengthening Social Supports
- Trauma-Informed Parenting Strategies and Relationship Enhancement
- Educational Advocacy

In most all cases, goals identified for the plan will fall into one of these four focus areas.

Exploring Solutions

The results of the assessments may clearly identify the need for certain types of supports or services, or there may be a need for the Post Adopt Coordinator to assist the family in identifying strengths and explore solutions. Support Plans need to incorporate the strengths of family members and identify interventions based on building and utilizing strengths. The following are techniques that may help the Post Adopt Coordinator gather information about strengths to assist with goal planning[16]:

- Miracle Question
    - The miracle question or "problem is gone" question is a method of questioning to invite the client to envision and describe in detail how the future will be different when the problem is no longer present. Another related technique involves asking the client to thinking about what might be possible in the foreseeable future (such as 3 months from now, or 6 months from now). Using this technique is intended to help uncover what may be needed to make improvements.
- Motivational Interviewing Skills to elicit information and produce change talk
    - Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. Motivational Interviewing is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. An appendix to this manual describes the stages of change that can help

[16] Suggested techniques from Success Coach Manual, Catawba County Social Services, 2015.

coordinators respond to families (in particular to caregivers) based on their change talk.

- Scaling Questions
    - Scaling questions invite clients to perceive their problem on a continuum, usually from 1 to 10, with one being the least desirable situation and 10 being the most desirable. Additional questions are then asked to encourage the family to describe what a higher position on the scale may look like. The family can then be asked to consider small changes that could be made to achieve a higher position.
- Ask what has worked and not worked in the past
    - Solution-Focused Brief Therapy techniques help clients think through ideas of how to see potential solutions by asking, "Are there times when this has been less of a problem?" or "What did you (or others) do that was helpful?" In addition, looking for exceptions can to a problem (times when a problem could occur, but does not) can be helpful in setting goals.

Writing Goals

Support Plan goals are developed using S.M.A.R.T. goals: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound:

- Specific: the goal is clear and identifies the specific action to be completed, who will complete the goal, and how the goal will be completed.
- Measurable: the goal describes how the action will be measured and how the team will know it is accomplished.
- Attainable: the goal is a small enough step to be achieved with the resources available, and the family is ready to begin working towards that goal.
- Relevant: the goal addresses needs and strengths identified through assessments, by the family, and by the Post Adopt Coordinator. The specific goal works towards meeting the broader goal for the family.
- Time-bound: the goal identifies a specific time frame for completion

Post Adopt Coordinators can use questions to help the family focus and identify a SMART Goal:

- Specific: "Could you tell me what you mean by 'things?'"; "What needs our immediate attention going forward?"; "Tell me more about what (better parent/less stress/get finances in order/better in school) means to you."
- Measurable: "How will you know you have met your goal?"; "How will you know you have made progress towards your goal?"; "What will be different when you are making progress towards your goal?"; "What will things look like when you have reached your goal?"; "If someone were watching you work on this goal, how would they know when you are successful at reaching it: what would they see?"
- Attainable: "How do you feel about being able to accomplish this goal in 6 months? A year?"; "What part of this goal do you think you could accomplish in a short time, like in

6 months? What would take longer (as a year)?"; "How realistic do you think it is that you could actually accomplish this goal?"

- Relevant: "In what ways does this goal support what we have agreed to work on together, our main reason for working together?"; "Are there any other goals that might make more sense for us to spend time working on together?"; "In what ways will accomplishing this goal help you meet our agencies requirements/mandates?"; "How will reaching this goal make your situation better?"
- Time Bound: "Let's add a time frame to the goal statement, when do you think you can accomplish this?"

An example of a SMART goal can be found in the Appendix.

Prioritizing Goals

In some cases, the Post Adopt Coordinator and the family may identify many different goals. In this case, the Post Adopt Coordinator must support the family in prioritizing the goals. When families are in the midst of crisis, prioritization of service goals is of critical importance. Prioritization is a process of clarifying needs and goals and then making decisions about what is most important or needed most quickly. It is an active process of deciding what actions are most important now, and a commitment of self and resources to that decision. Part of the priority setting process is looking ahead to the future consequences of actions or inactions. Selecting one goal over another will have a consequence. Thinking about the consequences of actions or inactions may help to determine priorities.

The first step is to take the time to explain to the family the importance or value in priority setting. Working on too many things at once can lead to frustration and a feeling of being overwhelmed. It is important to help the family understand that there may be areas of desired change that are significant, but that may be less important than others.

The second step is to help families clarify their concerns and define their needs. The results of assessments are an important part of the information to be considered in understanding and defining needs. The Post Adopt Coordinator might ask family members to select a domain area that best reflects their unmet need(s) and most important outcome. This helps to narrow the discussion, so that the family isn't focused (at the moment) on all the complexity of their needs. Further conversation with the family about these areas can help clarify the family's needs and concerns. Next, the Post Adopt Coordinator can help the family draft a statement that identifies the desired goal for each specific need. The goal statement could be: "We would like to have improved family relationships". Additional questions that can be posed to the family will help make this goal more specific and will be described later in the manual. Strategies to achieve this long-term goal (sometimes referred to as short or intermediate goals or objectives) can then be developed as the steps that get them closer to the identified long-term goal. Long term goals reflect the family's future desired state, while short and intermediate goals address needs that will get the family closer to that state.

The third step is to identify the criteria for selecting priorities. What is most important to the family? Are there areas of need that are causing more stress than others? Questions such as these can help guide the family toward an area or areas of focus. As part of this step, it is important to spend time with the family reflecting on the consequences and timing of one priority over another as this may also impact where to start. Will something get worse if it is not addressed quickly? Are there some areas of need were supports are already in place? For example, school related concerns may have some supports already in place through the educational system and therefore the family's attention might be better spent in another area of need.

Throughout the prioritization steps, the Post Adopt Coordinator should serve as a consultant to the process. Be honest with the family about the potential impact of addressing or not addressing certain issues. For example, an over-focus on school achievement that results in the parent monitoring homework, giving consequences for poor performance, etc. may cause significant strain on a goal related to improving family relationships. Likewise, working on too many goals at once can cause unnecessary frustration and further overwhelm the child or family. There is no required minimum or maximum number of goals that should be established as part of the support plan. Decisions related to the number of goals is dependent upon on the presenting concerns, the current capacities of the family and other factors such as the availability of resources and supports. The Post Adopt Coordinator can help families gain insights around these and other goal planning and prioritization issues that can help families be more successful.

Ultimately, it is the family's choice to make around goals, priorities and strategies.
It is also important to keep in mind that two families may have the same goal but for very different reasons and needs. The options available to these two families will therefore be different because of their individual circumstances and strengths. Options should always come out of the strengths and culture of the family and be in line with the family's readiness to change.

Safety Planning as Part of Support Plans

Developing Safety Plans

When supporting families who are experiencing high-risk behaviors, Post Adopt Coordinators may identify instances where a safety plan is useful. The CORE Teen curriculum provides many basic guidelines (described here) that can help parents and caregivers use safety plans as a concrete tool.

Safety plans can be created for many different types of challenging behaviors. Development of safety plans provide opportunities for the youth to pro-actively think through areas of high risk, develop the skills to recognize their own distress, acknowledge that some situations can cause harm to themselves or others, and collaborate on the steps that need to be taken to keep themselves and others safe. Safety plans are often developed with the help of a mental health

professional, but can be developed by the parent and youth when things are calm. In some cases, plans are created for or shared with schools to assure safety away from home.

The creation of a safety plan may be a part of a goal on a family's Support Plan, for example, "The Jones family will create a safety plan with Josh to help him manage aggressive behavior". When this goal is identified, Post Adopt Coordinators can help families with the development of the plan, however the safety plan should by created by families and youth, not by the coordinator. The safety plan is the family and youth's plan, and it is important that the safety plan is written in the family and the youth language. There is no one template or form that is used for a family's safety plan, rather the family and youth can use a simple sheet of paper to construct a safety plan. The basic elements of a safety plan typically include:

- Preventative strategies intended to reduce the occurrence of risk situations and make the environment safer
- Identifying warning signs or triggers (thoughts, feelings or behaviors)
- Coping strategies that can be used to mitigate the escalation of the targeted behavior
- Social supports that can be used or who may offer help
- Professional supports that are available

Safety Plans for Sexualized Behavior

When developing a safety plan for sexualized behaviors, the following elements should be considered:

- Identification of times and situations when the youth is most likely to have problems in all environments that the youth comes in contact with (i.e. home, school, community). Examples include:
    - When bedroom doors are shut and others are in the same room
    - When left unsupervised
    - When visitors come to the house
    - At night

- Clear guidelines for personal privacy and behavior. Examples include:
    - Doors are to stay open while playing with friends or siblings
    - An adult needs to be on the same floor (of the house) when with siblings or friends
    - No pets in the bedrooms or bathrooms
    - Never alone with pets
    - No room mates
    - No overnight stays with friends
    - Closed doors when using the bathroom

- Available supports, what their role is, and when supports should be accessed. Example:

- Mom or Dad will give Jane a stress ball to squeeze while watching television. A reminder will be given if needed, such as saying "Jane you are touching yourself in a way that is upsetting to the rest of us. Please keep your hands busy by squeezing the stress ball."

Safety Plans for Aggressive Behavior

Sometimes aggressive behaviors can become potentially dangerous. It is essential to have a safety plan and a supportive team to help parents and the youth manage potentially dangerous aggression. Safety plans for aggressive behavior should include the warning signs in a youth that indicate aggression is likely. Examples include:

- Making verbal threats
- Using abusive language
- Assuming threatening posture (e.g., with fists raised)
- Physically striking out at peers or adults

Plans should outline the responses that are helpful in de-escalating aggression. This includes strategies that are regulating for the youth, such as talking a walk, listening to music, or sitting on a swing. The plan may also identify what parents and caregivers should do (or not do) such as:

- Allow the youth space and time
- Do not lecture or argue when the youth is dysregulated
- Remain regulated and support co-regulation of the youth

Safety Plans for Self-Harming Behavior

Safety Plans can be a useful tool to use with youth who engage in self-harming behaviors. Safety Plans for self-harming behaviors should include:

- Specific warning signs that the parent or youth should look for. Examples:
  - What sorts of thoughts, images, moods, situations, and behaviors tell the youth they are feeling out of control or a crisis may be developing? Have the youth write these down in their own words.
- Specific coping strategies that work for the youth. Examples:
  - What are some things that the youth can do to help them not act on thoughts/urges to harm themself? Have the youth make a list of the things they can do to help distract them from self-harming thoughts.
  - Who can the youth call what can they do to take their mind off these self-harming thoughts? Ask the youth to list friends or social activities that can help them take their mind off these feelings and thoughts.

- Which family members can the youth call on for support? Help the youth make a list of family members (with phone numbers) who are supportive and who they feel they can talk to when feeling stressed.
- What mental health or other professionals in the youth's life who they can reach out to? Help the youth create a list of names, numbers and/or locations of therapists, local emergency rooms, and crisis hotlines.

Post Adopt Coordinators should remind families that any expression of suicidal ideation must always be taken seriously and assessed by a professional. Families should be encouraged to work with their youth's mental health professional to refine safety plans and review and update plans regularly.

Family Safety Plans

Post Adopt Coordinators may also suggest that the family create a Family Safety Plan. This plan can include the people who will respond in a crisis when the youth needs them most. A family safety plan should ask the following questions:

- What warning signs can identify that the youth may not be in control of their emotions?
- What has the family done in the past to de-escalate and manage a similar situation?
- What can the family do to remain calm and show their support?
- Who has agreed to provide support to the youth and your family in a crisis?
  - Professionals – Names and phone numbers
  - Family members – Names and phone numbers
  - Friends or neighbors – Names and phone numbers

Other things to consider for the Family Support Plan include:

- Is there a safe place the youth can go if they need to be away from the family?
- Are there help lines the parent or youth can call for support such as the Suicide Prevention Hotline, Mental Health Hotlines, or other hotlines in their community?

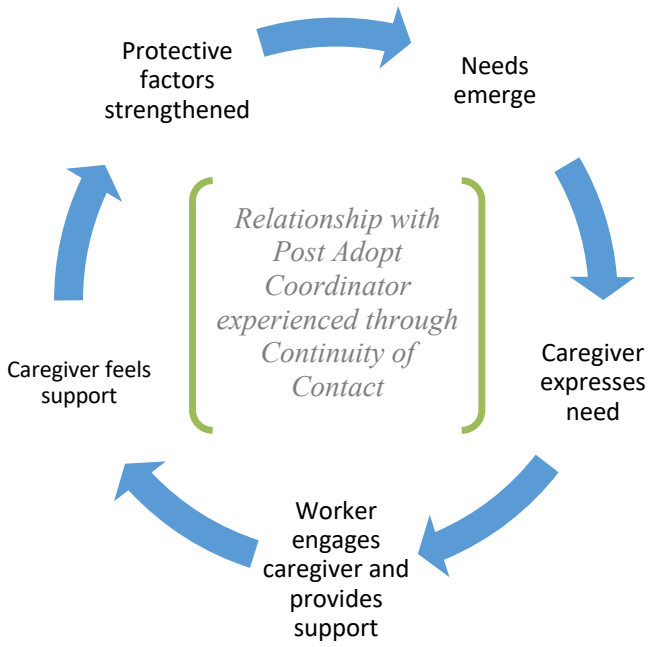
Monitoring Safety Plans

When a safety plan is identified as a goal on the family's Support Plan, the Post Adopt Coordinator can monitor the use of the plan and its effectiveness. Through this process, coordinators may support the family and youth in building the skills needed to support the plan's success (such as teaching and practicing coping strategies or providing psychoeducation about stress responses and triggers) and may also help the family and/or youth develop supportive resources to strengthen the plan (such as enhancing informal support networks or linking the youth and family to appropriate professional services related to the area of concern).

Negotiating the Level of Contact with the Family

During focus groups held in Wisconsin in November 2015, the QIC-AG heard from guardians and adoptive parents who described what they believed would be the most helpful in terms of support. In the case of adoptions from child welfare, several families shared the sentiment that approaching finalization can feel like dropping off a cliff. When the child is served by the child welfare system, a worker is available to the family and visits on a regular basis to help the family meet the child's needs. When parental rights are terminated, families go from a "decent support structure" to a diminished level of support with an adoption worker. After finalization, the family can feel like they have been "dropped off of a large cliff" as all formal support disappears. Families said that having a good worker; someone who can advise on expectations and appropriate responses, someone who will listen, be supportive, and normalize experiences is critical. Families also expressed the desire to talk to about their own needs, since the issues experienced by their children can trigger their own past issues. A home visiting structure is the basis to promote a relationship between the family and Post Adopt Coordinator.

As depicted in the visual, Post Adopt Coordinators respond to family needs which strengthen the protective factors in the family. The continuity of contact with the Post Adopt Coordinator is at the core of the cycle.



Face-to-face contacts are the primary mechanism for meeting needs and promoting the well-being of the child and the family. The quality and frequency of Post Adopt Coordinator visits is related to improved identification and provision of needed services and engagement of children and families in planning and decision-making.

As part of the planning process, a plan for frequency of contact with the Post Adopt Coordinator based on both present and projected needs is developed. Frequency of contact and the type of support provided to each family will be unique to the individual needs of the family and can be re-negotiated at any time in response to the level of familial stress. There are no minimum expectations for contact and no upper limits to the time that a Post Adopt Coordinator can spend with a family,

Post Adopt Coordinators may have contact with families at greater frequency than the established minimum levels; maintaining contact with the family as much as is needed for the family to remain stable. Contact that is less frequent than the minimum is not likely to have a significant impact on the progress of established goals and should prompt the Post Adopt Coordinator and family to explore if case closure may be appropriate. Families who request contact with very high frequency (such as more than one face-to-face contact per week for several weeks) may have needs that exceed the scope of the Post Adopt Coordinator. In these instances, the Post Adopt Coordinator shall discuss the level of contact in supervision.

During face-to-face contacts, the Post Adopt Coordinator will interact with all members of the family who are present to the extent possible. While Post Adopt Coordinator are not required to see children separately from their caregivers, individual time with the children in the home can be beneficial depending on the nature of established goals and maintaining a trusting helping relationship. Regardless of the frequency of contact, home visits with the family should be purposeful and connected to Support Plan goals.

Key Quality Contact Casework Activities[17]

Before the visit:

- Schedule
    - Consider the schedules of caregivers and children in identifying the visit time.
    - Consider the length and location of visits to support open and honest conversations.
- Gather information and review
    - Gather and review case documents and related data and information.
    - Review documentation of the last contact to ensure follow-up was completed.
    - Make any collateral contacts with key individuals in the case (e.g., therapist, treatment provider, doctor, school personnel) to assess the progress and concerns.
- Plan and Prepare
    - Set a clear purpose and agenda for the visit.
    - Identify issues and concerns to explore (with room for adaptation during the visit).
    - Consider and plan for worker safety.

During the visit:

- Engage and Collaborate
    - Review the objectives and agenda for the visit and incorporate input from the child and caregiver into the agenda.
    - Demonstrate genuineness, empathy, and respect for each family member.

[17] Excerpt of *Defining Quality Contacts*, Capacity Building Center for States, Children's Bureau, U.S. Department of Health and Human Services. Retrieved on February 20, 2018 from https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters/

    - Suspend biases and avoid judgements.
    - Make sure children and caregivers feel comfortable discussing challenges and needs.
    - Talk with adults and children or youth separately to allow for privacy in sharing concerns.
    - Communicate support and partnership.
    - Listen!
- Focus on the case plan, explore progress, and make adjustments
    - Assess child safety and risk (including identification of safety threats, vulnerabilities, and protective capacities).
    - Explore well-being of the child or youth and family.
    - Ask developmentally appropriate questions.
    - Discuss case goals, progress toward goals since the last visit, and actions needed – in language that all participants can understand.
    - Identify strengths and opportunities for the child or youth and family.
    - Identify concerns, changing circumstances, and challenges.
    - Observe what is happening in the home.
    - Discuss what the agency will do to support the family to meet identified needs and expectations for the child or youth and family.
    - Make needed changes to the case plan.
- Wrap up
    - Conclude visit with summary, next steps, and actions needed.
    - Make arrangements for the next visit.

After the visit:

- Document
    - Document key information, observations, and decisions in a concrete, concise, and nonjudgmental manner.
    - Record information, as appropriate and in accordance with agency policies:
        - Participants
        - Date and location
        - Assessment of safety
        - Child or youth well-being (related to health, mental health, development, behavior, education, social activities, and relationships)
        - Progress toward case goals and any changes to case plan or tasks
        - Concerns expressed by the child or caregiver
        - Observations on the home environment and interactions
        - Additional service needs
        - Cultural considerations
        - Follow-up activities and priorities
    - Highlight actions needed, the person responsible, and target dates for easy reference.
- Debrief
    - Discuss visit and key directions with supervisor.

    - Reflect on successful approaches during visits, challenges experienced, and areas for development in conducting quality contacts.
- Follow up
    - Follow up on commitments made and next steps.

Note that a printable version of this checklist can be found in the appendix for use as a tool to prepare for visits.

Finalizing and Approval of the Plan

Support Plan development is a collaborative process with the family and the Post Adopt Coordinator. If agreement or consensus cannot be reached with the family at the conclusion of the planning process, the Post Adopt Coordinator shall seek supervisor consultation to assist or offer advice about developing goals that are consistent with the identified priorities of the family.

Review and Evaluation of the Support Plan

Support Plans will be reviewed with families regularly and formally by documenting progress on Support Plan goals at least every 3 months or when the needs of the family change. The evaluation of the Support Plan to continue, modify, or end services is a formalized and structured process.

The family and the Post Adopt Coordinator will periodically assess whether the support and services in place are having the desired effect. Families may participate in the ND Post Adopt Network case management service if there is an identified need and goals in the service plan remain unmet. If the case remains open after six months of service provision, the family will be formally re-assessed. The re-assessment may inform modifications to the Support Plan, if services are to continue.

Support Plan Evaluation Process

Evaluating progress of goals established in written agreements is a continual process of tracking and adjustment. To understand changes and needs of the family, the Post Adopt Coordinator uses information obtained from monthly contacts with children, caregivers, collateral contacts, and the family team.

The Support Plan will be evaluated:

- At a minimum, every three months,
- When the family has experienced a significant event or change,
- When in the judgment of the Post Adopt Coordinator, a significant issue is emerging, and
- At Case Closure.

The goal of support delivery is to critically evaluate the changes the family made since the initiation of services and determine the next steps. The Post Adopt Coordinator will observe family functioning over time and gather the parent or caregiver's feedback with regard to their perceptions of change. Assessments to evaluate the family's progress towards completion of the Support Plan's goals may also be considered, such as an updated Assessment Questionnaire or Issues and Challenges Worksheet. The evaluation will identify needs that remain and include recommendations for continued supports. The family and Post Adopt Coordinator will address the effectiveness of providers, informal supports, services, or other strategies in supporting the family.

The evaluation of the Support Plan goals will be formally discussed with the Post Adopt supervisor and the worker will share the findings of the evaluation with the family.

Support Plan Update

The Post Adopt Coordinator will review support plan goals to update the Support Plan. The evaluation will include:

- Review of the identified goal,
- Begin and end date of the goal to determine how long the goal has been in progress, and
- Assessment of progress towards achieving the goal.

If the evaluation of the Support Plan reflects unmet goals, the Support Plan will be continued and, if indicated, modified to add or remove goals and/or services. The Support Plan may be updated as frequently as needed, but must be completed and approved at least every three months from the approval of the last support plan.

When assessment of the family reflects that stress has been mitigated, case closure should be explored. If the evaluation of the Support Plan reveals that goals have been met, the Post Adopt Coordinator will follow the Case Closure process described Documentation in ETO section of the manual.

Though the family may be ready for their case to be closed, helping the family anticipate future challenges is an important part of service termination. Stressors will likely remain. The skills the family has acquired, and additional supports established or strengthened will increase the family's resilience and capacity to manage in the future, without program support. As part of the discharge planning, the Post Adopt Coordinator will help identify services and supports that will be ongoing, or may be needed in the future. Clear information will be provided on accessing and obtaining these services.

Documentation

Support Plan

A Support Plan must be created and approved by the ND Post Adopt Network Supervisor within 45 days of the family's case becoming active.

The Support Plan must have all goals and services documented. The documentation of these goals must reflect the principles of Support Planning in this chapter, including being written as SMART goals, and reflective the family's needs and strengths as discovered through the assessment process.

OTHER CONSIDERATIONS RELATED TO SERVICE PROVISION

Transportation Needs

Families may have needs around transportation that can become a barrier to accessing services. The ND Post Adopt Network does not permit its staff to transport parents or children. Coordinators should support families in exploring alternative options for transportation and advocate with other service providers to mitigate access to barriers related transportation.

Use of Virtual Platforms for Service Provision

During the COVID-19 pandemic many human service and mental health providers found offering virtually-based services allowed families to access needed supports when they otherwise could not have due to challenges related to transportation or lack of childcare. These types of remote modalities may be considered in extenuating circumstances to ensure the continuity of the service and reduce barriers to service delivery during times when in person contact is not possible.

SUPERVISION

Supervision of ND Post Adopt Staff

Guiding Framework of Supervision

In the ND Post Adopt Network, there is an interest in ensuring that services are delivered in a manner that supports family participation in services. Supervision will help to ensure that services:

- Are family-based and engage the entire family, rather than just an individual within the family.
- Consider the development of family relationships, including how relationships are impacted by the length of time a child has been living in the family and the experiences of the child prior to living with the family.
- Support building on strengths and upon what is going well for the family.
- Are informed by the impact of trauma and loss, and how those factors influence developmental trajectories.
- Recognize the impact of separation and loss on individuals and families and the importance of attachment in creating healthy relationships.
- Are shaped by the unique challenges and strengths associated with adoption and guardianship families.

Types of Supervision

There are three types of supervision: administrative, clinical, and supportive/reflective. The function of administrative supervision is to ensure work is being performed as expected. Examples of the topics covered in administrative supervision include: paperwork compliance, tracking of tasks and other administrative procedures. Clinical supervision is concerned with teaching the knowledge, skills, and attitudes important to clinical tasks. During clinical supervision, client issues such as assessment, case planning, barriers to care, and other related issues are discussed. Supportive supervision is typically not separate from administrative or clinical but has the function of increasing job performance and decreasing burnout.

Supervision sessions allow for discussion of client issues and problems encountered, use reflective practices to enhance staff competencies, and give feedback regarding various work-related issues. Supervision is also used to review files and discuss program quality assurance/enhancement issues as well as weight of case load and the manageability of the caseload.

The ND Post Adopt Network Coordinators participate in one monthly formal supervision session per coordinator where all cases are discussed. The session covers all three types of supervision (administrative, clinical and supportive). Two additional check-ins are scheduled per month. These are not as long in duration, are more flexible, and are only focused on questions or something specific that needs attention. The supervisor is also available on a daily basis outside of regularly scheduled supervision times to provide necessary support and to discuss crisis situations that may arise.

Bi-Monthly group meetings are also provided for Coordinators to address skill development of the team, provide updates on referral resources, and for additional client case consultation.

Supervision Tips

Supervision is a reciprocal process between a worker and their supervisor. Each is expected to prepare for supervision sessions in order to ensure they are productive and contribute to improved practice and outcomes.

Preparation Tips for the Post Adopt Coordinators:

- Come to each supervision session prepared to present cases, it may be helpful to take notes during the week so that you don't forget what you want to cover at the next meeting.
- Identify any issue(s) where more guidance is needed and bring any relevant documentation and information related to the issue to the session.
- Openly disclose all relevant information about each case.
- Seek feedback and evaluation from the supervisor.
- Seek additional resources and references from supervisor.
- Be mindful of what is going well and what you would like to improve upon; chances are discussions of those positive occurrences can lead to learning something new.

- Consider topics that may not be directly client-related, such as an interaction with a colleague or a relevant news item.
- Comply with supervisor recommendations and directions, and be prepared to discuss the status of action steps taken at the next supervision session.
- Take notes during each supervision meeting, making sure to note any action steps to complete.

Preparation Tips for the Post Adopt Supervisor:

- Come to the session with the results of your review of assessments, support plans, and other documentation.
- Ask the worker to support conclusions with evidence and to justify approaches and techniques with reference to the professional knowledge base.
- Ask about the status of action steps from the previous supervision session.
- Provide recommendations to improve direct service.
- Discuss at least one concept that is not directly related to client care in each supervision session to provide information about professional development or current events.
- Provide information about self-care.
- Document each supervision meeting and share your notes with the worker.

Supervision as a Support to Staff Development

The process of supervision is critical in supporting the worker's ability to integrate the philosophical principles and essential functions into the delivery of ND Post Adopt Network services.

During supervision sessions, the supervisor should:

- Review cases and assist the worker to identify their own strengths and areas of growth during interactions with families.
- Review whether the principles and functions of the support services are being implemented as intended.
- Provide conceptual feedback (a way to give feedback focusing on the concepts first, rather than an account of what occurred) that relates to the essential functions and then illustrates the feedback with examples from various sources (observations, case reviews, etc.).
- Regularly assesses training needs and areas of desired growth.
- Use strategies to enhance staff confidence and the ability to deal with various family issues in the field.
- Support continual learning by providing ongoing education about services and resources that are available to families.
- Help staff be mindful and assess their own biases to be able to provide services that best meet the client needs based on evidenced based research.
- Reflect with staff on their own unmet needs that may affect their ability to meet the needs of families (e.g. unresolved trauma in their own histories that is triggered by issues within client families), and refer staff to outside support services when needed.

Reviewing the Work of Post Adopt Staff

In addition to providing ongoing opportunities for staff development, the supervisor's role is to ensure that key functions of the ND Post Adopt Network are being carried out as intended. Post Adopt Coordinators can benefit from the feedback of their supervisor in all phases of service delivery, with specific attention on the following areas:

- Strengthening initial engagement and contact with the family.
- Reviewing assessments to ensure Coordinators are using assessment tools as intended.
- Assisting Coordinators in conceptualizing case plan goals.
- Assisting Coordinators in maintaining healthy boundaries with families, including recognizing there may be some needs that the ND Post Adopt Network cannot address.
- Confirming that required documentation is completed based on agency-specific procedures.

Guidelines for Contacting Supervisors

Times when contact with the Supervisor MUST be made

- Anytime, 24 hours a day, seven days a week, when there are safety concerns for a client, the client's family, or yourself. If your direct supervisor cannot be located, contact must be made with the next level of agency staff.
- Any case with clients that presents a serious threat to self or others should be discussed daily with the supervisor during periods of instability.
- Anytime a youth is arrested; immediately if there are safety issues, violent offenses, weapon offenses, or media coverage.
- Anytime a youth has run away, has been locked out and/or is missing.
- A supervisor must be contacted when a youth is hospitalized.
- A supervisor must be contacted when it is believed there is need to make a CPS hotline report.
- A verbal or written request for records is made by client or caregivers.
- When you are requested to testify in court.

Times when contact with a Supervisor SHOULD be made

- When a client or other professional is not satisfied with services.
- Anytime you lie awake because you are worried about a case or yourself.
- Anytime you feel pressured to make a decision immediately and feel a better decision could be made with help.
- You are having difficulty defusing a client/situation.
- You are having trouble getting people to meet with you in person.
- You are triggered by the family/client.
- No progress/lack of progress is being made.
- You feel overwhelmed, tired, depressed, or anxious.

QUALITY ASSURANCE AND FIDELITY MEASURES

Surveys will be completed after each support group, monthly event, and camp experience. After a support group or monthly event is completed, the coordinator will send a list of the participant's names and emails to the Post Adopt Support Staff and request they send a survey monkey to the participants who attended the event. Participants will have fourteen days to complete the survey.

The supervisor will gather the results on a monthly basis. If there is follow up needed on any concerning feedback, the supervisor has seven days to follow up on any concerns and provide documentation to the AASK Assistant Director. Camp surveys will be completed at the end of each camp experience. The Post Adopt Supervisor will gather the survey results and request the Post Adopt Support Staff to compile and analyze the results in seven days after the end. If there are any concerns that are needing to be addressed in the survey results, the supervisor has seven days to follow up on the concern and provide documentation to the AASK Assistant Director.

The AASK Assistant Director will analyze feedback on a monthly bases and compile all results on a quarterly basis (July, October, January, and April) and provide to the AASK Director.

At the end of each month, the Post Adopt Supervisor will review Coordinator's ETO narratives, 2 year post finalization families, Active Families, and Case Management families to ensure accuracy and ensure quality assurance is being maintained.

DOCUMENTATION IN ETO

To connect into ETO

- Go to Internet Explorer.
- Completely delete whatever address is in the browser box at the top of the page and type: **web1.etosoftware.com** and click **enter**.
- ETO's Home Page will appear. Save this page to your Favorites.
- You can also access ETO's Home Page on CCND's intranet. It is in the list of Favorite Websites on the right side of the page.
- Once you are on ETO's Home Page, enter your Username and Password.
- ETO should automatically open to the Post Adoption Home Page. Please let Donna B. know if ETO opens to a different page so that she can change this setting for you.
- You can easily go to the other programs (*AASK (New), AASK Children and AASK Families). Look at the upper, middle portion of the page and you will see Post Adoption. Click "Post Adoption" and select which program you would like to work in.
- Key features of the Post Adoption Home Page:

- In the middle of the page, please note the Action Links. Almost all of your work in ETO will be centered on the Action Links. Use the links whenever possible.
- The Action Links can also be found in the green Navigation Bar located on the right side of the page. There are many links in the Navigation Bar and you will never use most of them.

Uploading a Document in ETO

The following are the steps needed to upload a document in ETO.

1. Scan and save necessary document to your computer. If pictures or cards, please ensure documents are in color.
    a. Save document with the title with the date and description of the item uploaded. **Example:** '10.10.2020 Family Pictures'
2. Go to the Post Adopt homepage in ETO. Click on 'Record Touchpoint'
3. In the dropdown, select 'Post Adoption – Category Upload'
4. You can either find the name listed, or search for the family in the search bar. Click on the family you want. Click 'Continue'.
5. Select the date at the top (Date will be when the item was given to Post Adopt).
6. Select the category the item will go under. Category descriptions can be found below.
7. Click the 'Select' button to select the uploaded document.
8. Click 'Save' or 'Save and Record Similar' if you have multiple uploads for the same family.
9. Remember to delete the uploaded document from your computer.

Descriptions of 'Category Upload Options'

- **Referral Form:** Post Adopt Referral Form
- **Birth Family Contact (Letters, pictures):** Cards, letters, pictures that are exchanged. Title save document with the date and description of the item uploaded. Example: '10.15.2020 Family Pictures'
- **Letters (Referral letters, non-birth family correspondence**): Referral letters for services, letters to request information, letter for search and disclosure.
- **Information and Referral (Only I & R past ETO documents):** Include ETO notes prior to 1/1/2020, when cases were not immediately made in Post Adopt ETO.
- **Emails:** Emails sent and received regarding the family.
- **Assessments:** Safety Assessments, family assessments, and assessments completed on the family.
- **Release of Information:** Any ROI's completed.
- **Intake Form:** Post Adopt Intake Form
- **Misc.:** Use this category sparingly! Most documents should be in a category above. Please talk to supervisor if you have questions.

To check if a family has been enrolled in ETO:

Prior to enrolling a family, always check to see if the family has previously been enrolled or is currently enrolled with Post Adopt.

1. *Click **View/Edit Client Demographics** on Home Page*
2. *Type in the last name of the family and check the **Include dismissed participants in results** box.*
3. *Verify demographic information by clicking the name and going to their dashboard*
4. *If participant is currently enrolled, they do not have to be reenrolled and all touchpoints can be added to the current dashboard.*
5. *If participant has been previously enrolled, however, has been dismissed, return to the Home Page and follow the enrollment instructions below.*

Enroll a Participant in AASK ETO:

1. *Start on Post Adopt Home Page, click **Participants** on the left column*
2. *In the dropdown click **Enroll Participants***
3. *Type the families last name in on the **Last Name** section (if not certain of the spelling, partial last names will also bring up families, just with a wider search)*
4. *If you are uncertain the names listed in the search match the family you want to enroll, change the **Sites and Program** search on the top right of the screen from **Post Adoption** to ***AASK (New)** and verify the participants information. Once verified return to step 3.*
5. *Check the box of the correct participant and make sure the **Program Start Date** is correct, as it will put the current date in as default. Click **Enroll Participant.***

   **keep in mind, if a family is a two parent household has adopted through AASK, the father's name will be listed as the head of household. Always try to link the Post Adopt information to the AASK dashboard, unless marital status has changed following adoption finalization.*

<u>Open a Participant in AASK ETO</u>

**New cases should only be opened if the family did not adopt though the AASK Program, such as International, Private, Out-of-State, Infant, or established Guardianship. Adoptions prior to the time before ETO was established, would need to be opened as a new participant.*

1. *Start on Post Adopt Home Page, click **Participants** on the left column*
2. *In the dropdown click **Add New Participant***
3. *Enter all information known about family. Leave blank any uncertain information, as participants can be edited at a later date.*

**Parent in contact with Post Adopt would be entered as the primary participant and does not have to be the father or "head of household".*

**Enrollment date will be date of initial contact*

<u>Dismiss a Participant in AASK ETO</u>

**Participants will be dismissed if no contact is made or contact is anticipated after a month of most recent contact*

1. *Start on Post Adopt Home Page, click **Participants** on the left column*
2. *In the dropdown click **Dismiss Participants***
3. *Enter last name of participant and search*
4. *Mark appropriate participant, enter dismiss date, and dismissal reason*
5. *Click **Dismiss Participant***

Family Information & Referral Contacts Report and Connecting to a Family's Case

The following are the steps needed to pull a report regarding all Information and Referral contacts for a specific family. Once that report is pulled, this information can be uploaded to a specific Touchpoint for that family in ETO.

10. Go to the Post Adopt homepage in ETO. Towards the bottom of the homepage, click "Family Information & Referral Contacts Report".
11. Click "Enter Date Taken (Start)" – this would be the beginning date of the time period that you would like gather information.
12. Click "Enter Date Taken (End)" – this would be the end date of the time period for which you are gathering information.
13. Click "Enter Name of Family" – the name has to be entered exactly like it is entered into the Information and Referral Contacts touchpoint. In the touchpoint, staff should be entering the name as follows: Smith, John.
14. Click "OK".
15. When the report pops up, it needs to be converted to a PDF so it can be uploaded into ETO. To do this, click the icon of a printer at the upper left hand corner of the page.
16. Click "Open" and click "File" in the upper left hand corner and then click "Save As". Save it in one of your folders or on your desktop. You will need to name the PDF – I would suggest naming it "Smith, John 3-1-18 to 4-11-19". You would use whatever time period is covered in the report for the dates.
17. Now you are ready to upload the report to ETO. Go to the Post Adopt homepage. Go to the middle of the homepage and click "Record Touchpoints".
18. Click "Select a Touchpoint" and click "Post Adopt – Family Information & Referral Notes".
19. Click the name of the family that you would like to upload the notes to. Click "Continue".
20. Enter whatever date that you would like to use for the upload.
21. If you are entering this information for another worker, chose the name of the worker.
22. Click "Select" and upload the PDF for that particular client (click open the folder that you saved the PDF in or go to your desktop. Click on the specific PDF and click "Open".
23. Once your PDF has been uploaded, you will see it in the touchpoint. Click "Save".
24. To review the PDF file in ETO, go to the homepage and click "View/Edit Participant Touchpoints" (it is located in the middle of the page).
25. Enter your client's last name and click it when it appears. You are now on the page with all of your client's touchpoints.

26. Click the tiny "+" next to "Post Adopt – Family Information & Referral Notes".
27. To view the notes, click the tiny "eye" icon on the right hand side. Click on the PDF.
28. To delete the notes, click the tiny trashcan on the right hand side.

Case Notes for Multiple Participants

Once in a while, you may want to enter the **exact** same case note for multiple clients who are not in a collection or for clients who had a collection but have been dismissed from ND Post Adopt. To enter the **exact** same case note regarding multiple people, please follow these steps:

- Go to the *ND Post Adopt Home Page.
- Go to the Green dropdown menu on the right hand side of the page. Click Touchpoints and then click **Record Touchpoints**.
- From the **Select a Touchpoint** drop down menu, click **Case Note Narrative**.
- From the **Select a Subject** drop down menu, click **Participant**.
- A list of names will appear.
- If the case note narrative is about dismissed clients, make sure to click **"Include Dismissed Participants"**.
- Click the small box ☐ to the left of the correct person's name. Repeat this step until all of the needed names are "clicked".
- Click **Continue** at the top or the bottom of the page.
- The Case Note Narrative Touchpoint opens. On the left side of the page, you will find a list of all of the chosen client names.
- At the top left of the page in the green bar, go to the Date Box. Enter the date of contact.
- **Next, if support staff are entering the case note, they need to select the name of the adoption worker who dictated the note. If the adoption worker is entering his or her own case note, this question can be skipped.**
- Complete the Case Note Narrative Touchpoint as you normally would.
- Click **Save**.
- A Success Box will appear if the case note was successfully entered and saved. Click **OK**.
- If you decide that you want to delete the case note for one particular client after it has been saved, the case note will be deleted for all of the clients, not just the one person.

Instructions for Narratives for families who have an Open Case with Post Adopt

On the main screen of ETO

- Click 'View/Edit Touchpoints'
- Type in family's name, click search
- Click on the desired family
- Click 'Take New Touchpoint'
- In the dropdown, click on 'Post Adoption – Case Note Narratives'

- Add the contact date at the top, complete the rest of the question and include your narrative at the bottom
- Make sure you click 'save' at the bottom when you are done

ETO Dictation Cheat Sheet

Touchpoint:

Case note and Narratives

Date

Time spent on contact

Name

Travel/ distance

Family Related Activity

Family Related Activity *

- Case Management
- Referral to Service Providers
- Advocacy for Services
- Supportive Counseling
- Education and Information
- Indirect Time/Efforts – supervision, all paperwork directly related to family
- Assessment
- Post Finalization Scheduled Phone Calls
- Post Adopt Introductory Meeting (CFTM, Finalization, Home Visits)
- Tribal Enrollment
- Birth Family Contact – exchange of gifts/letters/pictures
- Birth Family Contact – communication
- Birth Family Contact – supervised visits
- Related Activity for requests for birth records and search for birth family
- Respite Grant Activity

Contact Method

- Face to face- Client
- Face to face-collateral
- Phone call-client
- Phone call-collateral
- Meeting
- Mail/email/fax/text
- Indirect time- supervision, paperwork, staffing, etc.

Narrative

Touchpoint:

Information and Referral Contacts

Date

Time

Name of family (last name first) *(if name is not given, put "no name given-roll of caller)*

How did the caller hear about the service?

- Post Adopt Toll Free Information Line
- Website
- Brochure
- Another Adoptive Family
- AASK worker
- PATH worker
- County worker
- Support group
- 211 helpline
- Welcome Packet
- Post Adopt Worker
- Other: _____

Relationship to the Child:

- Parent
- Sibling
- Grandparent
- Birth parent
- Mental health professional
- Physician
- Social worker (type: school, hospital, tribal, adoption, foster care)
- Other: _____

Type of adoption (check all that apply):

- Subsidized Adoption
- International Adoption
- ND infant/domestic Adoption
- Identified adoption
- Out-of-state adoption
- Relative Adoption
- Subsidized Guardianship

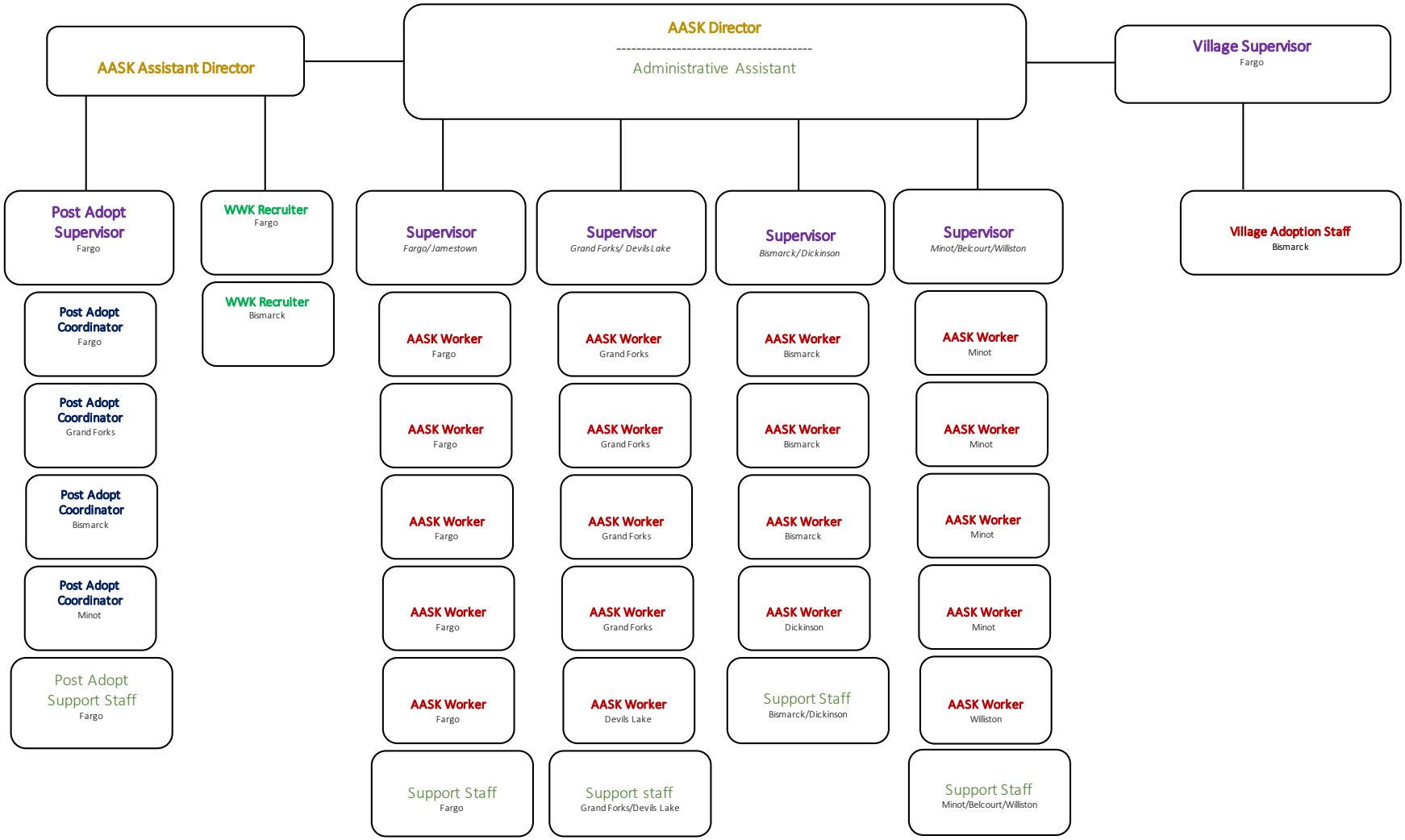
- Unsubsidized Guardianship
- Foster family adoption
- Pre-placement
- N/A

Reason for contacting post adoption services: *(If I reach out, check "other")*

- Information
- Referral for Services
- Crisis Situation
- Searching for Support Groups for Adoptive Parents
- Searching for Support Groups for Adoptive Youth
- Mentoring
- Training
- Advocacy
- Case Management
- Pre-placement information
- Respite
- Search for Birth Family/Adoption Records
- Other: _____

Narrative:

NORTH Dakota | Human Services
Be Legendary.



NEED TO ASSIGN NUMBER
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POST ADOPT COORDINATOR ORIENTATION CHECKLIST

Post Adopt Social Worker: _____

Date Started: _____ Supervisor: _____

Upon completion, a signed copy needs to be added to worker's personnel file with the agency of hire.

To Be Completed Within **7 Days** of Employment: Date Completed:

- Read and sign the Post Adopt Coordinator Job Description _____
- Complete all necessary agency hiring paperwork _____
- Review hiring agency's policies and procedures _____
- Obtain all necessary phone numbers for staff, county workers, regional offices, AASK offices, etc. from supervisor _____

To Be Completed Within **30 Days** of Employment:

- Review the AASK manual in its entirety _____
- Review computer programs pertinent to position (Outlook, Shared Calendar, ETO, WORD, etc.) _____
- Review adoption process in its entirety with supervisor or another worker (flow charts) _____
- Review Supervision Guidelines with supervisor _____
- Review ICWA policies/procedures as it relates to the job _____

To Be Completed Within **2 Months** of Employment:

- Attend 2-3 of the following Regional Child & Family Team Meetings: _____
- Read adoption resources as assigned by supervisor
  - Resource #1: The Seven Core Issues of Adoption' _____
  - Resources #2: _____ _____

To Be Completed Within 3 **Months** of Employment:

- Attend hiring agency orientation _____
- Read adoption resources as assigned by supervisor:
  - Resource #1: _____ _____

To Be Completed Within **6 Months** of Employment:

- Meet with program director to review: *Director's Initials*
  - Program History _____ _____
  - State Adoption Law and Practice _____ _____
  - Adoption Assistance Overview _____ _____
  - Other information as presented by director _____ _____

To Be Completed **When Offered** within the first year of employment, or as soon thereafter as possible:

▪ Observe and participate in the following with co-worker:	*Staff Initials*	Date Completed:
▫ Shadow home assessment process in its entirety	_____	_____
▫ Attend an inquiry meeting	_____	_____

	Date Completed:
▪ Attend an adoption placement	_____
▪ Attend an adoption finalization	_____
▪ Attend a Coalition Meeting	_____
▪ Complete Spaulding's Core Adoption Competency Curriculum	
CAP Curriculum	_____
FAP Curriculum	_____
Decision Making Curriculum	_____
Post-Adopt Curriculum training	_____

▪ Complete Child Welfare Certification Training

- ▫ Week #1 Date: _____
- ▫ Week #2 Date: _____
- ▫ Week #3 Date: _____
- ▫ Week #4 Date: _____

▪ Attend PRIDE	_____
▪ Complete PRIDE Train-the-Trainers training	_____
▪ Complete PRIDE Mutual Family Assessment Training	_____N/A_____
▪ Attend Annual Indian Child Welfare Conference	_____N/A_____

_____ _____

Post Adopt Coordinator Date

_____ _____

Post Adopt Supervisor Date

Additional Resources Reviewed:

_____

_____

_____

_____

_____

Initial Contact Sample Script

Hi, is this [Name of adoptive parent or guardian]? This is [Name of Post Adopt Coordinator]. I am calling from the ND Post Adopt Network. How are you today? Do you have few minutes to talk? The reason for my call is to confirm that you have received our Welcome Packet and to share a bit more about what the ND Post Adopt Network has to offer. Did you receive a Welcome Packet prior to your finalization?

If no Welcome Packet received:

- *I am sorry that have not received the packet. I am happy to send you one. Can I confirm your mailing address? I am happy to tell you more about the ND Post Adopt Network while I have you on the phone. Would that be okay with you?*

    If no: *Is there a time that would better for you?*

If Welcome Packet received:

- *Have you had a chance to review the packet, and if so, are there any questions about what you saw?* Continue with the below after answering questions.

The ND Post Adopt Network can provide access to educational resources, connections to support from other adoptive and guardianship families, and case management and advocacy services when the need arises. All of our services are provided at no cost to you. We offer support groups in various locations across the state. These groups as well as our camps are a great way to meet other adoptive families, share joys and sorrows, vent, and possibly develop close friendships with others who understand your unique situation. It looks like the closest support group to you meets next on [provide date, time and location]. We also sponsor Family Camps, Parent Retreats and other planned events that help connect you to the supports of the network. You can find information about these events on our website and in newsletters that you will receive from us. The ND Post Adopt network also offers case management services, which can include helping you navigate the challenges related to accessing services, providing emotional support, helping to strengthen your parenting strategies and supporting you when securing supports in the school setting.

Do you have any questions about what I just covered?

We reach out to families on a regular basis after finalization to check in and to make sure you know about what's happening in the ND Post Adopt Network. We have an email distribution list where we send monthly notices about events happening in the network. Can I verify your email for our list?

Thanks for taking a few minutes to speak with me today. Remember you can always reach out to us to access any of the services we offer—we are happy to help both now and in the future. Have a good day!

Additional Post Finalization Call Script and Welcome Email Examples

1st call after finalization:

Hi [Name of Family], this is [Name of Coordinator] from the North Dakota Post Adopt Network through the Adults Adopting Special Kids (AASK) program! Is now a good time to talk? As an adoptive family through AASK, you are automatically invited to be a part of any and all services provided through the ND Post Adopt Network. We provide services to all adoptive families (infant, international, and domestic adoptive families and families who have adopted through foster care) and to families providing guardianship to children in their home. I would love to welcome you to ND Post Adopt and tell you a little about the services we have to offer. I see you finalized your adoption of [child's name] on [date]. Congratulations! How are things going? Now that you have finalized, you are part of our network and we are here to support you. We offer support groups, host family adoption/guardianship camps, offer monthly events and webinars (training for adoptive and guardianship families) provide referrals, offer a listening ear, brainstorm ideas, attend school or other meetings with you as a support, and can assist you in finding resources you may need. I will follow up our conversation with a welcome email. I see your email address is [confirm email on file]. Do you have any questions for me or any concerns? I will be calling you every 6 months for the first two years to check in on you, but I am available to talk whenever you need assistance.

If no answer:
Leave a message according to whether it is an identified voicemail or not (if they state their name, you can leave a more detailed message).

Hi [Name of Family]. This is [Name of Coordinator] from ND Post Adopt. I would love to welcome you to ND Post Adopt and tell you a little about the services we have to offer. We offer support groups, host family adoption/guardianship camps, provide referrals, offer a listening ear, brainstorm ideas, attend school or other meetings with you as a support, and can assist you in finding resources you may need. I will follow this message with a welcome email. Please feel free to contact me with any questions.

If the answering machine does not identify the person, leave a less detailed message.
Hi [Name of Family]. This is [Name of Coordinator]. Please call me at [phone number]. You may also check your email for a message from me.

Follow up email:
Hi [Name of Family]. Congratulations on your adoption of [child's name]! (If you talked to them on the phone you can add that it was nice talking with them). I wanted to introduce myself and welcome you to the Post Adopt Network.

We have a website, public Facebook page, and a private Facebook online support group page. We share upcoming trainings and events on our website and Facebook page. We offer support groups around the state and we are also available to visit with you, offer support and help find

resources that will help you on your adoption journey. We are here to answer the simplest of questions and to support you in your most difficult dilemmas, therefore please reach out to us with any questions you have or support you may need.

Our resources include:

Website: www.ndpostadopt.org – support groups and upcoming events are posted on the calendar

Facebook page: ND Post Adopt Network

Online support Facebook Page: ND Post Adopt Network Online Support Group – this is a closed Facebook page you will need to answer the questions in order to be approved. Only adoptive parents are allowed on this page.

[If the family is near a support group location include that information here].

We would love to send you a monthly newsletter and occasional mailings. To do this, I would like to verify the following contact information:

Email Address: [add email address on file]
Mailing Address: [add address on file]

Our newsletter contains upcoming educational opportunities, Post Adopt Camp dates and applications, parenting tips, and upcoming support groups. All services through the ND Post Adopt Network are free of charge.

I would love to hear about your adoption journey and if there is anything we can be of assistance to you and your family. You are always welcome to reach out at any time. I look forward to meeting you!

Sincerely,
[Name of coordinator]

Next two 6-month calls:

Hi [Name of Family]. This is [Name of Coordinator] from ND Post Adopt. I am just checking in on you and your family to see how things are going since your finalization. Are you getting our monthly newsletter? Great! Anything you would like to discuss? I will call you back in 6 months. Thank you and have a great day!

Final Call after 1 year:

Hi [Name of Family]. This is [Name of Coordinator] from ND Post Adopt. We have been reaching out for two years now so this is my last check in phone call with you. How are things going? Great! I won't be calling you every 6 months, but you are welcome to call me with any questions you have along the way. We are here to support your family anyway we can.

ND Post Adopt Network Referral Form

If you are a parent/family wanting services, please call or email us to access services.

If you are a referral source, complete this form and scan/email, or mail this form to the address located below and a ND Post Adopt Coordinator will follow up with you. You can also contact ND Post Adopt Network by phone: toll free 844-454-1139 or at postadopt@catholiccharitiesnd.org.

Mail:
ND Post Adopt Network
Catholic Charities North Dakota
Attention: Post Adopt Supervisor
5201 Bishops Blvd Suite B
Fargo, ND 58104

Referring Agency

Name: _____ **Date:** _____

Agency: _____

Address (City, state, zip): _____

Phone: _____ **Email:** _____

Family Information

First/Last Name: _____

Address (City, state, zip): _____

Cell Phone Number: _____ **Email:** _____

The total number of foster and/or adopted youth currently in the household: _____

Child/ren's Name(s) and ages: _____

_____

_____

Which of the following best describes the family's adoption/guardianship experience(s)? This will help us provide resources that are most relevant to the family:

☐ Adoption through Adults Adopting Special Kids (Date of finalization): _____
☐ Guardianship (Date of Court Order): _____
☐ Private Adoption (Specific agency, if applicable): _____
☐ International Adoption (Specific agency, if applicable): _____
☐ Adopted through another State (Specify State):_____

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Based on the list below, are there specific resources the family is searching for? (Select all that apply)

- ☐ Referral for therapeutic services
- ☐ Mentorship support
- ☐ Community Resources
- ☐ Training and Education
- ☐ Information and Referral
- ☐ Contact with Birth Family or Adoptive Family
- ☐ General Inquiries and/or Questions
- ☐ Short-Term Crisis Intervention Services
- ☐ Supportive Services
- ☐ Adoption/Guardianship Parent Support Group
- ☐ Camp Connect/Winter Retreat
- ☐ Other: _____

How did you learn about ND Post Adopt Network?

- ☐ County Worker
- ☐ AASK Adoption Worker
- ☐ CPS Worker
- ☐ ND Post Adopt Website
- ☐ PATH Employee
- ☐ Department of Human Services
- ☐ Facebook
- ☐ Other: _____

Additional Information:

_____

_____

_____

_____

Authorization to Contact Family:

By checking this box you acknowledge that you have received authorization directly from the family to share their contact information with ND Post Adopt Network in order for a Post Adopt Coordinator to contact the family directly. Failing to receive authorization will prevent ND Post Adopt Network from contacting the family.

☐ I have received authorization from the family.

Does your agency want to be notified of the family utilizing Post Adopt services?

☐ No ☐ Yes *If yes, a completed ROI must be attached*

For Office Use Only	
Coordinator Assigned:	Date Assigned:
Date Agency was notified, if applicable:	
Supervisor Signature:	Date:

Catholic Charities North Dakota

NORTH DAKOTA POST ADOPT NETWORK
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Post Adopt Inquiry Form

INQUIRY INFORMATION	
Date:	Time:
Post Adopt Coordinator:	Received By: ☐ Phone ☐ In Person ☐ Email
IDENTIFYING INFORMATION	
Name of Parents:	Phone Number:
Address:	Email:
City, State, Zip:	

NAME OF CHILD(REN)			
Name	Date of Birth/Age	(Circle one)	Date of Adoption/Guardianship
		Bio / Adopted / Guardianship	
		Bio / Adopted / Guardianship	
		Bio / Adopted / Guardianship	
		Bio / Adopted / Guardianship	

How did the person contacting hear about PA services?

Type of Adoption/Guardianship:

Reason for contacting Post Adoption Services:

NOTES: (Give nature and extent of current and past problems, adoption history, and birth family history/trauma. Include diagnosis, providers involved with the family, and medication.)
BE SPECIFIC. ANSWER WHO, WHAT, WHEN, WHY, HOW OFTEN

ND Post Adopt Screening Questions

Name of Family: Name of Post Adopt Coordinator: Date of Screening:

Please read each statement and answer options below to the caller and place an 'X' in the box that best describes their situation. Give only one answer per row.	Every day	A few times a week	Once a week	Less than once a week	Never
A. How often have you or your significant other struggled to appropriately respond to your child in the past 30 days?	5☐	4☐	3☐	2☐	1☐
B. How often have you or your significant other experienced stress as a parent in the last 30 days?	5☐	4☐	3☐	2☐	1☐
C. How often have you or your significant other struggled to effectively manage your child's behavior in the last 30 days?	5☐	4☐	3☐	2☐	1☐
D. How often have you or your significant other felt stress as a result of your child's educational needs in the last 30 days?	5☐	4☐	3☐	2☐	1☐
E. How often have you or your significant other felt stress as a result of your child's developmental needs in the last 30 days?	5☐	4☐	3☐	2☐	1☐
Please read each statement and answer options below to the caller and place an 'X' in the box that best describes their situation. Give only one answer per row.	Not at all warm	Slightly warm	Moderately warm	Very warm	Extremely warm
F. Which phrase best describes your relationship to your child?	5☐	4☐	3☐	2☐	1☐
Please read each statement and answer options below to the caller and place an 'X' in the box that best describes their situation. Give only one answer per row.	Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident
G. How confident are you that you can meet your child's needs?	5☐	4☐	3☐	2☐	1☐
Please read each statement and answer options below to the caller and place an 'X' in the box that best describes their situation. Give only one answer per row. Please note that any response in the green shaded box requires follow up questions as shown on page 3.	Always	Usually	Sometimes	Rarely	Never
H. How often do you think of ending the adoption or guardianship? Would you say…	5☐	4☐	3☐	2☐	1☐

ND Post Adopt Screening Questions

Additional Questions to ask if positive response to screening question: "How often do you think of ending the adoption or guardianship? Would you say…"

If you have considered ending this adoption or guardianship: Have you or your spouse/partner ever taken any of the following actions to end this adoption or guardianship?

a. Spoke with a caseworker, adoption agency worker, or social service agency worker about it	1☐ Have done this	2☐ Have not done this
b. Spoke with an attorney about it	1☐ Have done this	2☐ Have not done this
c. Spoke with a close friend or family member about it	1☐ Have done this	2☐ Have not done this
d. Spoke with clergy or religious leader about it	1☐ Have done this	2☐ Have not done this
e. Reached out online or via social media	1☐ Have done this	2☐ Have not done this
f. Spoke with others? (specify:)	1☐ Have done this	2☐ Have not done this

↓

DESCRIBE BELOW:

Is there any additional information you would like to share about these actions?

ND Post Adopt Screening Questions

☐ If the caregiver answers **any** question with a response in the green boxes, a recommendation for further assessment should be made. Proceed with the following: Your family may benefit from supportive services that are individualized to your family's needs. Would you be willing to meet with me to talk more about what's happening in your family?					☐ If the caregiver **does not** answer any question with a response in the green boxes, a recommendation for educational opportunities and/or support group may be most appropriate. Proceed with the following: Participating in educational opportunities and/or support groups may help you learn new ways to manage stressful experiences with your child. Would you like more information about either or both of these?		
☐ If the caregiver **is willing** to participate in an assessment, set up a home visit to begin the process.		☐ If the caregiver is **not willing** to participate in an assessment, offer information about support groups and other supportive services. Ask: Would you be willing to answer a few questions about why you do not want to participate in an assessment at this time?			☐ If yes, provide the caregiver with information about upcoming educational opportunities and/or support groups.		☐ If not, ask the caregiver if they would like to remain on the distribution list and invite the caregiver to contact the ND Post Adopt should further needs arise.
		☐ If yes, gather ask about the reasons that an assessment is being declined. Ask the caregiver if they would like to remain on the distribution list and invite the caregiver to contact the ND Post Adopt should further needs arise.	☐ If no, ask the caregiver if they would like to remain on the distribution list and invite the caregiver to contact the ND Post Adopt should further needs arise.				

Cover Letters for Tribal Application Process

Date

Family Name
Address
City, State, ZIP

Dear Mrs. _____,

It was great speaking with you today and I am happy to assist you in the process of enrolling your son in Tribe's Name. Please complete the included Tribal Enrollment form and the SFN 940 Search/Disclosure Request, which will need to be notarized. Catholic Charities North Dakota offers free notarization. Please return the Search/Disclosure Request form and the completed Tribal Enrollment form to me in the included stamped envelope. Once the forms are returned to my office, I will forward all necessary documents to the North Dakota Adoption Administrator.

Please let me know if you have any questions, 701-356-7985.

Sincerely,

Morgan Nerat, MSW, LBSW
AASK Assistant Director
5201 Bishops Boulevard, Suite B
Fargo, ND 58104
morgann@catholiccharitiesnd.org
www.ndpostadopt.org

Date

Julie Hoffman
Administrator, Adoption Services
NDDHS, State Capitol, Department 325
Bismarck, North Dakota 58505

Dear Mrs. Hoffman,

I am working with Parent's Name, adoptive mom to Child's Name. Child's Name would like to enroll in Tribe's Name Tribe and has requested that his mom complete the necessary paperwork for enrollment purposes.

Enclosed is the following:

- SFN 940 Search/Discloser Request;
- Tribe's Name Tribe Application directions;
- Tribe's Name Tribe Enrollment Form;
- Certification of Birth;
- A copy of Child's Name Certification of Birth;
- Child's Social History Form (has his original social security number listed on this form);
- Copy of the Adoption Decree;
- Copy of Child's Name current social security card;

Please let me know if there is additional information you require.

Sincerely,

Morgan Nerat, MSW, LBSW
AASK Assistant Director
Catholic Charities of North Dakota
5201 Bishops Boulevard, Suite B
Fargo, ND 58104
701-356-7985

NORTH DAKOTA POST ADOPT NETWORK
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Gift / Letter Exchange

Date: _____ **Worker Accepting Items:** _____

Worker's Office Location: _____

Item(s): _____

Drop Off Information

Name of person dropping off items: _____

Phone Number: _____ **Email:** _____

Relationship to the Child: _____

Child/ren's Information

Adoptive Family Name: _____

Child/ren's Birth Name and Date of Birth:

_____

_____

_____

_____

Estimated Date Adoption Finalization: _____

Agency the child/ren was adopted through:	**Who is the item for:**
☐ AASK ☐ Pregnancy, Parenting, and Adoption Services at Catholic Charities North Dakota ☐ Adoption Option ☐ Christian Adoption Services ☐ God's Children Adoption Agency ☐ Other: _____	☐ Birth Family ☐ Adoptive Family ☐ Child/ren

Comments:

_____

_____

ND Post Adopt * For Office Use Only	
Coordinator Assigned:	**Date Received:**
Notes:	

Catholic Charities North Dakota

NORTH DAKOTA POST ADOPT NETWORK
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Directions for Respite Reimbursement Grant

1. Families must complete PART A and a W-9, and the Respite Provider must complete PART B in its entirety. The family will gather PART A & B and send them to their Post Adopt Coordinator.
2. Once the Post Adopt Coordinator receives the completed forms, the Post Adopt Coordinator will schedule a time with the Post Adopt Supervisor to review the application.
3. Once the Post Adopt Supervisor approves the Respite Grant amount, the Coordinator will notify the family of the amount of hours/nights they have been approved for, and the Coordinator will send a letter outlining the approval amount with a copy of the directions (an outline of a letter will be in Example A). Following this meeting, the Family can begin the services on the agreed upon date. At this time, the Coordinator must also schedule a meeting with the family to assess and assist the family with any needs or resources.
4. Face to face meetings:
    a. The Post Adopt Coordinator must meet with the family monthly (or more if needed or requested) while the Family is receiving the Respite Grant.
    b. During the face to face meeting, the Post Adopt Coordinator and the family can work on their plan and goals, troubleshoot any issues, identify needs, and discuss any needed resources.
    c. During the face to face meetings, you will discuss how Respite is going and develop a case plan.
5. Once respite occurs and the Post Adopt Coordinator receives and reviews the completed Part C form, complete the Post Adopt Coordinator's portion of the Part C form, complete a CCND Check Request form (check the box for 'Mail to address listed above with attached documents,' and include a completed cover letter to the family describing the next steps (an example of a letter is included in Example B) and send all documents to your supervisor for review.
6. Once the Post Adopt Supervisor approves the paperwork, the Supervisor will forward the necessary information to CCND Finance (Liz).
7. Families will be approved for one month. Once approved, families can request additional months, though this is not a guarantee as we want to ensure Respite Grants are available to multiple families.

NORTH DAKOTA
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(Example A - Example letter to the family outlining the respite grant approval)

Date

Family's name
Family's address

Dear >*Parent's Name*<,

Thank you for applying for the ND Post Adopt Network Respite Reimbursement Grant. You have been approved for > *2 overnights OR 15 hours of respite*< for $135 for the month of >*insert month*<. You can schedule the respite with your identified respite provider at any time during the month.

Once the respite occurs, you need to complete Part C, Respite Care Reimbursement Receipt of Payment form in its entirety by the 5th business day of the following month. All incomplete reimbursement or late requests returned may result in delay of reimbursement. You will receive payment in two weeks. Once you receive the reimbursement check, it is your responsibility to pay the respite provider. Failure to comply with paying your respite provider is unacceptable and will require you to repay ND Post Adopt Network.

Please contact me if you have any questions or concerns. We are so happy to help support you and your family!

Sincerely,

Coordinator name
Coordinator contact information

NORTH DAKOTA
POST ADOPT NETWORK
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(Example B - Example letter to the family outlining the respite grant approval)

Family's name
Family's address

Dear >*Parent's Name*<,

Thank you for completing the necessary documents for the ND Post Adopt Network Respite Reimbursement Grant for the month of >*insert month*<. Included in this envelope is the check for >*insert check amount here*< to pay for the respite services rendered. Please utilize this money to pay the respite provider. Failure to comply with paying your respite provider is unacceptable and will require you to repay ND Post Adopt Network.

Please contact me if you have any questions or concerns. We are so happy to help support you and your family! Contact us at any time!

Sincerely,

Coordinator name
Coordinator contact information

Application for Respite Reimbursement Grant

ND Post Adopt Network offers a limited amount of reimbursement through grants for respite services. This is to assist in providing the caregiver an opportunity for a temporary rest from parenting duties. Respite provides short-term breaks for parents so they can relieve stress, renew their energy, and restore a sense of balance to everyone in the family.

Qualifications

1. A family is eligible to apply if the identified child joined the family through adoption or guardianship and is under the age of 18.
2. Adoptive/guardianship families must find their own respite provider. Drop-off childcare facilities will be accepted.
3. Families approved to receive a respite grant must meet with their Post Adopt Coordinator per agreed upon plans.

Families can be approved up to either **Option 1:** 2 overnights for $135 or **Option 2:** 15 hours of respite for $135 per child who joined the family through adoption or guardianship and is under the age of 18. ND Post Adopt Network has the right to approve or deny based on a case by case status and/or increase or decrease nights and/or number of hours based on need and available resources. ND Post Adopt Network has the right to approve or deny families based on discretion.

Directions

1. Parents must complete PART A below and a W-9 form.
2. Respite Provider must complete PART B.
3. Submit PART A, W-9 form, and PART B to your Post Adopt Coordinator.
4. Once approved, you will be notified by your Post Adopt Coordinator, who will give approval for you to schedule the respite time with your identified respite family.
5. Once respite occurs, you need to complete Part C, Respite Care Reimbursement Receipt of Payment form in its entirety by the 5th business day of the following month. All incomplete reimbursement or late requests returned may result in delay of reimbursement.
6. You will receive payment in two weeks. Once you receive the reimbursement check, it is your responsibility to pay the respite provider.
7. Failure to comply with paying your respite provider is unacceptable and will require you to repay ND Post Adopt Network.

NORTH DAKOTA POST ADOPT NETWORK
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Catholic Charities North Dakota

Date

PART A
Parent Information

Applicant(s)

_____ _____

Full Legal Name (Parent 1) Full Legal Name (Parent 2)

Address:

_____

Street City State Zip County

Parent One	**Parent Two**
Date of Birth:	Date of Birth:
Phone:	Phone:
Email:	Email:

Which respite option are you requesting, select one of the following:

☐ **Option 1:** 2 overnights for $135

☐ **Option 2:** 15 hours of respite for $135

Please place a check mark next to the box to indicate your consent to each area below:

☐ I agree, if my application for the respite grant is approved, to use the funds solely to help me pay for respite care according to the respite guidelines of the grant criteria. The grant criteria stipulate that respite is to be used for the caregiver(s) to receive a break from parenting responsibilities. The entire grant amount is to pay your Respite Provider after respite has occurred. I understand and agree to use respite funding to pay for a Respite Provider according to the guidelines listed within this application.

☐ I understand that I will be responsible to pay the Respite Provider with the grant money from ND Post Adopt Network. ND Post Adopt Network will issue a check to me for the allowable amount, and I understand that I will be responsible for paying the Respite Provider directly.

☐ I understand that ND Post Adopt Network is in no way responsible for the direct delivery or supervision of your Respite Provider or liable for any act or omission of your identified Respite Provider, the parents, or the child(ren) involved. If damages occur, it will be my responsibility.

☐ I understand that I am responsible for choosing, hiring, employing, orientating, scheduling, supervising, and paying my own Respite Provider, furthermore that it is my responsibility to make sure that my Respite Provider is competent to care for my child.

☐ I agree to meet with a ND Post Adopt Coordinator per the plan agreed upon while I am receiving the Respite Grant.

☐ I agree to complete a follow up survey regarding the Respite Grant program.

☐ I understand that by law, ND Post Adopt Network Coordinators are mandated to report any suspicions of abuse and neglect to Social Services.

☐ I will provide an emergency contact number to the Respite Provider in case of emergency.

☐ I will notify the Respite Provider of any and all special household circumstances, such as medication needs.

☐ I understand that if my family receives respite grant dollars of $600 or more per year, I will receive a 1099 at the end of the year for tax purposes.

NORTH DAKOTA POST ADOPT NETWORK
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Catholic Charities North Dakota

Youth Information		
Name	Date of Birth	Grade Level
List Behaviors and/or Diagnoses:		
List Current Providers and/or Services Involved:		
How are you hoping respite will help your family? Please describe your circumstances that represent the need for respite and how respite would be beneficial to you and your family.		

To be Completed by ND Post Adopt Coordinator & Supervisor

Date form was received: _____

Youth is approved for:

□ **Option 1:** 2 overnights □ **Option 2:** 15 hours of respite

Total amount for respite services: $_____

Additional information:

_____

_____

_____ _____

ND Post Adopt Coordinator Date

_____ _____

ND Post Adopt Supervisor Date

NORTH DAKOTA POST ADOPT NETWORK
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Catholic Charities North Dakota

PART B
To be Completed by the Respite Provider

Respite Provider(s)

_____ _____
Full Legal Name (Provider 1) Full Legal Name (Provider 2)

Address: _____
Street City State Zip County

Provider's Relationship to the Youth: _____

Respite Provider One	**Respite Provider Two**
Date of Birth:	Date of Birth:
Phone:	Phone:
Email:	Email:

Please place a check mark next to the box to indicate your consent to each area below:

☐ I understand that after services are provided and Part C of the Respite Care Reimbursement Receipt of Payment form is completed and submitted, ND Post Adopt Network will send the grant money to the Parent(s). The Parent(s) are required to pay you, the Respite Provider, the entire grant amount for the services rendered.

☐ I understand that ND Post Adopt Network is in no way responsible for the direct delivery or supervision of you, the Respite Provider and the ND Post Adopt Network is not liable for any act or omission by you as the identified Respite Provider, the Parent(s), or the child(ren) involved. If damages occur, it will be the Parent's responsibility and liability.

☐ I understand that by law, ND Post Adopt Network Coordinators are mandated to report any suspicions of abuse and neglect to Social Services.

NORTH DAKOTA POST ADOPT NETWORK
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Catholic Charities North Dakota

Respite Reimbursement Receipt of Payment
Part C

All reimbursement requests must be postmarked by the fifth business day of the following month in which respite care was provided. Complete a **separate reimbursement request for each child and/or respite care provider.** All incomplete reimbursement requests will be returned which may result in delay of reimbursement.

To be Completed by the Parent

Youth's Name: _____ Youth's Date of Birth: _____

Parent Name(s): _____ Parent Phone Number: _____

Parent Phone Number: _____

Address (Including city, state, zip): _____

Option 1: Date overnight(s) occurred: _____ and _____

Option 2: Amount of hours used in the month: _____

Provider's Name: _____ Provider's Phone Number: _____

Provider's Address (Including city, state, zip): _____

Please place a check mark next to the box to indicate your consent to each area below:

☐ The rates listed above are true and correct.

☐ I understand that ND Post Adopt Network will only pay for the hours approved and any additional hours provided will be paid in agreement with the parent.

I DECLARE UNDER PENALTIES OF LAW THAT THIS CLAIM IS JUST AND CORRECT AND THESE SERVICES HAVE BEEN PROVIDED DURING THE PERIODS SPECIFIED.

_____ _____

Parent Signature Date

To be Completed by ND Post Adopt Coordinator & Supervisor

Date form was received: _____

Total number of: _____ Hour(s) and/or _____ Night(s)

Total amount for respite services: $_____

_____ _____

ND Post Adopt Coordinator Date ND Post Adopt Supervisor Date

Item #	Item	Rating						
		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
1	There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
2	I know how to help my child learn.	1	2	3	4	5	6	7
3	My child misbehaves just to upset me.	1	2	3	4	5	6	7
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
4	I praise my child when he/she behaves well.	1	2	3	4	5	6	7
5	When I discipline my child, I lose control.	1	2	3	4	5	6	7
		Extremely confident	Very confident	Moderately confident	Slightly confident	Not at all confident		
6	How confident are you that you can meet your child's needs?	1	2	3	4	5		
		Every day	A few times a week	Once a week	Less than once a week	Never		
7	How often have you or your significant other struggled to appropriately respond to your child in the past 30 days?	5	4	3	2	1		
8	How often have you or your significant other struggled to effectively manage your child's behavior in the last 30 days?	5	4	3	2	1		
		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
9	In solving problems, the children's suggestions are followed.	1	2	3	4	5		
10	Children have a say in their discipline.	1	2	3	4	5		
11	Different persons act as leaders in our family.	1	2	3	4	5		
12	Our family changes its way of handling tasks.	1	2	3	4	5		
13	Parents and children discuss punishment together.	1	2	3	4	5		
14	The children make the decisions in our family.	1	2	3	4	5		
15	Rules change in our family.	1	2	3	4	5		
16	We shift household responsibilities from person to person.	1	2	3	4	5		
17	It is hard to identify the leaders in our family.	1	2	3	4	5		
18	It is hard to tell who does which household chores.	1	2	3	4	5		
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
19	In my family, we talk about probems.	1	2	3	4	5	6	7
20	When we argue, my family listens to "both sides of the story".	1	2	3	4	5	6	7
21	In my family, we take time to listen to each other.	1	2	3	4	5	6	7
22	My family pulls together when things are stressful.	1	2	3	4	5	6	7
23	My family is able to solve our problems.	1	2	3	4	5	6	7
		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
24	Family members ask each other for help.	1	2	3	4	5		
25	We approve of each other's friends.	1	2	3	4	5		
26	We like to do things with just our immeadiate family.	1	2	3	4	5		
27	Family members feel closer to other family members than to people outside the family.	1	2	3	4	5		
28	Family members like to spend free time with each other.	1	2	3	4	5		

		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
29	Family members feel very close to each other.	1	2	3	4	5		
30	When our family gets together for activities, everybody is present.	1	2	3	4	5		
31	We can easily think of things to do together as a family.	1	2	3	4	5		
32	Family members consult other family members on their decisions.	1	2	3	4	5		
33	Family togetherness is very important.	1	2	3	4	5		
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
34	I am happy being with my child.	1	2	3	4	5	6	7
35	My child and I are very close to each other.	1	2	3	4	5	6	7
36	I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
37	I spend time with my child doing what he/she iikes to do.	1	2	3	4	5	6	7
		Extremely warm	Very warm	Moderately warm	Slightly warm	Not at all warm		
38	Which phrase best describes your relationship to your child?	1	2	3	4	5		
		Much less than I would like	Less than I would like	Some but would like more	Almost as much as I would like	As much as I would like		
39	I have people who care what happens to me.	1	2	3	4	5		
40	I get love and affection.	1	2	3	4	5		
41	I get chances to talk to someone about problems at work or with my housework.	1	2	3	4	5		
42	I get chances to talk to someone about my personal or family problems.	1	2	3	4	5		
43	I get chances to talk about money matters.	1	2	3	4	5		
44	I get invitations to go out and do things with other people.	1	2	3	4	5		
45	I get useful advice about important things in life.	1	2	3	4	5		
46	I get help when I am sick in bed.	1	2	3	4	5		
		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
47	I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
48	When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
49	I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
50	I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
51	If there is a crisis I have others I can talk to.	1	2	3	4	5	6	7
52	If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
53	I tend to bounce back quickly after hard times.	1	2	3	4	5		
54	I have a hard time making it through stressful events.	1	2	3	4	5		
55	It does not take me long to recover from a stressful event.	1	2	3	4	5		
56	It is hard for me to snap back when something bad happens.	1	2	3	4	5		
57	I usually come through difficult times with little trouble.	1	2	3	4	5		
58	I tend to take a long time to get over setbacks in my life.	1	2	3	4	5		

		Every day	A few times a week	Once a week	Less than once a week	Never		
59	How often have you or your significant other experienced stress as a parent in the last 30 days?	5	4	3	2	1		
60	How often have you or your significant other felt stress as a result of your child's needs in the last 30 days?	5	4	3	2	1		
	During the past 6 months, as a result of parenting your child, how much was each of the following a problem for YOU?	A Great Deal	A lot	A moderate amount	A little	Not at all		
61	Interruption of personal time?	1	2	3	4	5		
62	Missing obligations related to your job or similar responsibilities?	1	2	3	4	5		
63	Disruption of family routines?	1	2	3	4	5		
64	Financial strain for your family?	1	2	3	4	5		
65	Less attention paid to other family members?	1	2	3	4	5		
66	Disruption or upset relationships within the family?	1	2	3	4	5		
67	Disruption of your family's social activities?	1	2	3	4	5		
68	Disruption of friendships or significant relationships within the community?	1	2	3	4	5		
69	Poor self-care?	1	2	3	4	5		
70	Increase in your alcohol consumption or substance use?	1	2	3	4	5		
	In this set of questions, please continue to think back to how you have felt during the past 6 months as a result of parenting your child.	A Great Deal	A lot	A moderate amount	A little	Not at all		
71	How isolated have you felt?	1	2	3	4	5		
72	How sad or unhappy have you felt?	1	2	3	4	5		
73	How angry or frustrated have you felt?	1	2	3	4	5		
74	How worried have you felt about your child's future?	1	2	3	4	5		
75	How worried have you felt about your family's future?	1	2	3	4	5		
76	How resentful have you felt?	1	2	3	4	5		
77	How overwhelmed have you felt?	1	2	3	4	5		
78	How hopeful have you felt?	1	2	3	4	5		
79	How proud have you felt?	1	2	3	4	5		
80	How supported have you felt?	1	2	3	4	5		
81	How misunderstood have you felt?	1	2	3	4	5		
82	How judged or criticized have you felt?	1	2	3	4	5		
		Never	Rarely	Sometimes	Usually	Always		
83	How often do you think of ending the adoption or guardianship? Would you say…	1	2	3	4	5		
		Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
84	Overall, how would you rate the impact of your child's adoption or guardianship on your family?	1	2	3	4	5	6	7
		Definitely would	Probably would	Might or might not	Probably would not	Definitely would not		
85	If you knew everything about your child before the adoption or guardianship that you now know, do you think you would still have adopted or assumed guardianship of him/her?	5	4	3	2	1		

CORE TEEN
Critical On-going Resource Family Education

DEVELOPMENTAL DISRUPTIONS WORKSHEET

Family Name: _____ Date: _____

Developmental Disruptions	Possible	Probable	Certain
Intrauterine			
Distress/trauma to mother			
Domestic violence			
Alcohol/Drug use			
Malnutrition			
Other			
Bonding & Attachment			
Chaos, poverty			
Domestic violence			
Alcohol/Drug use			
Depression			
Other			
Traumatic Events			
Domestic violence			
Physical abuse			
Sexual abuse			
Neglect			
Other			

Excerpted from CORE Teen Training Curriculum, funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132.

CORE TEEN
Critical On-going Resource Family Education

ISSUES AND CHALLENGES WORKSHEET

Family Name: _____ Date: _____

Area of the Brain	Issues and Challenges	Never	Sometimes	Frequently
Cortex, "Thinking Brain"	Trouble with planning			
	Trouble with math			
	Difficulty delaying gratification			
	Reading difficulties			
	Trouble with "right vs wrong"			
	Irrational or odd thinking			
	Speech and language difficulties			
	Aggressive or impulsive			
Middle brain, including Limbic System, "Emotional Brain"	Poor social skills in groups			
	Inappropriate sexualized behaviors			
	Challenges in one-one relationships; few friends			
	Moody, sad, depressed			
	Misreads other people			
	Daydreams, is scatterbrained			
	Sleep problems			
	Anxious or hyperactive			
	Poor coordination, clumsy			
Primitive, "Survival Brain"	Inattentive, distractible			
	Fine motor problems, such as poor handwriting			
	Sensory integration issues; touch defensive			
	Eating or swallowing issues			
	Difficulty with temperature regulation			

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Talking About Sensitive Topics

Overview

In our role, we often find that we must discuss sensitive topic areas. Sometimes we are doing nothing more than gathering information in these areas as part of taking a social history or conducting basic screening in these areas. Most often, referrals to professionals with expertise in these areas is the best course of action when information is gathered indicating a possible concern or need in a specialized area. Keep in mind that what is "sensitive" has a certain level of subjectivity to it. What is sensitive to one person may or may not be to another. The techniques for reducing anxiety that are included here can be applied to any situation in which someone feels embarrassed or anxious to discuss a topic.

Factors that Affect Reliability and Validity of the Family's Self-report

Your Anxiety	Their Anxiety	How You Ask
• Your own anxiety could result in your avoidance of inquiry about these topics. • Being knowledgeable about community resources so that you can refer families for more specialized services when needed will help feel more comfortable and confident in exploring these areas when you talk with families.	• Your family may be experiencing some common worries, fears, and concerns about sensitive subjects, including: • Embarrassment • Being judged • Having to talk about topics one rarely discusses otherwise • Lack of understanding why what you are asking is relevant to the services being provided • Fears that the information will not be kept confidential	• Ask questions in a way that will help you gather the information you need by: • Addressing Confidentiality • Preparing the family to discuss the topic • Using wording to decrease anxiety

Confidentiality Concerns

We can never promise 100% confidentiality, and our families have a right to be informed about this so that they can make decisions about what they do and do not share. Note things like your responsibility to report child abuse or threats of harm to self or others. Not all professions require reporting of illegal activity to law enforcement. Be clear about your agency's policies on this and communicate those to your families.

Preparing the Family to Discuss a Topic

NORMALIZING is a technique for decreasing anxiety by making the problem a somewhat universal experience. Normalize by using universality statements such as:

- "Many people find it difficult to talk about their parenting concerns; discipline techniques; parenting challenges…"
- "Many people with chronic illness notice stress in their family relationships. Have you?"

Talking About Sensitive Topics

TRANSPARENCY is telling the family why you need to ask about certain information and decreases concerns about how the questions are relevant. You can be open about your reasons for asking by saying something like:

- "I need to ask you some very specific questions about your stress level in order to better understand the impact of your current situation."

ASKING THE FAMILY'S PERMISSION is just like it sounds, for example, "Would it be alright with you if I asked you some questions about your supports?"

You can also provide families with the OPTION OF NOT ANSWERING particular questions if it makes them feel uncomfortable.

EXAMPLE

"I ask all of the families I work with about their parenting approaches and available supports as part of the assessment process (normalizing) because it can have an important impact on their overall well-being and that of the family's well-being (transparency). Would it be OK if I asked you some questions about your parenting approaches and available supports (asking permission)?"

Wording Questions to Decrease Anxiety

Open-ended questions are often preferred in assessments, but they tend to increase anxiety and discomfort. When talking about sensitive topics, using CLOSED-ENDED QUESTIONS can decrease the ambiguity and uncertainty for the family about how to respond. In addition, it is more difficult to deny a behavior in response to a specific question than it is to a general question—which increases the likelihood of getting accurate information.

RESPONSE CHOICES are a form of close-ended question that even further decreases ambiguity for the family about how to respond. This is an excellent technique for very sensitive topics.

- "How much of the time would you say you struggle to respond to your child? Never, Sometimes, Always, or Almost Always?"

CAREFUL WORD CHOICE is also important. Use formal anatomical terms and formal terms for activities and conditions, not slang or jargon. Avoid words and phrases that hurt, insult, or disparage someone.

ASSUMING A BEHAVIOR IS ALREADY OCCURRING is another form of a "normalizing" statement because it sends the message that a particular behavior or condition is not unusual, and it increases the probability that the family feel more at ease discussing it. Be careful about asking leading questions when using this technique, especially with those who are highly suggestible, including those with cognitive deficits or in children.

ASK FOR FACTS not judgments or opinions.

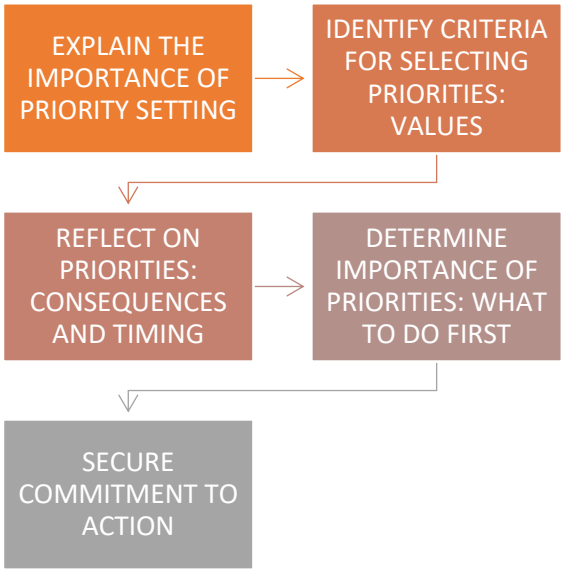
- "Do you practice self-care often?"
  - BETTER: How often do you do something to take care of yourself?
- "Do you have a good support system?"
  - BETTER: Who do you have in your support system?

Key Actions in Priority Setting

Overview

Priority setting is an active process of deciding what goals or actions are most important. Essentially it is about deciding what needs doing most and deciding what needs doing first. Priorities are identified within each family's culture, beliefs, preferences, practices, and history. Your aim is to work with the family to see their child through their lens, adjusting your own perspective accordingly. When families recognize that your view aligns with theirs, the partnership strengthens. Priorities are translated into meaningful, measurable outcomes. For example, keeping a medically fragile child from re-hospitalization might take priority over perfect school attendance. Similarly, having a sleep-filled night might take priority over understanding the child's diagnosis.

Supporting Families in Priority Setting



The first key action is to take the time to explain to the family the importance or value in priority setting.

The second key action is to identify the criteria for selecting priorities through a process of value clarification. We tend to do things without putting much thought into how what we value relates to what we give priority to in our lives. Personal values provide an internal reference for what is good, beneficial, important, useful, beautiful, desirable, constructive etc. Values generate behavior and help us to understand why our families do what they do and in what order they choose to do them. The "value clarification" action is taken so that families begin to become fully aware of the influences of their values, and to explore and honestly acknowledge what the family truly values at this time in their life. This skill helps families to be more self-directed and effective when they know which values they really choose to keep and live by and which ones will get priority over others.

A third key action is to spend time with the family reflecting on the future consequences of our actions or inactions and timing of one priority over another as this may impact the next key action where to start-what to do first. Selecting one goal over another will have a consequence. Thinking about the consequences of actions or inactions may help to determine priorities. This will help reveal what to do first (the fourth step).

Finally, you want to secure a commitment from the family for action. Are they willing to devote effort and resources to this priority?

You will also process with your supervisor what to suggest for priority setting based on the results of the assessment you have completed.

ND Post Adopt Network Family Assessment

Date		Coordinator	

Demographics

This section details the current composition of the family and should give the worker a clear understanding of the family dynamics, setting the stage for even more detailed information. The assessment is not just about a single child or family member but should include the entire family.

Family Information			
Family Name			
Address			
Home Phone		Cell	
Work Phone		E-mail	

Child Information			
Referred Child		Gender	☐ Male ☐ Female
Child's DOB		Race	
Date of placement		Age at placement	
Date of finalization			
Child's county/country of birth		Child part of sibling group?	☐ Yes ☐ No

Other children in Family

Include children living at home and those not currently living in the home. Include foster children and if the foster children are related to other children in the home

Name	**Date of birth**	**Gender**	**Race**	If foster child, is child related?
		☐ Male ☐ Female		☐ Yes ☐ No
		☐ Male ☐ Female		☐ Yes ☐ No
		☐ Male ☐ Female		☐ Yes ☐ No
Other Adults in Household				
Name	**Date of birth**	**Gender**	**Race**	
		☐ Male ☐ Female		☐ Relative ☐ Non-relative
		☐ Male ☐ Female		☐ Relative ☐ Non-relative

Presenting Concerns and Social History

Describe what led to the family contacting the ND Post Adopt Network. Include brief description about how the child came into the home, the child's origins, the length of time between placement and finalization and the child's age at placement. Describe history of placements and behavior and current level of functioning.

Child History of Trauma Exposure and Traumatic Stress

Detail the child's early development and caregiving relationships. Inquire about the child's history of traumatic events and the developmental stage in which they occurred. For a quick screen, use the ACEs screening tool. Include known or suspicion of sexual abuse, if there is a history of sexually acting out or current pattern of sexual acting out. Also explore any history of trauma experienced by the caregivers that may be impacting the family.

Medical History/Physical Functioning

List anything in the child's medical history that might impact their behavior, could present future problems or is otherwise important to know. For inter-country adoptions, include as much medical information as possible. Note any other physical health concerns.

Developmental/Social/Emotional Functioning

Detail the child's developmental level and the extent to which developmental and chronological age are congruent. Describe the child's ability to express and understand their emotions as well as those of others. Note the child's ability to regulate emotions. Include information about the child's social functioning. Consider elements as such as cooperation, helpfulness, and ability to resolve conflict. Describe any areas of concern related to Sexual Orientation, Gender Identity, Gender Expression (SOGIE).

Child's Education

Detail the child's grade level and educational history, including if they are working at grade level, have skipped or failed a grade, etc. Do they have an Individualized Education Plan (IEP)? Do you have a copy of the IEP? What services have they received in school. Explain the degree to which school related services have been helpful. Provide any additional important education information such as history of school attendance, strengths in the school setting, challenges experienced and other needs relative to the educational setting.

Mental Health and Behavioral Health History

Note all evaluations the child has received, as well as dates of any therapeutic interventions and who provided those services. Were the services successful? What didn't work for the family and child? Is child on psychotropic medication? List present and past psychotropic medications. Describe any history of, or concerns about substance use or abuse.

Legal Issues

Describe any involvement with the legal system or concerns related to criminal behaviors.

Parent-Child Relationship and Attachment

Describe the parent-child relationships and attachment. How do family members get along? Does the child seek the support of caregivers when distressed? Describe the degree to which child and caregivers feel secure in their relationships with each other. Include information about how family members show care for one another and the degree to which they enjoy spending time with and sharing activities with one another.

Parent/Caregiver Related Needs

Provide information about issues that directly impact caregivers in the family. Are basic needs being met? Have caregivers experienced recent stressors that have overwhelmed their capacity to cope? Note any physical health, mental health, or substance use concerns experienced by caregivers in the family.

Adoption-Specific Adjustment

Have there been unmet expectations in the adoption process? Describe the level of openness in the adoption, including level of contact with birth family members. Describe the caregiver's level of understanding of adoption issues. Are there concerns related to trans-racial or trans-cultural adoption issues? Describe the commitment level of caregivers to their children.

Cultural Considerations/Traditions

How connected is the youth to their cultural/observance of special cultural traditions, customs, etc. Please include information related to tribal connections, if applicable, or other cultural considerations/language considerations that may be applicable to child/youth now or in the future. Include any religious or spiritual elements that are relevant.

Support System

Who does the family turn to for emotional support? Who did they use in the past? Did someone have an impact on the child? Who has a healthy relationship with them? Who sees the child in a more positive light than the family might currently? Who might provide temporary respite?

Strengths and Challenges

Describe the perspectives of the different family members. Look to the strengths of each family member as well where they have struggled and what caused them to seek out services.

Resources

List the resources the family has already located—professional supports, paid supports (respite, extra-curricular activities, camps, special programs), school supports (paraprofessionals, counselors, teachers), therapists and special groups, including support groups.

Name or group	Details

Provide any other pertinent information related to resources:

Assessment Questionnaire for Caregivers

Provide information from caregiver responses on the questionnaire. This may include scores from sub-scales and initial interpretations of caregiver responses as they relate to caregiver and child interviews and other information gathered during the assessment.

Signatures			
Post Adopt Coordinator signature		Date	
Post Adopt Supervisor signature		Date	

ND Post Adopt Network Support Plan

Demographic Information

Parent/Guardian Information	
Parent/Guardian #1	
Parent/Guardian #2	

Child Information			
Child #1		DOB	
Child #2		DOB	
Child #3		DOB	

Goals

Goal 1:

Planned Activity	Person Responsible	Target Date	Completion Date

Narrative

Goal 2:

Planned Activity	Person Responsible	Target Date	Completion Date

Narrative

Goal 3:			
Planned Activity	**Person Responsible**	**Target Date**	**Completion Date**

Narrative

Goal 4:			
Planned Activity	**Person Responsible**	**Target Date**	**Completion Date**

Narrative

Goal 5:			
Planned Activity	**Person Responsible**	**Target Date**	**Completion Date**

Narrative

Recommended Services	
List all the recommended resources necessary for a family to meet the goals and perform the activities identified in the previous section. Show all supports or services necessary.	
Service	**Goals to be met with service**
☐ _____	
☐ _____	
☐ _____	

Signatures	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of plan implementation	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Using the Stages of Change Model in the Goal Setting Process

The Stages of Change model (Prochaska and Di Clemente) is a useful guide for understanding the process of change. Understanding a person's stage of change can help tailor and match interventions that are person-centered and meaningful.

Precontemplation: Precontemplation is the earliest stage of change. People in precontemplation are either unaware of problem behavior, do not acknowledge a problem exists or are unwilling or discouraged when it comes to changing it. They engage in little activity that could shift their view of problem behavior and can be rather defensive about the targeted problem behavior. Precontemplators are not convinced that the negative aspects of the current or problem behavior outweigh the positive. People in this stage have no intention of changing.

Contemplation: In the contemplation stage of change, a person acknowledges that he or she has a problem and begins to think seriously about solving it. Contemplators struggle to understand their problem, to see its causes, and to think about possible solutions. Contemplators may be far from actually making a commitment to action, however. For example, a contemplator might gather a lot of information about treatment programs but not actually enroll. That is often the nature of contemplation. The individual knows where he or she wants to be and maybe even how to get there, but he or she is not quite ready to make a commitment. Although many contemplators move on to the action stage, it is possible to spend many months or years in contemplation (Carbonari, DiClemente, & Sewell, 1999). The clinician's goal when working with a contemplator is to help the client "tip the balance" in favor of change.

Preparation: In the preparation stage, the person is ready to change in the near future. They are on the verge of taking action. People in this stage may have tried and failed to change in the past. Yet, they have often learned valuable lessons from past change attempts. Individuals in this stage of change need to develop a plan that will work for them. Then they need to make firm commitments to follow through on the action option they choose.

Action: In the action stage of change, people most overtly modify their behavior. They actively make changes and implement the plan for which they have been preparing. Action is the most obviously busy period and the one that requires the greatest commitment of time and energy. Changes made during the action stage are more visible to others than those made during the other stages and therefore receive the greatest recognition.

Maintenance: Maintenance is the final stage in the process of change. Sustaining behavior change can be difficult. In the maintenance stage, the person works to consolidate the gains attained during the action stage and struggles to prevent relapse.

Relapse: It is important to note that most people do not successfully navigate the stages on own on their first attempt. This is a normal part of the process, and is not a failure. Relapse can occur for many different reasons. Individuals may experience a particularly strong, unexpected urge or temptation to return to the problem behavior and fail to cope with it successfully. Sometimes relaxing their guard or testing themselves begins the slide back to the former behavior pattern. Often the complete personal cost of the change is not realized until later, and commitment or self-efficacy erodes. Most often relapse does not occur automatically but takes place gradually after an initial slip occurs.

Reference: Miller & Rollnick, 2002

ND Post Adopt Network Case Study Example: The Johnson Family

Introduction

The Johnson family consisted of parents, Dan and Sara, both in their late 30's, and their children, Mark, age 11, Missy, age 9, and Tim, age 6. All of the Johnson children joined their family through adoption. The Johnson family, like many other families, requested services from the ND Post Adopt Network after they had been struggling and feeling overwhelmed for quite some time. They were dealing with so many issues and problems that they literally were trying to survive day to day.

The Johnsons were a Caucasian family, practicing the protestant faith. Both parents worked full time out of the home and also ran their small farm of cows and horses. They had a very nice upper middle-income home in a rural area of northwestern North Dakota. The family took pride in where they lived and enjoyed the quiet and peaceful nature of country living. Missy had her own bedroom, and Mark and Tim shared one. The children had all the latest toys and dressed fashionably, and Dan and Sara both had new automobiles.

This was Dan's second marriage and Sara's first. Both were college graduates who moved to the area to attend college and then remained. At the time they were married, Sara taught fifth grade at a local elementary school, and Dan held an administrative professional position at the local Community College. Dan and Sara had been married for two years when they adopted the children. They requested services 6 months later.

Initial Inquiry Call

Sara Johnson called the ND Post Adopt Network asking about services for her oldest child. Sara shared with the Post Adopt Coordinator that her son Mark was often angry, and was frequently aggressive towards his siblings and animals (he kicked the cat and hit, kicked, punched his sister and brother). Sara also shared that he would regularly lie about his actions.

When asked about how the other children were doing, Sara reported that Missy had some precocious sexual behavior, explaining that she was very interested in boys and masturbated in her room, but there was no evidence of sexual activity with other children. Missy had already been through sexual abuse therapy while in foster care. Sara felt Missy was doing "as well as she could". Tim had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), but was “doing fine”. Sara made it clear that she was seeking assistance mostly for Mark. Since this

The Johnson Case Study was excerpted from the Guided Curriculum: Best Practice in Adoption & Guardianship Preservation, created by the Center for Adoption Studies in the Illinois State University School of Social Work. Additional details were added for use in the in ND Post Adopt Program Manual.

was the first conversation with Sara, the Post Adopt Coordinator did not explore the issues with the other children in more detail.

The Post Adopt Coordinator completed the ***Inquiry Form*** and then asked the ***Screening Questions*** to gather some preliminary information about the family's level of stress and relationship with the children. Sara shared that she struggled to appropriately respond and effectively manage Mark's behaviors at least a few times a week, and that she experienced parental stress on a daily basis. She chose 'slightly warm' as the phrase that best described her relationship to Mark. She shared that she felt only 'slightly confident' that she could meet Mark's needs; stating, "I don't even know if I really understand what's going on and why this is happening, how can I be confident in meeting his needs?" The Post Adopt Coordinator thanked Sara for her honest responses. Finally, she told Sara that it was important to understand the level of stress and strain that the family was experiencing. In a calm and soft tone, the Post Adopt Coordinator asked, "Sara, let me ask you one more question. Have you thought of ending the adoption?" Sara got very quiet and answered that the thought had sometimes entered her mind. She said, "I have not told anyone that I have had those thoughts…I feel so guilty!" The Post Adopt Coordinator provided reassurance to Sara that it was clear she was experiencing a great deal of stress and that the ND Post Adopt Network was here to help.

The Post Adopt Coordinator further explained what the ND Post Adopt Network consists of and the variety of services available. The coordinator said, "Sara, based on what you have shared with me, I think your family may benefit from supportive services that are individualized to your family's needs. Would you be willing to meet with me to talk more about what's happening in your family?" Sara agreed and the coordinator offered to visit Sara in her home later that week. The Post Adopt Coordinator also invited the family to join the support group in their area and to check out the resources found on the Post Adopt Network website.

To prepare for the first home visit, the Post Adopt Coordinator reviewed the ***Post Adopt Network Family Assessment*** and began organizing what Sara had already shared in the assessment template. The coordinator reviewed the descriptions of each section of the assessment template so that she could have clear in her mind the kind of information that she would like to try to gather during the home visit. The coordinator printed a copy of the ***Assessment Questionnaire for Caregivers*** to take to the visit, with the hope that Sara would agree to complete the questionnaire, which would help provide the coordinator with a greater level of insight into the family's functioning and dynamics.

Initial Home Visit

During the first home visit, Sara was very easy to engage and shared a lot of information. The Post Adopt Coordinator just allowed Sara to talk, and as she did, the Post Adopt Coordinator found that many of the areas on the Family Assessment template were covered naturally during the conversation. The coordinator asked some follow up questions as Sara shared information, but mostly the coordinator followed Sara's lead.

Sara shared that she and her husband made the decision to pursue adoption out of their desire to "fill their home with kids". Dan had had a vasectomy while married to his first wife, and after attempts to reverse it were not successful, Dan and Sara approached Adults Adopting Special Kids (AASK) to become adoptive parents. They completed a home study and were approved to adopt. At about this time, a caseworker from the local Human Service Zone office contacted the Johnsons about two children who needed a pre-adoptive home. In June of 2018, Missy and Tim were placed in their pre-adoptive home with the Johnsons. Not long after this placement, the adoption worker told the Johnson's that there was an older sibling, Mark, and asked if they would like to adopt him also. Sara felt the children should not remain separated and decided that they would adopt all three. The adoptions were finalized in June of 2019.

Sara shared her feelings of being overwhelmed in dealing with the children's behaviors and "baggage", as she called it. She was coming to see the reality that giving the children love and a good home was not going to be enough to combat the grief, loss, and abuse that the children had experienced. Sara shared that she and Dan did not have the same ideas of parenting. According to Sara, Dan was content letting her handle the day-to-day activities of raising children, and Sara was becoming frustrated, depressed, and bitter about "doing it all". Dan was not present for the home visit due to his work schedule.

Sara concentrated on Mark's negative behaviors and commented very vividly about Mark's behavior and her feelings regarding him. She shared with the Post Adopt Coordinator, "When Mark is in a good mood, things are great. He is kind, loving, helpful, funny and smart. When he is told "No" for something that he wants, he generally goes into a rage where he throws things, bangs his head, threatens suicide, yells at me, calls himself stupid, and will not let me touch him. He seems to want to be in control of all situations, and when he can't be - he gets angry. I worry about him getting older and bigger. I feel like we need to get him help to deal with the past abuse and realize we are here to love him and keep him safe". The Post Adopt Coordinator responding to Sara, saying, “Thank you Sara for sharing all of this with me. Remember during our first call when I asked you a few questions about your level of stress and how confident you were feeling about responding to Mark? I would like to leave you with a questionnaire that will help me understand even more about your family’s dynamics. Would you be willing to fill it out and send it back to my office?” Sara agreed. They set up another home visit for the following week. Sara agreed to send back the questionnaire in the next few days. The Post Adopt Coordinator also asked the Johnsons to sign releases for Missy's past therapist, the children's doctor and the children's school. Once returning to the office, the Coordinator looked up the children’s Child Adoption Assessments in Alchemy, which contains additional background information on the children. Information to complete the assessment form was gathered over a total of three sessions.

Completion of the Family Assessment Template

Below is the background information gathered during the conversation at the first visit as well as subsequent conversations with the family that relates to some of the areas of the Family Assessment Template. *Note that it is presented here in great detail for the purposes of*

illustration, however in practice the Post Adopt Coordinator would summarize this information much more briefly in the Family Assessment document.

Presenting Concerns and Social History

Mark was born in 2009, Missy in 2011, and Tim in 2014. The children lived with their birth mom and dad from the time they were born until the car accident that killed their birth mom in 2016 when Mark was 5, Missy was 3, and Tim was 18 months old. Two months after the car accident their birth father, Howard, informally asked his in-laws to raise the children. The children lived with their birth maternal grandparents from the fall of 2016 to September of 2017. All three children and their birth father were in the car when their mother sustained the injuries that killed her. Mark appeared to have been affected the most. Following the accident he suffered bouts of depression, was psychiatrically hospitalized while in his grandparents' care, diagnosed with Post Traumatic Stress Disorder, and placed on unspecified medication. Sara also shared that it was her understanding that the tragedy was compounded by the children's maternal relatives' poor relationship with the birth father and communicating that the birth father often treated birth mother poorly.

In September 2017, Mark, Missy, and Tim were taken into protective care. Mark was placed in one foster home, and Missy and Tim were placed together in a different foster home. It was Sara's understanding that one foster home for all three children was not available. The foster homes were about an hour away from each other. Supervised visits took place between the children while they were in foster care, but Sara did not know how often these visits occurred.

In January of 2018, the birth father's parental rights were terminated and the three children were legally free to be adopted.

Child History of Trauma Exposure and Traumatic Stress

The Human Service Zone became involved with the birth grandparents in February of 2017 due to the children's infestation with scabies. Reports state that the home was one of the worst the caseworker had even seen. The trailer the family lived in was filthy and in disrepair. Subsequent investigations between February of 2017 and September of 2017 found evidence of physical abuse in the form of cuts, welts and bruises on all three of the children. Missy, then 4 years old, was also found to have been continually sexually abused in the form of full vaginal and rectal penetration by both birth father and maternal birth uncle. Documentation also shows that Mark, then 6 years old, was made to watch most of the sexual abuse.

Mark was still dealing with post-traumatic stress. He had very vivid, horrifying memories of the accident with his mother. Mark constantly talked about her and would bang his head on the wall and verbalize that he wanted to kill himself to be with her. He continued to have vivid memories and nightmares about the accident that killed her. Mark was angry and depressed and couldn't find any joy in his life.

Medical History/Physical Functioning

Tim had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), and when his medication wore off at the end of the day, he became very hyperactive. Sara and Dan did not have any problems managing this and did not see any need to pursue further treatment for this issue. Tim was under the care of the family physician for his ADHD with regular checkups and monitoring. There were no other concerns or notable medical conditions for any of the children.

Developmental/Social/Emotional Functioning

Sara was most concerned about Mark's verbally and physically aggressive behaviors and his lying. Mark would say that he hated Sara, she was not his real mom, that she was making up stories about him to tell me, and that he wanted to live elsewhere. He would kick Missy and Tim in the shins or punch them in the arms, throw whatever he had a hold of at the time and kick or hiss at the cat who would cower when Mark was in the room. Sara considered it lying when Mark denied he had done these things. Sara also was concerned that Mark withdrew emotionally from the family by staying in his room and refusing to talk. She was also worried by his banging his head against the wall.

Sara was very frustrated by Mark's behavior and wanted it to change even though she said she understood that the behavior was due to Mark's extreme grief and loss and the abuse he had endured. She also said she understood that he had a difficult time trusting people and believing that the Johnsons would not give up on him. Although Sara had an intellectual understanding of how Mark's past experiences and his grieving for his mother were causing his behavioral problems, she was reactive to his behavior and rejected him as he rejected her. Sara usually did not offer Mark physical affection. She would not hug him or kiss him goodnight and did not offer him physical comforting when he was upset.

The score on the Adaptability Domain from the Assessment Questionnaire completed by Sara was a 10, which is indicative of extreme levels of adaptability. This was consistent with Sara's report during the initial inquiry call that the family had been "surviving day to day" and underscored by Sara's comment to the Coordinator during one conversation that she often gives in and just allows the kids to do as they please because it's the only way to get some sense of peace.

Child's Education

The children were all working at grade level in school and earning average grades for the most part, although Mark, now in 5th grade, was starting to struggle more in school. He became frustrated with his homework often, however, would only rarely allow Sara to help him. When he would allow her to help, it usually escalated into an argument, typically ending with Mark calling himself stupid and storming off to his room. This felt especially defeating for Sara, a former teacher. When asked if they had pursued supports in the school setting, such as an IEP,

Sara said, “Why would that be necessary when I have the training and skills to support his education?”. It was clear that there had been a reluctance on Sara’s part to access additional resources.

Mental Health and Behavioral Health History

While in foster care, Missy received outpatient treatment for sexual abuse. She appeared to have benefited from therapy. Her therapist reported to her parents that she had “completed therapy” and was “high functioning and resilient” with “no problems at school”. Details related to Mark or Tim’s involvement with mental or behavioral health services was much more limited and unclear.

Legal Issues

There were no legal issues impacting the Johnson family.

Parent-Child Relationship and Attachment

Sara shared that she always wanted to be a mom, but she knew going into the marriage with Dan that being able to conceive traditionally would be almost impossible because of his vasectomy. From the beginning, she had relied on the option of adoption. Sara enjoyed doing motherly things, like baking, taking the kids to the park, playing games and doing crafts with the children. When she disciplined the children, she mostly used instruction, redirection, and time outs. She would first tell the children not to hit each other or to fight over a game, and then interrupt the conflict by engaging their attention in another activity. When she used timeouts, the children would sit on a chair for as many minutes as they were old.

Mark had a tenuous relationship with Missy and Tim. He bullied and made fun of them by calling them “stupid” and “dumb”. He would also threaten Missy and Tim by telling them, “If you don’t kick the cat, I will kick you”. Missy and Tim were afraid of Mark and would try to stay out of his way. Missy and Tim, however, had a close relationship. They played well with each other. They would also joke and laugh with Sara.

There was a great deal of distance and hostility between Sara and Mark. Sara was angry at Mark for constantly hurting the younger children, the pets, and himself, and for rejecting her efforts to parent him. Mark was angry that his birth mom was dead. He appeared to be displacing that anger onto Sara. Mark frequently wouldn’t talk to Sara or allow her to help with his homework. He would turn his back or bat her hand away whenever she approached him. Mark took out his pain and anger on his adoptive mother, his siblings, and the family pets. He would hurt Missy, Tim, and the animals by kicking, punching, verbal threats, and name calling on a daily basis. He went into a rage and Sara could not help him calm down when he didn’t get what he wanted. For example, when he was not allowed to play video games all night, he started screaming. When Sara gave him a consequence for the screaming, he screamed louder and would not let her get near him.

Mark shared with the Post Adopt Coordinator that he was mad at Sara all the time. He stated that Sara never let the children do anything fun, that she was mean, and that she didn't care at all about them.

Parent/Caregiver Related Needs

There were no concerns related to meeting basic needs. The major stressor in the family was related to Mark's behaviors, however, the growing isolation felt by Sara was also creating stress, in particularly in Dan and Sara's relationship. No concerns were noted about physical health, mental health, or substance use concerns experienced by caregivers or children in the family.

Adoption-Specific Adjustment

The score in the Child Development/Knowledge of parenting domain on the Assessment Questionnaire completed by Sara was a 19, indicating a mid-range level of understanding of child development. Although Sara could describe the connection between past trauma and current behavior, Dan and Sara did not appear able to apply this knowledge about the effects of relinquishment and adoption on current behaviors. Without this understanding, it has been hard for Dan and Sara, and especially Sara, to build empathy for Mark that will allow her to understand and depersonalize his behavior. It was unclear the extent to which the children could recount their early life history, and it seemed likely that Mark was torn between his loyalty to his birth mother and his need to be parented.

Cultural Considerations/Traditions

The children share the same cultural background as their adoptive parents.

Support System

Dan and Sara were married, but appeared to lead separate lives. Sara reported that they did not talk about important issues or show affection to each other. Dan would fall asleep on the couch after the children went to bed and Sara wouldn't wake him so that she could sleep alone. Dan relied on Sara for the nurturing and discipline of the children and the majority of the household chores. He would come home late in the evening from work, usually after dinner was over. He did not assist with homework, childcare, or play with the children. He also did not believe Sara when she told him about Mark's meanness to the other children and to animals. Sara was parenting alone and Dan was unavailable to the children. Sara was feeling increasingly unsuccessful and desperate about parenting. She would ask for help from Dan and he would say that the children were not that bad, and then dismiss her request.

Dan's parents were not in favor of the adoption and refused to accept the children into the family. Dan and Sara then cut all ties with his parents. Sara's mother lived in the area but did

not have the skills to provide the type of supervision the children needed. Sara's two sisters lived about 6 hours away, and even though Sara reported having a close relationship with them, they only visited each other a few times a year. Dan and Sara did not see their friends often because they did not want to burden them with their family problems. They did attend social gatherings in the local community, and Dan's work required him to attend some social events that Sara went to with him. The children attended Bible schools and summer church camps because Sara wanted the children to know about God, although neither she nor Dan was very active in their church.

Sara's Caregiver Resilience score was 11 and her Caregiver Strain Domain score was 36. These scores indicate a need to increase resiliency skills, such as practicing self-care, using respite, connecting with others who have shared similar challenges such as support groups, and setting and working toward goals.

Strengths and Challenges

Family strengths included what appeared to be a stable living environment, physically healthy family members, educated parents, the children's good school performance, and some limited family support. Sara and Dan reported being members of a local church, but not attending regularly. Sara had a good understanding of typical child development from her years as a teacher, but struggled to link the current challenges with Mark's behavior to the impact of trauma.

Sara also shared her discomfort with Missy's masturbation and her exhaustion from dealing with Tim's hyperactivity. A primary problem for Sara was that she felt very alone in the parenting of the children. Dan did not see any problems. He said that treatment was fine if Sara and the kids wanted to do it. He believed the children could use assistance in adjusting to their new family.

The score of 7 on the Nurturing and Attachment Domain indicates a need for goals that support engagement and relationship building between caregiver and child. The score for the Family Functioning/Resiliency Domain on the Assessment Questionnaire was 14, which indicates strong levels of family functioning/resiliency. While there was certainly work to do with regard to improving family relationships, the Family Functioning/Resiliency score shows some existing strength to build on.

Resources

It has been difficult for this rural couple to seek help outside the family. Sara commented that neither of her sisters had ever sought help for their families and that she never expected to need help. The determining factor in their decision to seek help was the fact that Sara had simply come to understand that the situation was getting worse and that something had to be done. Other than Tim's pediatrician visits to monitor medication, there were no efforts made

by the family to locate other professionals such as therapists, counselors or specialized school supports.

Support Planning

Support Plans will frequently be focused on Service Navigation and Coordination**,** Strengthening Social Supports**,** Trauma-Informed Parenting Strategies and Relationship Enhancement, and Educational Advocacy**.** As the Coordinator worked with the family to develop the plan, she helped them prioritize goals so that they could focus on just a few things at a time. The Coordinator knew that creating a plan with too many goals and activities would likely create greater levels of stress, resulting In even further breakdown within the family relationships. With that in mind, the Coordinator helped the family consider what needed done most, and what needed done first. As a result of their conversations, the focus of the first two goals developed for Sara and Dan were in the areas of Trauma-Informed Parenting Strategies and Relationship Enhancement and Strengthening Social Supports.

Trauma-Informed Parenting Strategies and Relationship Enhancement

Sara described that she used behavioral methods of disciplining Mark, including time outs and consequences that are logically and directly related to Mark's misbehavior. If Mark refused to give up the xBox to Missy or Tim after his turn, then Sara would take it away without discussion and he would lose its use for the rest of the day. Because these methods of discipline do not work well with traumatized children, the Post Adopt Coordinator knew that it would be important to work with the family to consider different strategies for responding to Mark.

Children who have experienced early childhood trauma are impacted by long-term effects such as regulating their emotions, difficulty developing and keeping relationships, and challenges associated with attachments to caregivers. Development of trauma-informed parenting strategies includes activities that help caregivers identify strategies that enhance attachment, empathy, and communication with their child or children. See the ND Post Adopt Manual for some suggested strategies in this area. For Sara and Dan, the following support plan goal and strategies related to Trauma-Informed Parenting Strategies and Relationship Enhancement were developed:

Goal 1: Sara and Dan will learn about the impact of trauma on brain development and learn new strategies to respond to challenging behaviors while protecting their relationship.			
Planned Activity	**Person Responsible**	**Target Date**	**Completion Date**
Sara and Dan will attend the upcoming CORE Teen training series.	Sara and Dan	Class begins 5/5/22	

The Post Adopt Coordinator will work with Sara and Dan to create a structured environment at home and to identify, prevent, and mitigate the triggers that Mark experiences.	Post Adopt Coordinator, Sara and Dan	3/5/22	
Sara will work on staying calm when responding to Mark's behaviors by practicing the Regulate, Relate, Reason technique. She will find ways of deescalating power struggles, learn to manage her own emotions, and use humor.	Sara	3/5/22	

Strengthening Social Supports

In this case, one important aspect of services was to help Sara and Dan (especially Sara) to increase supports. The isolation and lack of confidence that Sara in particular experiences, could be diminished through contact with others who are also experiencing these issues.

Social supports are resources that address the emotional, relational, or companionship needs of families. In some cases, the social support strategies used by the family in the past may no longer be effective. This may cause stress to the caregivers. Some families may be seeing an increase in stress and a higher need for social support because of recent challenging behaviors, divorce, death, separation, physical health issues, or financial challenges. It is common for parents to experience social isolation as a result of parenting challenges. Many parents feel they are alone in their challenges and do not have anyone who understands.

For Sara and Dan, the following support plan goal and strategies related to Strengthening Social Supports were developed:

Goal 2: Sara and Dan will increase supports and reduce the feelings of isolation that can come with parenting children who have experienced grief, loss and trauma.			
Planned Activity	**Person Responsible**	**Target Date**	**Completion Date**
Sara and Dan will attend the ND Post Adopt Network support group as regularly as possible.	Sara and Dan	Monthly from March forward	
Sara will share information with her mother about the impact of trauma on child development so that her mother can better support her.	Sara	3/5/22	

In the time following the development of the support plan, the Coordinator had several additional contacts with the family. During home visits, the Coordinator talked with Sara about the structure she was setting up in the home, to include a basic schedule of regular meal times and evening themed activities during the week, such as "Family TV Night" on Tuesdays and "Kids Pick Dinner" on Thursdays. The Coordinator listened as Sara described how hard it was to learn to stay calm when responding to Mark's challenging behaviors, and shared what she had been seeing when using the "Regulate, Relate, Reason" technique she learned when attending CORE Teen. Sara also shared often what her "take-aways" from attending support groups had been.

After three months, the Post Adopt Coordinator and Sara talked about what was different from the time they began their work together. Sara laughed when she reported that she was indeed a "control freak," and she has worked hard at practicing picking her battles with Mark. She learned that she couldn't back Mark into a corner, because that only triggered him and made things worse. Instead, she had to give him choices within a structured environment and allow him to save face when he made a mistake. She worked on regulating herself by taking a deep breath, acting only after thinking, and working on controlling her own feelings. She shared that when she ran into difficult situations, she would stop and ask herself, "What is more important right now, correcting this behavior or preserving my relationship with Mark?". This helped her to focus on addressing only those behaviors that were more serious in nature, thus reducing the negativity in her relationship with Mark. Sara learned in the CORE Teen classes how she could respond to Mark's behavior by expressing empathy for his feelings and using the Regulate, Relate, Reason technique, and Sara had talked with the Coordinator in the early part of their work about how hard it was to use the technique in the moment at first. However, Sara shared that during a recent trip to the store, when Mark became verbally aggressive and started screaming, she kept herself regulated and without reacting angrily, said "I know this is a hard moment for you and I will sit right here with you for as long as it takes". After he was able to calm down and they could leave the store, she acknowledged that something prompted his behavior and said, "I'd like to hear from you what happened so we can figure out what you need."

Sara attended an open support group off and on during the time the family received services. Parents can come and go from the group as they wish and can talk about what they feel is important. Topics range from discipline to attachment. The facilitator has a back-up plan of topics, but mostly the families come prepared to talk about what they want to share to feel connected. Sara received support from the other parents at the support group and shared that she was comforted by knowing that she was not the only one having trouble parenting a traumatized child. Dan never attended the group. When Sara shared some of the CORE Teen Right Time videos with her mother, she began to notice that it was easier to talk with her mother when the children's behaviors was hard to manage. Just having a person she could call during particularly challenging times for a listening ear helped to reduce her feelings of isolation.

Item #	Item	Rating						
		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
1	There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
2	I know how to help my child learn.	1	2	3	4	5	6	7
3	My child misbehaves just to upset me.	1	2	3	4	5	6	7
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
4	I praise my child when he/she behaves well.	1	2	3	4	5	6	7
5	When I discipline my child, I lose control.	1	2	3	4	5	6	7
		Extremely confident	Very confident	Moderately confident	Slightly confident	Not at all confident		
6	How confident are you that you can meet your child's needs?	1	2	3	4	5		
		Every day	A few times a week	Once a week	Less than once a week	Never		
7	How often have you or your significant other struggled to appropriately respond to your child in the past 30 days?	5	4	3	2	1		
8	How often have you or your significant other struggled to effectively manage your child's behavior in the last 30 days?	5	4	3	2	1		
		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
9	In solving problems, the children's suggestions are followed.	1	2	3	4	5		
10	Children have a say in their discipline.	1	2	3	4	5		
11	Different persons act as leaders in our family.	1	2	3	4	5		
12	Our family changes its way of handling tasks.	1	2	3	4	5		
13	Parents and children discuss punishment together.	1	2	3	4	5		
14	The children make the decisions in our family.	1	2	3	4	5		
15	Rules change in our family.	1	2	3	4	5		
16	We shift household responsibilities from person to person.	1	2	3	4	5		
17	It is hard to identify the leaders in our family.	1	2	3	4	5		
18	It is hard to tell who does which household chores.	1	2	3	4	5		
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
19	In my family, we talk about probems.	1	2	3	4	5	6	7
20	When we argue, my family listens to "both sides of the story".	1	2	3	4	5	6	7
21	In my family, we take time to listen to each other.	1	2	3	4	5	6	7
22	My family pulls together when things are stressful.	1	2	3	4	5	6	7
23	My family is able to solve our problems.	1	2	3	4	5	6	7
		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
24	Family members ask each other for help.	1	2	3	4	5		
25	We approve of each other's friends.	1	2	3	4	5		
26	We like to do things with just our immeadiate family.	1	2	3	4	5		
27	Family members feel closer to other family members than to people outside the family.	1	2	3	4	5		
28	Family members like to spend free time with each other.	1	2	3	4	5		

		Almost Never	Once in a While	Sometimes	Frequently	Almost Always		
29	Family members feel very close to each other.	1	2	3	4	5		
30	When our family gets together for activities, everybody is present.	1	2	3	4	5		
31	We can easily think of things to do together as a family.	1	2	3	4	5		
32	Family members consult other family members on their decisions.	1	2	3	4	5		
33	Family togetherness is very important.	1	2	3	4	5		
		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
34	I am happy being with my child.	1	2	3	4	5	6	7
35	My child and I are very close to each other.	1	2	3	4	5	6	7
36	I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
37	I spend time with my child doing what he/she iikes to do.	1	2	3	4	5	6	7
		Extremely warm	Very warm	Moderately warm	Slightly warm	Not at all warm		
38	Which phrase best describes your relationship to your child?	1	2	3	4	5		
		Much less than I would like	Less than I would like	Some but would like more	Almost as much as I would like	As much as I would like		
39	I have people who care what happens to me.	1	2	3	4	5		
40	I get love and affection.	1	2	3	4	5		
41	I get chances to talk to someone about problems at work or with my housework.	1	2	3	4	5		
42	I get chances to talk to someone about my personal or family problems.	1	2	3	4	5		
43	I get chances to talk about money matters.	1	2	3	4	5		
44	I get invitations to go out and do things with other people.	1	2	3	4	5		
45	I get useful advice about important things in life.	1	2	3	4	5		
46	I get help when I am sick in bed.	1	2	3	4	5		
		Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
47	I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
48	When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
49	I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
50	I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
51	If there is a crisis I have others I can talk to.	1	2	3	4	5	6	7
52	If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
53	I tend to bounce back quickly after hard times.	1	2	3	4	5		
54	I have a hard time making it through stressful events.	1	2	3	4	5		
55	It does not take me long to recover from a stressful event.	1	2	3	4	5		
56	It is hard for me to snap back when something bad happens.	1	2	3	4	5		
57	I usually come through difficult times with little trouble.	1	2	3	4	5		
58	I tend to take a long time to get over setbacks in my life.	1	2	3	4	5		

		Every day	A few times a week	Once a week	Less than once a week	Never		
59	How often have you or your significant other experienced stress as a parent in the last 30 days?	5	4	3	2	1		
60	How often have you or your significant other felt stress as a result of your child's needs in the last 30 days?	5	4	3	2	1		
	During the past 6 months, as a result of parenting your child, how much was each of the following a problem for YOU?	A Great Deal	A lot	A moderate amount	A little	Not at all		
61	Interruption of personal time?	1	2	3	4	5		
62	Missing obligations related to your job or similar responsibilities?	1	2	3	4	5		
63	Disruption of family routines?	1	2	3	4	5		
64	Financial strain for your family?	1	2	3	4	5		
65	Less attention paid to other family members?	1	2	3	4	5		
66	Disruption or upset relationships within the family?	1	2	3	4	5		
67	Disruption of your family's social activities?	1	2	3	4	5		
68	Disruption of friendships or significant relationships within the community?	1	2	3	4	5		
69	Poor self-care?	1	2	3	4	5		
70	Increase in your alcohol consumption or substance use?	1	2	3	4	5		
	In this set of questions, please continue to think back to how you have felt during the past 6 months as a result of parenting your child.	A Great Deal	A lot	A moderate amount	A little	Not at all		
71	How isolated have you felt?	1	2	3	4	5		
72	How sad or unhappy have you felt?	1	2	3	4	5		
73	How angry or frustrated have you felt?	1	2	3	4	5		
74	How worried have you felt about your child's future?	1	2	3	4	5		
75	How worried have you felt about your family's future?	1	2	3	4	5		
76	How resentful have you felt?	1	2	3	4	5		
77	How overwhelmed have you felt?	1	2	3	4	5		
78	How hopeful have you felt?	1	2	3	4	5		
79	How proud have you felt?	1	2	3	4	5		
80	How supported have you felt?	1	2	3	4	5		
81	How misunderstood have you felt?	1	2	3	4	5		
82	How judged or criticized have you felt?	1	2	3	4	5		
		Never	Rarely	Sometimes	Usually	Always		
83	How often do you think of ending the adoption or guardianship? Would you say…	1	2	3	4	5		
		Extremely positive	Moderately positive	Slightly positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative
84	Overall, how would you rate the impact of your child's adoption or guardianship on your family?	1	2	3	4	5	6	7
		Definitely would	Probably would	Might or might not	Probably would not	Definitely would not		
85	If you knew everything about your child before the adoption or guardianship that you now know, do you think you would still have adopted or assumed guardianship of him/her?	5	4	3	2	1		

ENTER FAMILY'S SELECTION		TOTAL → 19 →	**Summary Score for Child Development/Knowledge of Parenting Domain:** The scores in this domain range from 5-35. A score of 5 may indicate strong levels of understanding of child development. Scores closer to 35 may indicate a need for psychoeducation around child development, including trauma-informed parenting techniques.
6	6		
6	2	(REVERSE SCORE: 1=7, 2=6, 3=5, 4=4)	
4	4		
2	6	(REVERSE SCORE: 1=7, 2=6, 3=5, 4=4)	
1	1		

ENTER FAMILY'S SELECTION												
5	→	→	→	→	→	→	→	→	→	5	TOTAL → 39	**Summary Score for Commitment Domain:** The scores in this domain range only from 9-47. Examine individual responses to each question in this area to understand the commitment level of the family.
ENTER FAMILY'S SELECTION												
5	→	→	→	→	→	→	→	→	→	5		
5	→	→	→	→	→	→	→	→	→	5		

ENTER FAMILY'S SELECTION		TOTAL → 10 →	**Summary Score for Adaptability Domain:** The scores in this domain range from 10-50. A score of 10 may indicate extreme levels of adaptability. A score of 50 indicates extreme rigidity. A score in the mid-range is considered more balanced.
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		

ENTER FAMILY'S SELECTION		TOTAL → 14 →	**Summary Score for Family Functioning/Resiliency Domain:** The scores in this domain range from 5-35. A score of 5 may indicate strong levels of family functionning/resiliency. Scores closer to 35 may indicate a need for goals designed to improve family relationships.
4	4		
4	4		
4	4		
1	1		
1	1		

ENTER FAMILY'S SELECTION		TOTAL → 25 →	**Summary Score for Cohesion Domain:** The scores in this domain range from 10-50. A score of 10 indicates disconnection in family relationships. A score of 50 may indicate levels of cohesion that limit the autonomy of individual family members. A score in the mid-range is considered more balanced.
1	1		
2	2		
5	5		
5	5		
3	3		
ENTER FAMILY'S SELECTION			
1	1		
1	1		
2	2		
1	1		
4	4		

ENTER FAMILY'S SELECTION		TOTAL → 7 →	**Summary Score for Nurturing and Attachment Domain:** The scores in this domain range from 4-28. A score of 4 indicates low levels of nurturing and attachment. Scores on the lower end may indicate a need for goals that support engagement and relationship building between caregiver and child.
2	2		
1	1		
2	2		
2	2		

ENTER FAMILY'S SELECTION										
4	→	→	→	→	→	→	→	→	→	4

ENTER FAMILY'S SELECTION		TOTAL → 26 →	**Summary Score for Social Support Domain:** The scores in this domain range from 14-82. Higher scores indicate strong levels of social support. Lower scores may indicate a need for strategies that are intended to develop a stronger social support network.
2	2		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
1	1		
ENTER FAMILY'S SELECTION			
1	1		
1	1		
3	5	(REVERSE SCORE: 1=7, 2=6, 3=5, 4=4)	
4	4	(REVERSE SCORE: 1=7, 2=6, 3=5, 4=4)	
1	1		
3	5	(REVERSE SCORE: 1=7, 2=6, 3=5, 4=4)	

ENTER FAMILY'S SELECTION		TOTAL → 11 →	**Summary Score for Caregiver Resilience.** The scores in this domain range from 6-30. A score of 30 represents a high level of resilience. When scores are closer to the lower end of the range, consider goals that are intended to increase resiliency skills, such as practicing self-care, connecting with others who have shared similar challenges, and setting and working toward goals.
2	2		
4	2	(REVERSE SCORE: 1=5, 2=4, 3=3)	
2	2		
4	2	(REVERSE SCORE: 1=5, 2=4, 3=3)	
2	2		
5	1	(REVERSE SCORE: 1=5, 2=4, 3=3)	

ENTER FAMILY'S SELECTION										
5	→	→	→	→	→	→	→	→	→	5
5	→	→	→	→	→	→	→	→	→	5
ENTER FAMILY'S SELECTION		TOTAL → 36		→	**Summary Score for Caregiver Strain Domain:** The scores in this domain range from 22-110. Lower scores represent higher levels of caregiver strain. Consider goals related to increasing social supports, increasing self-care, connecting to peer supports during support groups or use of respite.					
1	1									
4	4									
1	1									
4	4									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
1	1									
5	1	(REVERSE SCORE: 1=5, 2=4, 3=3)								
5	1	(REVERSE SCORE: 1=5, 2=4, 3=3)								
5	1	(REVERSE SCORE: 1=5, 2=4, 3=3)								
5	5									
5	5									
ENTER FAMILY'S SELECTION										
3	→	→	→	→	→	→	→	→	→	3
ENTER FAMILY'S SELECTION										
6	→	→	→	→	→	→	→	→	→	6
ENTER FAMILY'S SELECTION										
1	→	→	→	→	→	→	→	→	→	1

CORE TEEN
Critical On-going Resource Family Education

DEVELOPMENTAL DISRUPTIONS WORKSHEET

Family Name: Johnson

Date: 12/15/2020

Developmental Disruptions	Possible	Probable	Certain
Intrauterine			
Distress/trauma to mother			
Domestic violence	X		
Alcohol/Drug use			
Malnutrition		X	
Other			
Bonding & Attachment			
Chaos, poverty			X
Domestic violence	X		
Alcohol/Drug use			
Depression	X		
Other			
Traumatic Events			
Domestic violence	X		
Physical abuse			X
Sexual abuse			X
Neglect			X
Other			

Excerpted from CORE Teen Training Curriculum, funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132.

CORE TEEN
Critical On-going Resource Family Education

ISSUES AND CHALLENGES WORKSHEET

Family Name: Johnson

Date:12/15/2020

Area of the Brain	Issues and Challenges	Never	Sometimes	Frequently
Cortex, "Thinking Brain"	Trouble with planning			X
	Trouble with math		X	
	Difficulty delaying gratification			X
	Reading difficulties		X	
	Trouble with "right vs wrong"		X	
	Irrational or odd thinking			X
	Speech and language difficulties	X		
	Aggressive or impulsive			X
Middle brain, including Limbic System, "Emotional Brain"	Poor social skills in groups		X	
	Inappropriate sexualized behaviors	X		
	Challenges in one-one relationships; few friends		X	
	Moody, sad, depressed			X
	Misreads other people			X
	Daydreams, is scatterbrained		X	
	Sleep problems		X	
	Anxious or hyperactive			X
	Poor coordination, clumsy		X	
Primitive, "Survival Brain"	Inattentive, distractible			X
	Fine motor problems, such as poor handwriting		X	
	Sensory integration issues; touch defensive		X	
	Eating or swallowing issues	X		
	Difficulty with temperature regulation	X		

Excerpted from CORE Teen Training Curriculum, funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132.

ND Post Adopt Network Family Assessment

Date	12/20/20	Coordinator	Mary Smith

Demographics

Family Information			
Family Name	Dan and Sara Johnson		
Address	123 Cherry Street, Minot, ND 58701		
Home Phone	701-555-5822	Cell	701-356-2221
Work Phone	(Dan) 701-555-8998	E-mail	sjohnson@gmail.com

Child Information					
Referred Child	Mark Johnson			Gender	☒ Male ☐ Female
Child's DOB	1/26/2009		Race	White	
Date of placement	August 2018		Age at placement	9	
Date of finalization	6/5/2019				
Child's county/country of birth	Ward County, ND		Child part of sibling group?	☒ Yes	☐ No

Other children in Family

Name	Date of birth	Gender	Race	If foster child, is child related?
Missy Johnson	7/27/2011	☐ Male ☒ Female	White	☐ Yes ☐ No
Tim Johnson	1/16/2014	☒ Male ☐ Female	White	☐ Yes ☐ No
Other Adults in Household				
Name	**Date of birth**	**Gender**	**Race**	
None		☐ Male ☐ Female		☐ Relative ☐ Non-relative

Presenting Concerns and Social History

The children lived with their birth mom and dad from the time they were born until the car accident that killed their birth mom in 2016 when Mark was 5, Missy was 3, and Tim was 18 months old. Two months after the car accident their birth father, Howard, informally asked his in-laws to raise the children. The children lived with their birth maternal grandparents from the fall of 2016 to September of 2017. All three children and their birth father were in the car when their mother sustained the injuries that killed her. Mark appeared to have been affected the most. Following the accident he suffered bouts of depression, was psychiatrically hospitalized while in his grandparents' care, diagnosed with Post Traumatic Stress Disorder, and placed on unspecified medication. Sara also shared that it was her

understanding that the tragedy was compounded by the children's maternal relatives' poor relationship with the birth father and communicating that the birth father often treated birth mother poorly.

In September 2017, Mark, Missy, and Tim were taken into protective care. Mark was placed in one foster home, and Missy and Tim were placed together in a different foster home. It was Sara's understanding that one foster home for all three children was not available. The foster homes were about an hour away from each other. Supervised visits took place between the children while they were in foster care, but Sara did not know how often these visits occurred.

In January of 2018, the birth father's parental rights were terminated, and the three children were legally free to be adopted.

Child History of Trauma Exposure and Traumatic Stress

The Human Service Zone became involved with the birth grandparents in February of 2017 due to the children's infestation with scabies. Reports state that the home was one of the worst the caseworker had even seen. The trailer the family lived in was filthy and in disrepair. Subsequent investigations between February of 2017 and September of 2017 found evidence of physical abuse in the form of cuts, welts and bruises on all three of the children. Missy, then 4 years old, was also found to have been continually sexually abused in the form of full vaginal and rectal penetration by both birth father and maternal birth uncle. Documentation also shows that Mark, then 6 years old, was made to watch most of the sexual abuse.

Mark was still dealing with post-traumatic stress. He had very vivid, horrifying memories of the accident with his mother. Mark constantly talked about her and would bang his head on the wall and verbalize that he wanted to kill himself to be with her. He continued to have vivid memories and nightmares about the accident that killed her. Mark was angry and depressed and couldn't find any joy in his life.

Medical History/Physical Functioning

Tim had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), and when his medication wore off at the end of the day, he became very hyperactive. Sara and Dan did not have any problems managing this and did not see any need to pursue further treatment for this issue. Tim was under the care of the family physician for his ADHD with regular checkups and monitoring. There were no other concerns or notable medical conditions for any of the children.

Developmental/Social/Emotional Functioning

Sara was most concerned about Mark's verbally and physically aggressive behaviors and his lying. Mark would say that he hated Sara, she was not his real mom, that she was making up stories about him to tell me, and that he wanted to live elsewhere. He would kick Missy and Tim in the shins or punch them in the arms, throw whatever he had a hold of at the time and kick or hiss at the cat who would cower when Mark was in the room. Sara considered it lying when Mark denied he had done these things. Sara also was concerned that Mark withdrew emotionally from the family by staying in his room and refusing to talk. She was also worried by his banging his head against the wall.

Sara was very frustrated by Mark's behavior and wanted it to change even though she said she understood that the behavior was due to Mark's extreme grief and loss and the abuse he had endured. She also said she understood that he had a difficult time trusting people and believing that the Johnsons would not give up on him. Although Sara had an intellectual understanding of how Mark's past experiences and his grieving for his mother were causing his behavioral problems, she was reactive to his behavior and rejected him as he rejected her. Sara usually did not offer Mark physical affection. She would not hug him or kiss him goodnight and did not offer him physical comforting when he was upset.

Child's Education

The children were all working at grade level in school and earning average grades for the most part, although Mark, now in 5th grade, was starting to struggle more in school. He became frustrated with his homework often, however, would only rarely allow Sara to help him. When he would allow her to help, it usually escalated into an argument, typically

ending with Mark calling himself stupid and storming off to his room. This felt especially defeating for Sara, a former teacher. When asked if they had pursued supports in the school setting, such as an IEP, Sara said, “Why would that be necessary when I have the training and skills to support his education?”. It was clear that there had been a reluctance on Sara’s part to access additional resources.

Mental Health and Behavioral Health History

While in foster care, Missy received outpatient treatment for sexual abuse. She appeared to have benefited from therapy. Her therapist reported to her parents that she had “completed therapy” and was “high functioning and resilient” with “no problems at school”. Details related to Mark or Tim’s involvement with mental or behavioral health services was much more limited and unclear.

Legal Issues

There were no legal issues impacting the Johnson family.

Parent-Child Relationship and Attachment

Sara shared that she always wanted to be a mom, but she knew going into the marriage with Dan that being able to conceive traditionally would be almost impossible because of his vasectomy. From the beginning, she had relied on the option of adoption. Sara enjoyed doing motherly things, like baking, taking the kids to the park, playing games and doing crafts with the children. When she disciplined the children, she mostly used instruction, redirection, and time outs. She would first tell the children not to hit each other or to fight over a game, and then interrupt the conflict by engaging their attention in another activity. When she used timeouts, the children would sit on a chair for as many minutes as they were old.

Mark had a tenuous relationship with Missy and Tim. He bullied and made fun of them by calling them “stupid” and “dumb”. He would also threaten Missy and Tim by telling them, “If you don’t kick the cat, I will kick you”. Missy and Tim were afraid of Mark and would try to stay out of his way. Missy and Tim, however, had a close relationship. They played well with each other. They would also joke and laugh with Sara.

There was a great deal of distance and hostility between Sara and Mark. Sara was angry at Mark for constantly hurting the younger children, the pets, and himself, and for rejecting her efforts to parent him. Mark was angry that his birth mom was dead. He appeared to be displacing that anger onto Sara. Mark frequently wouldn’t talk to Sara or allow her to help with his homework. He would turn his back or bat her hand away whenever she approached him. Mark took out his pain and anger on his adoptive mother, his siblings, and the family pets. He would hurt Missy, Tim, and the animals by kicking, punching, verbal threats, and name calling on a daily basis. He went into a rage and Sara could not help him calm down when he didn’t get what he wanted. For example, when he was not allowed to play video games all night, he started screaming. When Sara gave him a consequence for the screaming, he screamed louder and would not let her get near him.

Mark shared with the Post Adopt Coordinator that he was mad at Sara all the time. He stated that Sara never let the children do anything fun, that she was mean, and that she didn’t care at all about them.

Parent/Caregiver Related Needs

There were no concerns related to meeting basic needs. The major stressor in the family was related to Mark’s behaviors, however, the growing isolation felt by Sara was also creating stress, in particularly in Dan and Sara’s relationship. No concerns were noted about physical health, mental health, or substance use concerns experienced by caregivers or children in the family.

Adoption-Specific Adjustment

Although Sara could describe the connection between past trauma and current behavior, Dan and Sara did not appear able to apply this knowledge about the effects of relinquishment and adoption on current behaviors. Without this understanding, it has been hard for Dan and Sara, and especially Sara, to build empathy for Mark that will allow her to understand and depersonalize his behavior. It was unclear the extent to which the children could recount their early life history, and it seemed likely that Mark was torn between his loyalty to his birth mother and his need to be parented.

Cultural Considerations/Traditions

The children share the same cultural background as their adoptive parents.

Support System

Dan and Sara were married, but appeared to lead separate lives. Sara reported that they did not talk about important issues or show affection to each other. Dan would fall asleep on the couch after the children went to bed and Sara wouldn't wake him so that she could sleep alone.

Dan relied on Sara for the nurturing and discipline of the children and the majority of the household chores. He would come home late in the evening from work, usually after dinner was over. He did not assist with homework, childcare, or play with the children. He also did not believe Sara when she told him about Mark's meanness to the other children and to animals. Sara was parenting alone and Dan was unavailable to the children. Sara was feeling increasingly unsuccessful and desperate about parenting. She would ask for help from Dan and he would say that the children were not that bad, and then dismiss her request.

Dan's parents were not in favor of the adoption and refused to accept the children into the family. Dan and Sara then cut all ties with his parents. Sara's mother lived in the area but did not have the skills to provide the type of supervision the children needed. Sara's two sisters lived about 6 hours away, and even though Sara reported having a close relationship with them, they only visited each other a few times a year. Dan and Sara did not see their friends often because they did not want to burden them with their family problems. They did attend social gatherings in the local community, and Dan's work required him to attend some social events that Sara went to with him. The children attended Bible schools and summer church camps because Sara wanted the children to know about God, although neither she nor Dan was very active in their church.

Strengths and Challenges

Family strengths included what appeared to be a stable living environment, physically healthy family members, educated parents, the children's good school performance, and some limited family support. Sara and Dan reported being members of a local church, but not attending regularly. Sara had a good understanding of typical child development from her years as a teacher, but struggled to link the current challenges with Mark’s behavior to the impact of trauma.

Sara also shared her discomfort with Missy’s masturbation and her exhaustion from dealing with Tim's hyperactivity. A primary problem for Sara was that she felt very alone in the parenting of the children. Dan did not see any problems. He said that treatment was fine if Sara and the kids wanted to do it. He believed the children could use assistance in adjusting to their new family.

Resources

Name or group	Details
None	

Provide any other pertinent information related to resources:

It has been difficult for this rural couple to seek help outside the family. Sara commented that neither of her sisters had ever sought help for their families and that she never expected to need help. The determining factor in their decision to seek help was the fact that Sara had simply come to understand that the situation was getting worse and that something had to be done. Other than Tim's pediatrician visits to monitor medication, there were no efforts made by the family to locate other professionals such as therapists, counselors or specialized school supports.

Assessment Questionnaire for Caregivers

The score on the Adaptability Domain from the Assessment Questionnaire completed by Sara was a 10, which is indicative of extreme levels of adaptability. This was consistent with Sara's report during the initial inquiry call that the family had been "surviving day to day" and underscored by Sara's comment to the Coordinator during one conversation that she often gives in and just allows the kids to do as they please because it's the only way to get some sense of peace. The score in the Child Development/Knowledge of parenting domain on the Assessment Questionnaire completed by Sara was a 19, indicating a mid-range level of understanding of child development. Sara's Caregiver Resilience score was 11 and her Caregiver Strain Domain score was 36. These scores indicate a need to increase resiliency skills, such as practicing self-care, using respite, connecting with others who have shared similar challenges such as support groups, and setting and working toward goals.

Signatures			
Post Adopt Coordinator signature	MAry Smith	Date	12/21/2020
Post Adopt Supervisor signature	Susan Wilson	Date	12/22/2020

ND Post Adopt Network Support Plan

Demographic Information

Parent/Guardian Information	
Parent/Guardian #1	Dan Johnson
Parent/Guardian #2	Sara Johnson

Child Information			
Child #1	Mark Johnson	DOB	1/26/2009
Child #2	Missy Johnson	DOB	7/27/2011
Child #3	Tim Johnson	DOB	1/16/2014

Goals

Goal 1: Sara and Dan will learn about the impact of trauma on brain development and learn new strategies to respond to challenging behaviors while protecting their relationship.

Planned Activity	Person Responsible	Target Date	Completion Date
Sara and Dan will attend the upcoming CORE Teen training series.	Sara and Dan	Class begins 5/5/22	
The Post Adopt Coordinator will work with Sara and Dan to create a structured environment at home and to identify, prevent, and mitigate the triggers that Mark experiences.	Post Adopt Coordinator, Sara and Dan	3/5/22	
Sara will work on staying calm when responding to Mark's behaviors by practicing the Regulate, Relate, Reason technique. She will find ways of deescalating power struggles, learn to manage her own emotions, and use humor.	Sara	3/5/22	

Narrative

Goal 2: Sara and Dan will increase supports and reduce the feelings of isolation that can come with parenting children who have experienced grief, loss and trauma.

Planned Activity	Person Responsible	Target Date	Completion Date
Sara and Dan will attend the ND Post Adopt Network support group as regularly as possible.	Sara and Dan	Monthly from March forward	
Sara will share information with her mother about the impact of trauma on child development so that her mother can better support her.	Sara	3/5/22	

Recommended Services	
List all the recommended resources necessary for a family to meet the goals and perform the activities identified in the previous section. Show all supports or services necessary.	
Service	**Goals to be met with service**
☒ Support Group	Sara and Dan will increase supports and reduce the feelings of isolation that can come with parenting children who have experienced grief, loss and trauma
☒ CORE Teen Training	Sara and Dan will learn about the impact of trauma on brain development and learn new strategies to respond to challenging behaviors while protecting their relationship

Signatures	
Parent signature	Sara Johnson
Child signature, if appropriate	
Coordinator signature	Mary Smith
Date of plan implementation	12/28/20

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

Quarterly Reviews	
Narrative Updates	
Parent signature	
Child signature, if appropriate	
Coordinator signature	
Date of Review	

S.M.A.R.T. Goal Template

S.M.A.R.T. goals are designed to help identify what your client wants to achieve, how and by when you and the client will know if the goal has been accomplished and whether it is realistic and related to the area of concern. When writing S.M.A.R.T. goals use concise language, but include relevant information.

INITIAL GOAL	Write a general goal you have in mind.
	Family needs to attend family therapy on a regular basis to address communication barriers.
S **SPECIFIC**	What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?
	Family often argues over seemingly unimportant issues. Parents and both siblings talk over each other which then leads to long, drawn out quarrels with no resolution. These arguments are then "forgotten," yet in fact seem to build resentment towards one another. Because of their poor communication styles they often avoid important issues that need to be addressed in regards to family dynamics. All family members could benefit from immediate family therapy to address their maladaptive communication patterns, thus allowing them to communicate their feelings, needs, and desires more effectively.
M **MEASURABLE**	How can you measure progress and know if you've successfully met your goal?
	Family should attend weekly family therapy sessions for the next six months. Worker will facilitate bi-weekly family meetings to observe interactions, model behaviors, and observe progress.
A **ACHIEVABLE**	Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?
	All family members indicate a strong desire to be able to communicate more effectively, as no one currently feels listened to or heard. At a minimum, therapist will need to teach active listening skills and effective communication skills in order to achieve this goal.
R **RELEVANT**	Why am I setting this goal now? Is it aligned with overall objectives?
	Family is unable to adequately address important issues that hinder them from healing their fractured relationships because they are unable to discuss these issues without it turning into finger pointing and blaming one another. These maladaptive patterns need to be remedied in order for the family to heal.
T **TIME-BOUND**	What's the deadline and is it realistic?
	Family will begin therapy no later than 09/20/2021. A therapist has been identified and accepted the family. Therapist has agreed to meet family during evening hours to avoid parental work conflicts and children's school schedules.
SMART GOAL	Review what you have written, and craft a new goal statement based on what the answers to the questions above have revealed
	Family will attend weekly family therapy sessions beginning 9/20/21. Family will learn new communication styles and will actively practice these new styles on a daily basis. Worker will facilitate bi-weekly family meetings to observe interactions and give feedback to both the family and involved clinician. Goal will be considered complete when family is able to effectively discuss and develop plans to fix three mutually agreed upon family issues.

Key Quality Contact Casework Activities

Before the visit:

- Schedule
  - Consider the schedules of caregivers and children in identifying the visit time.
  - Consider the length and location of visits to support open and honest conversations.
- Gather information and review
  - Gather and review case documents and related data and information.
  - Review documentation of the last contact to ensure follow-up was completed.
  - Make any collateral contacts with key individuals in the case (e.g., therapist, treatment provider, doctor, school personnel) to assess the progress and concerns.
- Plan and Prepare
  - Set a clear purpose and agenda for the visit.
  - Identify issues and concerns to explore (with room for adaptation during the visit).
  - Consider and plan for worker safety.

During the visit:

- Engage and Collaborate
  - Review the objectives and agenda for the visit and incorporate input from the child and caregiver into the agenda.
  - Demonstrate genuineness, empathy, and respect for each family member.
  - Suspend biases and avoid judgements.
  - Make sure children and caregivers feel comfortable discussing challenges and needs.
  - Talk with adults and children or youth separately to allow for privacy in sharing concerns.
  - Communicate support and partnership.
  - Listen!
- Focus on the case plan, explore progress, and make adjustments
  - Assess child safety and risk (including identification of safety threats, vulnerabilities, and protective capacities).
  - Explore well-being of the child or youth and family.
  - Ask developmentally appropriate questions.
  - Discuss case goals, progress toward goals since the last visit, and actions needed – in language that all participants can understand.
  - Identify strengths and opportunities for the child or youth and family.
  - Identify concerns, changing circumstances, and challenges.
  - Observe what is happening in the home.
  - Discuss what the agency will do to support the family to meet identified needs and expectations for the child or youth and family.
  - Make needed changes to the case plan.

- Wrap up
    - Conclude visit with summary, next steps, and actions needed.
    - Make arrangements for the next visit.

After the visit:

- Document
    - Document key information, observations, and decisions in a concrete, concise, and nonjudgmental manner.
    - Record information, as appropriate and in accordance with agency policies:
        - Participants
        - Date and location
        - Assessment of safety
        - Child or youth well-being (related to health, mental health, development, behavior, education, social activities, and relationships)
        - Progress toward case goals and any changes to case plan or tasks
        - Concerns expressed by the child or caregiver
        - Observations on the home environment and interactions
        - Additional service needs
        - Cultural considerations
        - Follow-up activities and priorities
    - Highlight actions needed, the person responsible, and target dates for easy reference.
- Debrief
    - Discuss visit and key directions with supervisor.
    - Reflect on successful approaches during visits, challenges experienced, and areas for development in conducting quality contacts.
- Follow up
    - Follow up on commitments made and next steps.

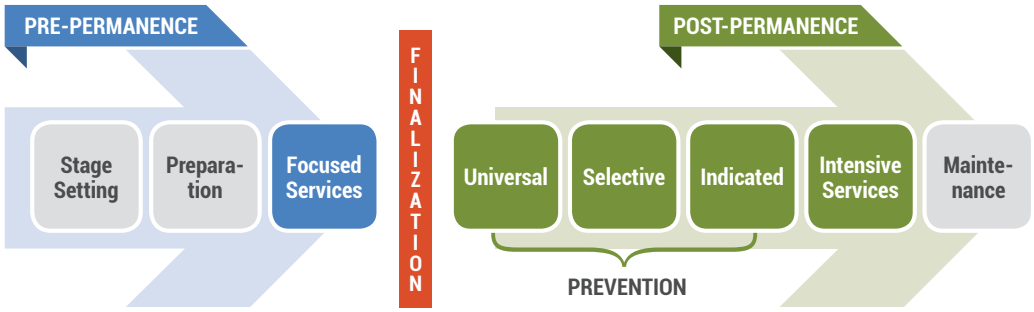
Excerpt of *Defining Quality Contacts*, Capacity Building Center for States, Children's Bureau, U.S. Department of Health and Human Services. Retrieved on February 20, 2018 from https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters/

INTRODUCTION TO THE QIC-AG PERMANENCY CONTINUUM FRAMEWORK

INTRODUCTION

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 paper provides an overview of the continuum. There are a series of papers that describe the intervals along the continuum. Information on the other intervals can be found at www.qic-ag.org



OVERVIEW

CONTINUUM FRAMEWORK

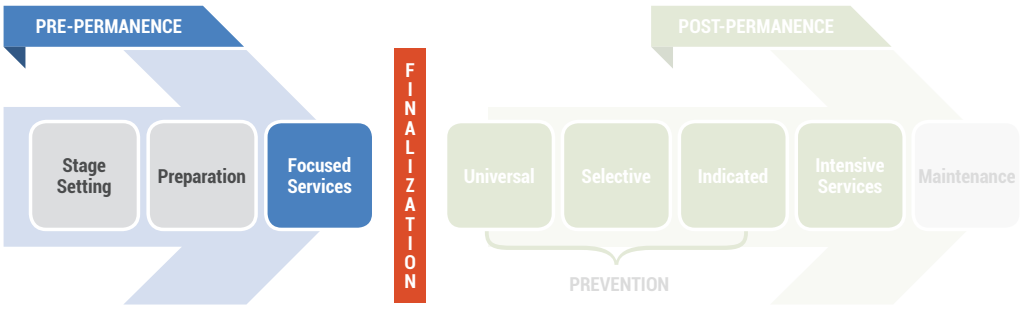
The ***QIC-AG Permanency Continuum Framework*** was developed by the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) to guide its work. The QIC-AG is working with eight sites across the nation to develop evidence-based models of support and services to address the pre- and post-permanency needs of children in foster care. The QIC-AG strives to improve the permanency outcomes of children in foster care for whom reunification is no longer a permanency goal. In addition to children adopted from foster care, the QIC-AG aims to improve post-permanency stability and support for children adopted through private domestic agencies or international agencies and children living with legal guardians.

The ***QIC-AG Permanency Continuum Framework*** is built on the premise that children in adoptive or guardianship families do better when their families are fully prepared and supported to address needs or issues as they arise. Helping families prepare for the transition to permanence should begin before finalization by using evidence-based supports and services that not only equip families to weather unexpected difficulties but also feel comfortable to seek assistance if the need arises. The framework emphasizes prevention and preparation because when services and supports are not offered until families are on the brink of disruption and dissolution, then those services are often provided too late and do not serve the best interests of children and families. To achieve optimal effectiveness, services and supports should be preventative in nature, and support efforts should focus on proactively identifying risk and protective factors and putting supports in place before difficulties burden the capacity of the family to address challenges.

The ***QIC-AG Permanency Continuum Framework*** is separated into eight intervals. Three intervals are on the pre-permanence side, and include *stage setting, preparation,* and *focused services*. The other five intervals are on the post-permanence side. Three of these intervals address prevention efforts, with each interval focusing on a different level of risk: *universal prevention, selective prevention,* and *indicated prevention*. The final two intervals address *intensive services* and *maintenance*, respectively. In practice, the intervals overlap; however, for the purposes of this discussion, the intervals are described as discrete units.

Taken together, the eight intervals serve as an organizing principle that guides the work of helping children in the transition from foster care to adoption or guardianship, and then helping families maintain stability and well-being after adoption or guardianship has been achieved. An overarching assumption is that the supports and services provided along the continuum are (1) trauma-informed; (2) recognize the unique circumstances of children who have been adopted or are living with guardians, and (3) acknowledge the unique, complex dynamics of changing family roles and relationships, especially when relatives adopt.

CONTINUUM AT A GLANCE



STAGE SETTING

For most children who enter foster care, reunification with their family of origin is the primary goal. However, reunification is not always possible, and therefore, it is critical to lay a foundation for concurrent planning that promotes adoption and guardianship. Laying this foundation helps promote timely permanence and provides a backup plan if reunification is not a viable option. The *stage setting* interval focuses on the critical period after a child has entered the child welfare system when information is obtained, decisions are made, and actions take place that will affect the trajectory and, ultimately, the permanency outcome for the child.

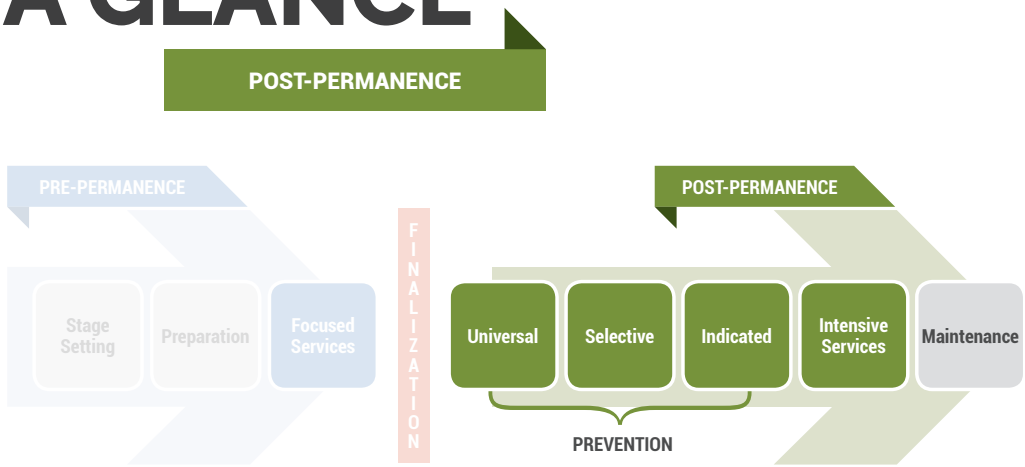
PREPARATION

Once it is determined that reunification is not an option, specific activities must take place to identify appropriate permanency resources and to prepare the children and the families for adoption or guardianship. This interval focuses on the activities that help to identify the resources that will help prepare children and families to make a successful transition from foster care to adoption or guardianship.

FOCUSED SERVICES

Finding permanent homes for children with emotional, behavioral, or mental health issues can be challenging. These challenges can impede the conversion of current placements into permanent homes and hinder progress toward permanence even when prospective adoptive parents or guardians have been identified. This interval encompasses interventions that not only address the emotional, behavioral, and mental health needs of children but also interventions that help prepare families for challenges that might arise after they become permanent families for these children through adoption or guardianship.

CONTINUUM AT A GLANCE



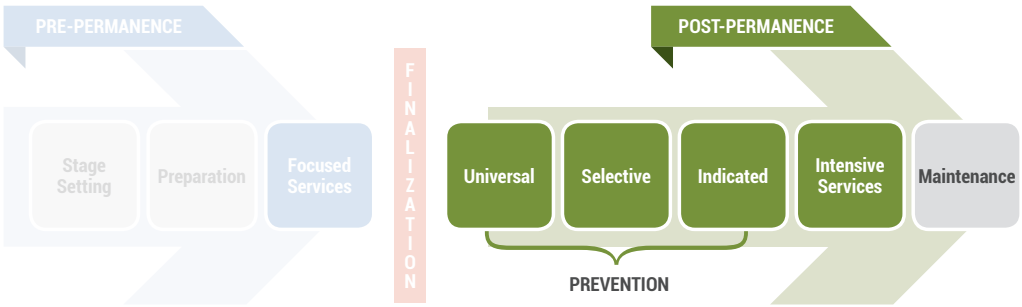
The Institute of Medicine (IOM) prevention model for behavioral health conditions categorizes prevention by different levels of risk. The QIC-AG has adapted the IOM Model for use with the post-permanency population.

UNIVERSAL

The first of the three intervals in the *QIC-AG Continuum Framework* that focus on prevention is the universal prevention interval. According to Springer and Phillips, universal prevention efforts are delivered to an entire population, and universal services and supports are available to all families. Given their broad approach, universal interventions are not tailored to account for individual risks or needs. Universal services and supports include ongoing outreach efforts and engagement strategies intended to keep families connected to current services, and to enhance their awareness of the availability of services and supports for future needs. In addition, universal prevention includes educating families about potential issues before problems arise.

SELECTIVE

Selective prevention is the second of the three intervals in the continuum which focus on prevention to ensure post-permanency stability. Springer and Phillips describe selective prevention efforts as those targeting sub-groups identified as having elevated levels of risk. Selective supports and services target children who, at the time of adoption or guardianship, exhibited characteristics or behaviors that put them at increased risk for post-permanency discontinuity. It is important to note that selective prevention targets identified risk factors, but the presence of these risk factors does not necessarily mean the child or family has demonstrated problematic behavior, only that they are at higher than average risk for discontinuity. The determination of a child's or family's level of risk is based on characteristics known at the time of finalization, such as children with a history of multiple moves while in foster care, or youth who were in their teenaged years when they exited foster care through adoption or guardianship.



INDICATED

The third of the prevention intervals in the post-permanency continuum is indicated prevention efforts. According to Springer and Phillips, indicated services and supports target families who have been identified because they are exhibiting behaviors known to heighten risk. These families have an indicated need for services or support, but are not at imminent risk of post-permanency discontinuity. Some families with an indicated need might begin seeking help as family problems and challenges escalate and become increasingly evident. Other families might be identified through an agency's outreach efforts. Unlike at-risk families in the selective prevention interval, families with an indicated need for prevention efforts are currently experiencing issues or demonstrating behaviors that increase risk of post-permanency discontinuity.

INTENSIVE SERVICES

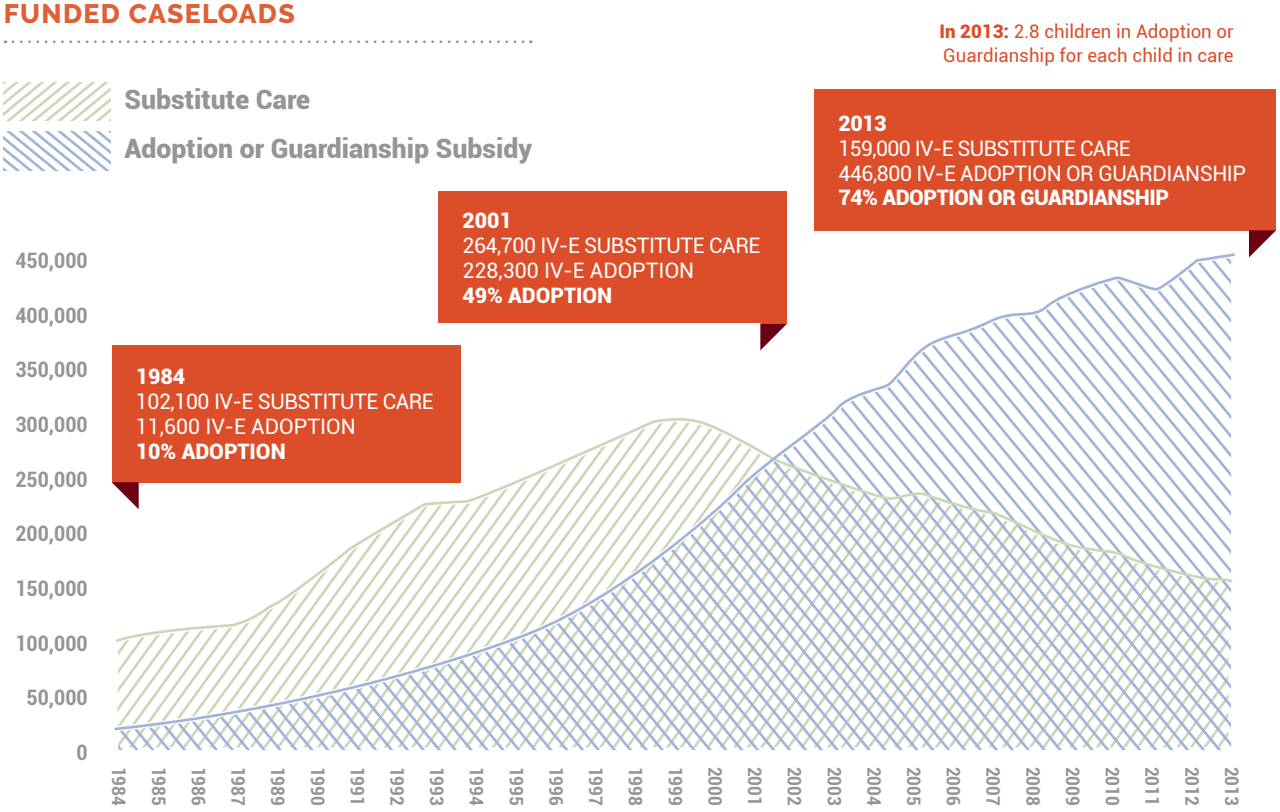
The intensive services interval focuses on providing immediate services and supports for adoptive and guardianship families experiencing a crisis or those at imminent risk for a crisis. Intensive services are provided as a response to a crisis situation and are intended to diminish the impact of the crisis by stabilizing and strengthening the family structure. Interventions used in intensive services are tailored to the needs of families in crisis and are designed for both families that are intact and families that have experienced discontinuity.

MAINTENANCE

When children and families have invested time and energy to address critical issues, it is important that the system actively supports their efforts by working with families to ensure the improvements are maintained. This is particularly relevant for children and families who have received indicated or intensive services because they may need continued system supports to ensure their progress is sustained. Maintenance efforts aim to improve family stability and increase well-being for those who either experienced discontinuity or were at serious risk for experiencing discontinuity. Examples of maintenance efforts include ongoing monitoring and services to help families understand the factors that contribute to discontinuity so that crises and discontinuity can be prevented.

CHILD WELFARE IN THE 21ST CENTURY

NATIONAL AVERAGE MONTHLY IV-E FUNDED CASELOADS



Source: Committee on Ways and Means of the U.S. House of Representatives, 2014

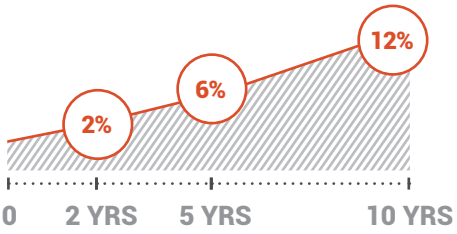
For children involved with the child welfare system, there has been a dramatic change in the composition of children supported by federal funds. Over the past decade, the number of children and youth in foster care has decreased significantly while the number of children supported outside the formal foster care system through federally funded adoption and guardianship subsidies has increased substantially. This change is depicted in the figure above.

In 1984 there were 102,100 children in IV-E substitute care and 11,600 children receiving IV-E adoption subsidies. By 2001, nearly equal numbers of children were in IV-E subsidized substitute care and IV-E adoptive homes. The most recent data show that for every child in IV-E subsidized substitute care, 2.8 children are living in IV-E subsidized adoptive or guardianship homes (greenbook.waysandmeans.house.gov).

In surveys and in discussions with adoptive parents and legal guardians, most state that the post-permanence services and supports they currently receive are important to sustaining their ability to meet the needs of their children. In addition, most adoptive parents and legal guardians indicate overall satisfaction with the adoption or guardianship. Many adoptive parents and guardians need ongoing support to address their children's normal developmental issues as well as transitional issues associated with the movement to permanence, including preparing to address changes in family roles, a new sense of identity, and the ongoing impact of being involved with the child welfare system. However, a subset of families report the existing services and supports are not enough, and they need additional supports and services to be put in place in order to meet the needs of their children.

The Children's Bureau estimates 2%–10% of children in adoptive and guardianship permanent placements will experience either the termination of their adoption or other discontinuity in their care after the adoption is legally finalized. Although the percentage of adoptions that subsequently suffer discontinuity might appear small, this percentage represents an increasing number of children and families.

Research from Illinois has shown families experience post-permanency needs at different times after finalization, ranging from the immediate period after finalization to a few years after finalization. Some families might not need assistance until a decade or more after the permanency arrangement was finalized. Cumulatively, 2% of Illinois children experience discontinuity two years after finalization, 6% at five years, and 12% experience discontinuity at ten years. In many cases, the increase in the cumulative risk of post-permanency discontinuity at ten years coincides with the child's entering adolescence. More than twenty years of follow-up data have shown that, regardless of the child's age at the time of finalization, discontinuity is most likely to occur when the child enters her or his teenaged years. Given the time that might pass between finalization of an adoption or a guardianship and when the risk of discontinuity heightens, it is important to ensure that universal interventions emphasize the ongoing availability of supports and services for families at any time when the need arises. Further, it is important to anticipate the challenges families might experience during their child's teenaged years, and to ensure prevention efforts begin before the adolescent developmental stage.



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

Less is known about the discontinuity rates for adoptions made through private domestic agencies or international adoptions. However, newspaper articles and media stories exposing the "re-homing" of children, primarily adopted through international channels, have brought increased attention to the stability of such arrangements as well as adoptive families' need for support.

While much about adoption disruption and dissolution remains unknown, studies have identified many factors that contribute to the likelihood of post-

permanency discontinuity. Conditions with the potential to influence the stability and permanency of a placement can either be a *protective factor* (i.e., support the permanency) or a *risk factor* (i.e., pose a negative danger) to placement continuity. These factors can offset each other, creating conditions for a stable placement. However, if the balance shifts toward increasing risk without opposing conditions to support the family, the likelihood of discontinuity is elevated.

EXAMPLES OF RISK FACTORS

- **caregiver's unrealistic expectations of the child**
- **poor family functioning**
- **child exhibits externalizing behaviors (e.g., sexual or physical aggression, drug use) and/or internalizing behaviors (e.g., anxiety, depression)**
- **child experienced multiple moves while in foster care**

EXAMPLES OF PROTECTIVE FACTORS

- **caregiver with a stable marriage**
- **caregiver with strong level of commitment**
- **biological relationship between child and caregiver**
- **placement with siblings**
- **availability of formal supportive services**

Child welfare interventions that do not target adoptive and guardianship homes until families are on the brink of disruption and dissolution do an ineffective job of serving the best interests and well-being of children and families. Even though most adoptive parents and permanent guardians are able to manage on their own, it is in everyone's best interest to obtain evidence-supported services and supports at the earliest sign of difficulty. The best way to ensure that families will have these services and supports when needed is to ensure that services and supports are preventative in nature; are focused on identifying risk and protective factors, especially early on in the adoption or guardianship transition; and are put in place before the point when difficulties exceed the capacity of the family to effectively address challenges. If these goals are met, then the services and supports can help children in foster care achieve legal permanence, prevent post-permanency discontinuity, and improve child and family well-being.

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

CITATIONS

This paper is based on the citations listed below:

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FOCUSED SERVICES

PRE-PERMANENCE INTERVAL

QUALITY IMPROVEMENT CENTER FOR ADOPTION & GUARDIANSHIP SUPPORT AND PRESERVATION

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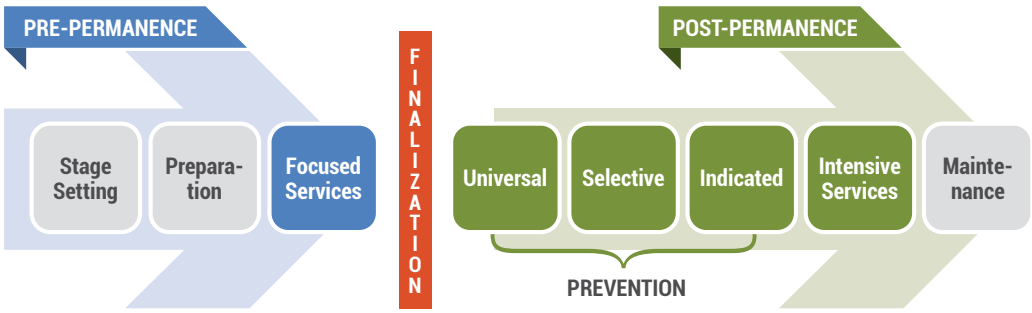

INTRODUCTION

FOCUSED SERVICES INTERVAL

> *So much of the decision to make a life-long commitment to a child is based upon the capacity of the parent and the child to have a relationship; however, when a child has more challenging issues, it is critical that the appropriate mental health services, educational services, and supports for the family are in place and are guaranteed to continue long after finalization.*
>
> *Adoptive Parent*

Although many families are willing to adopt or assume guardianship of children who are involved in the child welfare system, it can be difficult to find permanent homes for children with challenging emotional, behavioral, or mental health issues. As a result, children with these challenges are at risk of aging out of the child welfare system without having experienced permanence. Focused services have a dual purpose. These services are intended to address the emotional, behavioral, and mental health needs of children and also prepare families so that they feel confident in their ability to meet the needs of the children both pre- and post-permanence. Interventions in this interval aim to maintain the stability of permanent resources once they are identified and ensure that children move to permanence with all parties prepared to face the challenges that might arise over time.

POPULATION

Services and supports in the focused interval are tailored to meet the needs of children who have challenging mental health, emotional, or behavioral issues. Typically, children targeted for focused services have been in care for a significant ammount of time, and have encountered difficulties moving to permanence, which have not been resolved with traditional permanency planning and preparation. These children might be placed in congregate care settings or moving around in foster homes waiting for an adoptive or guardianship placement to be identified. Some children targeted for focused services might have been placed in an identified adoptive or guardianship home but the placement has not progressed to finalization for a significant period. Although these families may be willing to be a placement resource, they are hesitant to assume legal responsibility for a child with challenging mental health, emotional, or behavioral issues. Some children in this population, including children who have been adopted privately or internationally, might have experienced a disrupted or dissolved adoption or guardianship.

Families identified as potential adoptive or guardianship homes do not move to finalization for a variety of reasons. These reasons include uncertainties about the availability of services and supports, including confusion around services they perceive they may lose or actually do lose after finalization. This could include specific counseling services, support and assistance from the case manager, or respite services. For some families, moving to finalization would mean either a loss or reduction in their monthly stipend, making it difficult to meet the children's special needs. Likewise, some families who recognize that the children have challenging issues that need long-term or specialized services might not feel comfortable losing the safety net of the services and supports currently in place. In addition to the subsidy and services, some families have concerns about the responsibility of assuming legal responsibility of children who have challenging mental health, emotional, or medical needs. Relatives might have concerns listed above but also have concerns about how moving to permanence might alter their family structure or affect their relationship with the child's biological parents.

To better understand the needs and concerns of prospective adoptive parents when considering adopting children from the foster care system, three organizations—Children's Rights, the National Foster Parent Association, and the North American Council on Adoption—collaborated in 2005 to conduct a survey of adoptive and prospective adoptive parents. The major findings of the survey included the following:

81%

adoptive and prospective adoptive parents reported that the availability of adoption subsidies was important to their decision to adopt

58%

of respondents said they could not adopt without a subsidy

More than half

of the respondents indicated the subsidy amount was insufficient to meet the child's needs

88%

reported that receipt of Medicaid for the child was critical to their decision to adopt

In addition, almost half (47%) of the adoptive parents reported that the adoption subsidy they received after finalization was lower than the subsidy they received as foster parents.

REPORT LOWER ADOPTION THAN FOSTER SUBSIDY

In 2011, the U. S. Department of Health and Human Services, Administration for Children and Families published a report that synthesized findings from several demonstrations of subsidized guardianship waiver programs. This report also examined factors that influenced a child's exit to guardianship and the caregiver's decision to accept subsidized guardianship. According to the report, the caregiver's perceived or actual loss of subsidy and services impacted whether the offer of guardianship was accepted.

Important steps in ensuring child welfare systems can identify ways to alleviate the challenges hindering the move to permanence include understanding the concerns families have regarding finalization and ensuring supports and services are in place before finalization occurs. Adequate services and supports coupled with preparation tailored to the specific needs of the children and families can help achieve permanence for children with challenging emotional, behavioral, or mental health issues.

Another critical aspect of achieving permanence for this population of children is for systems to be aware of child- and family-level risk factors associated with elevated rates of disruption. According to the Children's Bureau, the term *disruption* refers to circumstances that occur when an adoption process is stopped after the child has been placed in the potential adoptive home but before the legal process of adoption is finalized. Disruption is generally associated with challenges experienced by either the adoptive parents, children, or with service provision. Although research varies regarding the impact of risk factors, some of the risk factors commonly associated with adoption are summarized below.

ADOPTIVE PARENTS

- Lower ratings of motivation to adopt
- Unrealistic parental expectations
- Lack of flexibility
- Inability or reduced willingness to cope with children's problems, demands, and behaviors
- A lot of preferences related to the characteristics of children they want to adopt

CHILDREN'S HISTORY AND PRESENTING PROBLEM

- Age of child: older age (i.e., older age is a risk factor at several points, including at entry to the child welfare system and at placement
- Placement history: child has had multiple placement moves, placed in residential facilities, extended period in foster care before moving toward adoption, and previous adoptive placements that were disrupted or dissolved.
- Extensive numbers and severity of emotional, cognitive, or physical problems at time of adoptive placement.
- Strong attachment to biological mother

SERVICE FACTORS

- Lack of continuity in adoption preparations, such as when workers preparing the child are not the same workers preparing the prospective adoptive/guardianship family.
- Providing families with incomplete or insufficient information before placement regarding the child's needs.
- Lack of preparation and supports, leaving families feeling they are unequipped to meet the needs of the child.

Research on the benefits and risks of kin adopting or becoming legal guardians is just beginning to emerge. A preponderance of research has shown that, as compared with children in traditional foster care placements, children placed with kin experience greater placement stability and accrue benefits associated with maintaining a familial relationship. In addition, research findings suggest that children fare better when they exit the child welfare system through adoption or guardianship with families the child knew before finalization (e.g., foster parents or relatives) rather than new families. However, research also suggests that without financial assistance, taking on the role of adoptive parent or guardian can be difficult for kin who are older, particularly elderly kin with limited incomes. These kinship caregivers can experience additional stressors, including having to draw on their retirement funds to meet the needs of the children in their home; facing challenges with transportation; and experiencing acute and/or chronic health conditions, which impede their ability to be actively involved with the children. The combination of these stressors and the responsibilities associated with the daily care of children can take a toll on the physical and mental health of older kinship caregivers.

These risk factors reflect the complex nature of child and family interactions as well as unique elements present in every case. Given that children who embody some of the risk factors mentioned above are the target population of the services and supports in the focused interval, it is critical for child welfare workers to be aware all the risk factors so that they can intervene to mitigate as many potential risk factors as possible.

FOCUSED INTERVENTIONS

PRACTICE PRINCIPLES

Interventions in the focused interval are associated with three primary practice principles:

1. Interventions should not only prepare families to manage the special needs of the child but also help families develop their capacity to care for a child with challenging emotional, behavioral, or mental health issues.

   Although intensive recruitment interventions are critical for this population, to be truly effective, recruitment must be coupled with interventions that prepare families for parenting a child with challenging behaviors. Families need to be aware of the scope of the child's needs, be fully cognizant of the family's role in helping the child heal and cope with past trauma, and be prepared to effectively manage the child's mental, health, emotional, and behavior issues.

2. Tailor recruitment and matching services to the individual needs of children.

   Recruitment of potential families for this population of children has been shown to be more successful when focused on the pool of people the child already knows such as relatives, foster parents, and other familiar adults who are or have been involved in the life of the child. Even though family dynamics can complicate the transition from foster care to adoption or guardianship for some families, the literature on disruption and discontinuity indicates children who are placed with a relative (i.e., relative placements) experience substantially fewer placement disruptions than children who are placed with people they did not know before the placement.

3. Develop detailed plans outlining the specific services and supports the children and families will receive post permanence.

   Children and families who are targeted for focused interventions are likely to need supports and services at different points throughout their journey. As such, interventions should not only provide services and supports needed in the short-term but also include components that prepare parents to address potential post-permanency concerns. In addition, these interventions should aim to make families aware of the services and supports available to them and how they can access these resources when needed.

QIC-AG INTERVENTIONS

The QIC-AG implemented and evaluated two interventions at the Focused Services Interval: Family Group Decision Making and Pathways to Permanence 2: Parenting children who have Experienced Trauma and Loss.

FAMILY GROUP DECISION MAKING

The Child & Family Services (CFS) program of the Winnebago Tribe of Nebraska sought to provide culturally appropriate services focused on successful safety, well-being, and permanency outcomes for children and families. However, CFS did not have a recognized, culturally competent, family engagement practice to promote decision making related to permanence. To address this need, the Tribe's Stakeholder Advisory Team selected Family Group Decision Making (FGDM), a practice model that reaches back to indigenous practices of the Maori people of New Zealand.

FGDM honors the inherent value of involving family groups in decisions about children who need protection or care. As opposed to decisions, approaches, and interventions that are handed down to families, FGDM is designed as a deliberate practice that restores the balance of power to the families., Families lead the decision-making process, and the statutory authorities agree to support family plans that adequately address agency concerns. A trained FGDM coordinator supports the family throughout the process, including the initial referral, preparation for the conference, decision making, and follow-up after the action plan is in place. With specific overlays to reflect the Ho-Chunk culture and language, the FGDM model aligned with the cultural values the Stakeholder Advisory Team sought to recognize and support families as they determined the best permanency option for their children. These overlays led to the creation of the Ważokį Wošgą Gicą Wo'ųpį (Possible Cultural Family Choices) FGDM program.

PATHWAYS TO PERMANENCE 2: PARENTING CHILDREN WHO HAVE EXPERIENCED TRAUMA AND LOSS

Foster parents and relative caregivers who are committed to permanence sometimes become discouraged when they encounter the difficult emotional, behavioral, or mental health issues often rooted in their foster child's experiences of trauma and loss. The Texas site team determined that proactively providing families with tools and skills to help them care for children who have experienced trauma and loss was the best approach to reaching two goals: (a) minimizing disruption in adoption and guardianship families, and (b) increasing the number of families willing and able to move forward with permanence. To provide these critical tools and skills, the Texas site team implemented the parent/caregiver curriculum, Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss (hereafter, Pathways 2). The Pathways 2 program was developed by the Kinship Center (www.kinshipcenter.org), a member of the Seneca Family of Agencies in California, a nonprofit mental health agency. The Pathways 2 program uses a seven-session group format to guide adoptive parents, foster parents, kinship caregivers, and guardians through robust discussion and activities designed to strengthen their family. Pathways 2 has four primary goals:

- Provide families with both a practical and a clinical understanding of childhood trauma, grief, loss, and the impact of these experiences on children.
- Help families recognize and address core issues of adoption and guardianship that might arise while establishing permanence.
- Empower adults to respond effectively and with greater empathy when children present difficult behaviors.
- Stabilize families as they help children heal from trauma.

EXAMPLES OF OTHER INTERVENTIONS

The section below presents summaries of three interventions, considered to be promising practices, that are designed to recruit, prepare, and support families interested in providing permanent homes for older children and children with challenges related to mental health, emotional, and behavioral issues. Each of these interventions not only recognizes the importance of supporting families before and immediately after children are placed in the home but also emphasizes the need to continue providing adoptive and guardianship families with services, training, and support after finalization. Additional information about the interventions is provided in the QIC-AG Intervention and Program Catalog (see http://qic-ag.org).

YOU GOTTA BELIEVE

The You Gotta Believe intervention is based on a model demonstration project funded by the Children's Bureau from 2004 to 2008. The project goals were (a) to find permanent adoptive parents for teens living in congregate care settings who were freed for adoption or (b) to find committed permanent families for children who were in danger of discharge from foster care without a permanent arrangement. The program teaches prospective parents why children who have experienced various forms of trauma (e.g., physical abuse, abandonment, rejection, victimization, sexual abuse, and neglect) sometimes (or perhaps often) exhibit survival behaviors, which parents and other adults find difficult to manage. This program also teaches prospective parents why their commitment is the only way that youth will ultimately heal from the trauma. You Gotta Believe consists of three key components: intensive recruitment, preparation, and support.

- ***Intensive recruitment.*** Efforts in the recruitment component are tailored to the network of people whom the youth know well or those with whom the youth have some type of relationship, such as relatives, former foster parents, professionals, employers, or their friends' parents.
- ***Preparation***. As part of the preparation component, individuals recruited as potential parents participate in a 10-week learning experience. This learning experience is designed to help people who already love and care for a child with special needs to develop the skills and tools needed to sustain their commitment to the child and make the crucial decision of agreeing to be a parent that lasts for a lifetime.
- ***Support.*** This program component uses experienced adoptive parents or former foster youth as shadow workers. After the child has moved into the home, a shadow worker is assigned to the family to provide emotional support to supplement the support provided by the foster care worker of record.

PATHWAYS TO ADOPTION: PARENT TRAINING (JUST IN TIME TRAINING)

The State of Utah's Pathways to Adoption training is an early intervention, multi-purpose training series that incorporates opportunities for adoptive parents to build relationships with post-adoption services staff and other adoptive families. In Utah, families wishing to adopt special needs children must be licensed, which requires completing a pre-licensing and pre-placement, parenting-training program. The Pathways to Adoption program requires licensed families to attend a series of psychoeducational classes shortly after their adopted child has moved into their home. Overall, this program aims to provide parents the information they need as they need it – or "just in time"— when they can immediately apply what they have learned to parenting their newly adopted, special needs child. Class sessions are designed to reinforce previous lessons as well as provide in-depth exploration of concepts learned in the pre-placement training.

The Pathways to Adoption program has four primary goals:

» Increase the knowledge and skills of adoptive parents by increasing their knowledge of trauma and its effects, and helping parents develop the understanding and skills needed to effectively manage their child's survival behaviors "in the moment" when parents are dealing with the behaviors.

» Provide adoptive parents with an opportunity to develop a positive relationship with their post-adoption workers and leaders of local peer-support groups, so new adoptive parents can be encouraged to "call early and call often" when they need help.

» Encourage adoptive parents to rely on other adoptive parents as a support network and to share respite care.

» Help adoptive parents become familiar with resources available in their community, including support groups, respite care, mental health facilities, and educational workshops.

CHILDREN'S MENTAL HEALTH CLINIC: THE KINSHIP CENTER

The Children's Mental Health Clinic was created and implemented by the Kinship Center in the cities of Monterey and San Luis Opisbo in Southern California. The Kinship Center (http://www.kinshipcenter.org) provides mental health services through an innovative delivery system that is woven into its various programs, including foster care and adoption programs. In addition, the Center has integrated a support program for relative caregivers into services provided in its permanency-focused children's clinics. The clinics provide permanency-focused family-based therapy, which families can begin to access after children are placed with them and can continue to receive after finalization. The program targets children who have severe mental health, emotional, and behavioral issues. The underlying therapeutic principle holds that the family, not the therapist, is the most important healing agent. Instead of talk therapy, which can be less helpful for traumatized children until they gain familiarity with their body-based feelings of fear, anger, and immobilization, the clinic uses sensory therapy and non-traditional forms of therapy that enable the families and children to continue the work of family therapy in their routine settings. Examples of the non-traditional forms of therapy used in the clinics include drumming (African and Japanese), cooking, eye movement desensitization and reprocessing (EMDR), occupational therapy, horticultural therapy, yoga, surf camps, Theraplay®, and sand trays. In addition, the clinics have on-site psychologists and psychiatrists when assessment and medication management are necessary.

OUTPUTS AND OUTCOMES

The specific outputs and short-term outcomes of focused interventions will vary based on the intervention selected to implement and evaluate. However, in general, services and supports offered at the focused interval aim to address one or more of the following short-term measures of successful efforts:

- improved quality of child–caregiver interactions;
- increased proportion of children with challenging emotional, behavioral, or mental health issues, who are placed in homes intended to be permanent;
- improved child behavioral health; and
- reduced levels of parenting stress and burden.

Longer-term outcomes of interventions in the focused interval that can be tracked and used to evaluate program effectiveness include results showing fewer children whose adoptive or guardianship placement is disrupted before finalization, decreased periods in foster care, and increased rates of achieving legal permanence for children who receive services associated with the focused interval.

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

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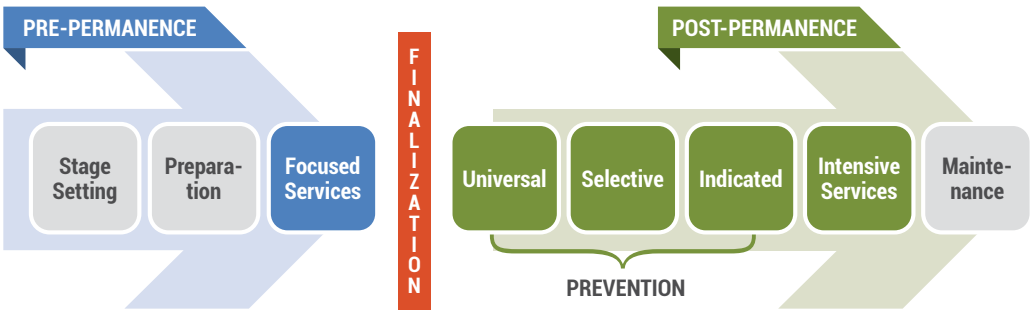
UNIVERSAL

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

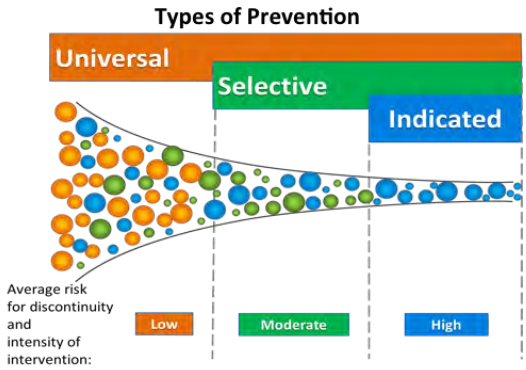


INTRODUCTION

UNIVERSAL INTERVAL

> *'It takes a village to raise a child' brings a whole new meaning when working with families who are raising children who have been impacted by trauma. Families who have adopted or assumed guardianship need to be constantly reminded that there is an extra layer of support that they can access at any time. So often these families feel isolated and fear that no one will understand their struggles.*
>
> *Post Adoptive Supervisor*

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 contain different levels of risk. Universal is the first of the three prevention intervals. The differences between these three intervals are based on the degree of average 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,

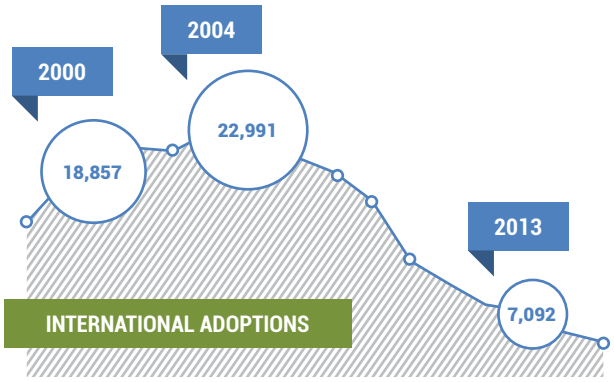


universal prevention efforts are strategies delivered to a broad population, without consideration of the extent of child-specific risk or individual variation in need. For the purpose of the QIC-AG, Universal prevention efforts targeted families after adoption or guardianship had been finalized. Universal strategies include outreach efforts and engagement strategies that are intended to: 1) keep families connected with available supports; 2) improve the family's awareness of the services and supports available for current and future needs, and; 3) educate families about issues before problems arise.

Universal intervention strategies are proactive and preventive in nature. These strategies include outreach efforts and ongoing systematic plans for engagement. All these strategies are intended to reduce adoption discontinuity by connecting families to services and by educating parents and guardians about potential permanency-related issues that might arise over time as their child develops. Universal interventions aim to reassure families that they are not alone in their adoption or guardianship journey and that they can continue to obtain support and services after legal permanence.

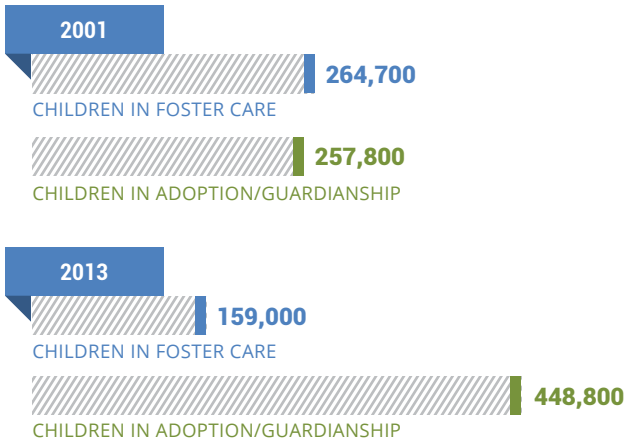
POPULATION

Universal prevention efforts are focused on the families of children who exited foster care through adoption or guardianship, and the families of children adopted through private domestic adoption agencies or adopted internationally. Although there is significant data on children that exited the foster care system through adoption or guardianship, there is no national data available that reports the number of adoptions that occur annually through private domestic adoption agencies. The U.S. State Department estimates approximately 7,000 children were adopted in the United States from other countries in 2013, which was a significant decrease from the approximately 20,000 international adoptions that occurred annually between 2000 and 2008.



Source: https://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html

For children involved with the child welfare system, a dramatic change has occurred in the composition of the child population supported by federal funds. Over the past decade, the number of children and youth in foster care has decreased dramatically, while the number of children outside the formal foster care system that are supported through federally funded adoption and guardianship subsidies has increased substantially. According to the



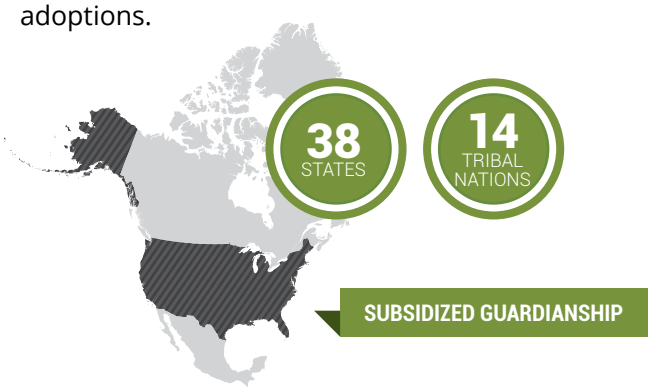
Committee on Ways and Means of the U.S. House of Representatives, national data for 2001 showed similar numbers of children were living in foster care (264,700) as were receiving adoption or guardianship subsidies (257,800). However, by 2013, there were 2.8 children receiving an adoption or guardianship subsidy for every child in foster care (159,000 children in IV-E subsidized foster care compared to 448,800 children living in IV-E subsidized adoptive or guardianship homes). Additional information on this

transformation is available in the document titled *Introduction to the Continuum Framework*.

Although there is the clear expectation that these families will be able to obtain the support and services they need to care for the children they have adopted or taken under their guardianship, the Children's Bureau estimates that between 2% and 10% of these children will experience either the termination of their adoption or other discontinuity in their care after the adoption is legally finalized. Little is known about the discontinuity rates for private domestic and international adoptions, but newspaper articles about the "re-homing" of children largely adopted through international channels have increased questions regarding the stability of such arrangements and prompted greater attention to adoptive families' need for support.

For generations, the conventional wisdom was that a court order concluded a child's quest for permanence and assured the well-being of the child. Most believed that once the child was adopted, there was no need for any further services and supports. In fact, any post-finalization contact by the child welfare system or a private adoption agency was often regarded as intrusive. In an effort to ensure privacy, the court typically sealed adoption records, and information related to the child's pre-adoptive identity was intentionally obscured.

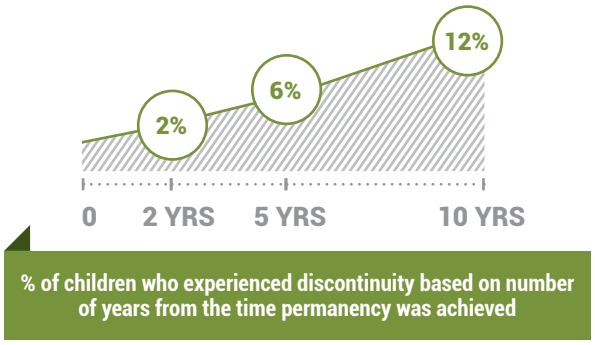
Today's adoptive and guardianship families look different from what they looked like in the past, as do the children who are being adopted or taken into guardianship arrangements. For example, older children once deemed "unadoptable" because of their age are now routinely being adopted. In part, the changing face of adoptive and guardianship families has come about through changes in services and supports for these families. For instance, as of July 2019, federally supported guardianship was available in 52 jurisdictions. This includes 38 states and 14 Tribal Nations. As compared with past decades, permanency planning with relatives is far more common. In addition, adoptive parents are encouraged to have open and ongoing contact with members of the child's biological family. Moreover, reflecting changes in society at large, it is not uncommon for parents and guardians to be unmarried, single, gay, or of a different ethnicity than the child. According to National Survey of Adoptive Parents, 21% of private domestic adoptions were transracial as were 28% of foster care adoptions and 84% of international adoptions.



Within the current context, legal permanence is only the first step toward building a system with the capacity to promote the well-being of children and their families. Adoption and guardianship form new families that are intended to be permanent; however, these newly formed families might occasionally need support, or even more intensive services at times, to remain together. Universal strategies can help families navigate the complexities of redefining relationships, nurturing resilience, and addressing the myriad issues that might arise before and after legal permanence has been finalized. Universal strategies provide early and ongoing links to services that keep children, youth, parents, and guardians connected to support systems, and keep families informed of services that can be accessed if and when the need arises.

POST-PERMANENCY NEEDS

It is important to note that most adoptive and guardianship families report their children are doing well. Most families are able to meet the needs of their children on their own, and the majority of caregivers report overall satisfaction with the adoption or guardianship. However, adoptive parents and guardians may need ongoing support to address the normal developmental and transitional issues associated with the movement to permanence. These issues include challenges such as preparing to address changes in familial roles, a new sense of identity, and the ongoing impact that being involved with the child welfare system can have on family dynamics.



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

According to research from Illinois, some families have needs that arise before permanency and continue to require assistance in the period immediately after finalization: a cumulative 2% of children experience discontinuity two years post-finalization. In contrast, some families might not need assistance until years after the permanency arrangement has been finalized. A cumulative 6% of children experience discontinuity at five years, and 12% at 10 years post-permanency. In many cases, the discontinuity at 10 years coincides with the child's entering adolescence. Over 20 years of follow-up data shows, regardless of the child's age at the time of finalization, discontinuity is most likely to occur when the child enters her or his teenage years. Given the time that might pass between finalization of the adoption or guardianship and when the risk of discontinuity heightens, it is important to ensure that universal interventions emphasize the availability of ongoing supports and services throughout post-permanency. Further, it is crucial that prevention efforts anticipate the struggles families might experience during the teenage years which make it even more important to commence universal interventions before children reach this developmental phase.

Barriers to Reaching Families Post-Permanence. While the intention is to make universal interventions available and accessible for all adoptive and guardianship families, these target families are not always easily identified and connections are not easily maintained once adoptions or guardianships are finalized. Several issues can affect connections to families who have adopted or

assumed guardianship through the child welfare system. Many child welfare systems do not have a systematic method for maintaining connections to families after the permanency arrangement has been finalized. Historically, child welfare systems have maintained current mailing addresses for families post-permanence because subsidy checks were mailed to the caregivers' permanent address. Although most adoptive parents or legal guardians receive a subsidy post-finalization, these payments are increasingly made electronically as a direct deposit to a bank, bypassing the mail system and the address of the family's residence. Therefore, contact information that is current at finalization is often not updated and maintained over time. Moreover, in cases where the family does not receive a subsidy, the state is left without an address at the time of finalization.

Some systems maintain ongoing contact with families post permanency only if families contact the state, that is "reach out" on their own seeking services or assistance. However, for families whose experience with the child welfare system was not a positive one, reaching out for assistance and rekindling a relationship might not be an appealing option. In some cases, the fear of getting re-entangled in the child welfare net can also keep families from seeking assistance.

Another barrier to reaching these families has been the implicit message that once adoptions or guardianships are finalized, parents and guardians should not need further support and services. Consequently, needing help was perceived as failure. This misperception can be exacerbated by systems that do not have a well-known point of entry for finding services, or when that point of entry is the abuse/neglect call-in line. Universal interventions should strive to send families a clear message that there is no shame in needing assistance, and that seeking help is actually a parenting strength.

Few details are available regarding the tracking of families who have adopted a child through a private domestic adoption agency or through a private international agency. Currently, post-finalization contact for international adoptions varies by country of origin, and no central repository exists for collecting this information.

In some cases, the fear of getting re-entangled in the child welfare net can also keep families from seeking assistance.

UNIVERSAL INTERVENTIONS

PRACTICE PRINCIPLES

Universal interventions are intended to make families formed by adoption or guardianship aware of the array of supportive services available to them both *now* and *in the future*. These interventions are a "light touch" that convey to the family, "we are here for you anytime you need us." While the scope of universal services is varied, interventions in this category should include the following practice principles:

- Embody a proactive approach;
- Offer services that are adoption- and guardianship-competent;
- Incorporate a trauma-informed perspective;
- Maintain ongoing connections with all families who have adopted a child or assumed guardianship of a child;
- Seek to build resilience rather than respond to crisis;
- Normalize the expectation that adoptive and guardianship families can benefit from receiving periodic supportive interventions throughout the life of the child;
- Provide outreach to families and ensure support services are easily identifiable and easily accessible to families, without referrals or wait-times;
- Foster connections among adoptive and guardianship families by using in-person or virtual contact such as phone, mail, or e-mail contact;
- Operate from a strength-based, culturally respectful, and legal-permanence competent perspective;
- Reinforce the availability of support services for existing or emerging issues; and
- Provide ongoing access to educational opportunities, services, and resources to strengthen family relationships and well-being of all members.

QIC-AG INTERVENTIONS

The QIC-AG implemented one intervention at the Universal Interval: The Vermont Permanency Survey.

THE VERMONT PERMANENCY SURVEY

The Vermont QIC-AG project developed the Vermont Permanency Survey to learn about the experiences of families both pre- and post-permanence. Vermont conducted an in-depth analysis of adoptive and guardianship families in their state so that they could identify and understand the strengths of families who reported they were doing well and spot signals of those who might be at risk of discontinuity. The Vermont team also wanted to under-

stand the landscape of the services available and how well families could connect to them.

The Vermont Permanency Survey consisted of validated measures and questions identified by the Vermont site team that fell into the following categories:

» Family well-being: to better understand the factors that can impact the family's safety, permanence, and stability.

» Child well-being: to identify and understand the strengths and challenges of children and youth who are adopted or being cared for through guardianship.

» Caregiver well-being: to identify and understand the strengths and experiences of caregivers who have adopted or assumed guardianship of a child.

» Community services: to identify and rate the level of helpfulness of the preparation services families used prior to adoption or guardianship and family support services available after achieving permanence.

Data from the survey was analyzed by district and the project results are being distributed across the Vermont system of care through district meetings.

EXAMPLES OF OTHER INTERVENTIONS

Universal interventions might include outreach through personal calls; "warm-lines;" friendly visits; media messages, and online resources. These interventions might also include routine "check-ins" to assess emerging needs, the parent/guardian's confidence in managing those needs, and the parent/guardian's continued level of commitment to parenting. The following are some examples of evidence-informed and promising practices that exemplify the tenants of universal intervention.

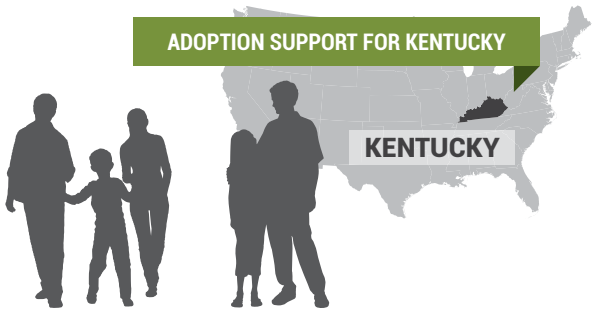
1. Post-Permanency Outreach

In **Illinois**, a survey of adoptive parents and legal guardians was conducted post finalization to better understand the parent/guardian's needs and the impact of the adoption or guardianship on their family. These survey responses were later linked to administrative data to examine if a connection existed between the parent/guardian's responses and post-permanency discontinuity. The research found the parents' and guardians' survey responses were predictive of which families would experience discontinuity. In other words, by simply asking questions about the impact of the adoption or guardianship, researchers could identify the families most at-risk for experiencing difficulties post-permanency and then target those families for additional outreach, support, and services.

2. Resource, Referral, and Support

In **Wisconsin**, the Home to Stay program is an initiative of the Coalition for Children, Youth & Families in collaboration with Jockey Being Family. The program was created to support families in the post-permanency period who have adopted through the foster care system. Home to Stay connects families with a post-adoption specialist who visits their home after adoption finalization, bringing personalized backpacks for all of the children in the home and special gifts for the parents. Each backpack features the child's initials and is filled with a handmade blanket, books, games, and music – all personalized to the children's interests. Parents receive a Jockey Being Family tote bag with information and resources to assist the family as they adjust to adoption as a family. The Home to Stay newsletter, *Partners*, is published three times a year and provides adoptive families with information on how to access the full continuum of services and supports offered through the Post-Adoption Resource Centers of Wisconsin.

The **New Jersey** Adoption Resource Clearing House (NJARCH) offers an array of links to adoption-related research and resources for parents and professionals. NJARCH provides adoption advocacy, support, education, information, and resources through a website, phone, e-mail warm line, and online chat rooms. In addition, NJARCH provides support group advocacy, buddy mentoring, and training workshops for adoption support groups and conferences (njarch.org). Adoptive and guardianship families in New Jersey are informed of this program through various methods, including letters sent by the state child welfare agency, resource listings, and notifications of the program during full disclosure and direct outreach provided by NJARCH.



In **Kentucky**, the Adoption Support for Kentucky (A.S.K.) program strives to prevent placement disruptions by providing peer-led support and training for adoptive parents or guardians. The program uses peer-support groups to offer a combination of education and pre- and post-adoption support services to foster and adoptive parents. The support groups are held throughout the state and are led by adoptive parent liaisons. All parent liaisons are adoptive parents themselves who are familiar with the challenges and needs of the families they serve. In addition to support groups, the parent liaisons provide information and support by phone, e-mail and during one-on-one meetings. Specific components of A.S.K. include training, peer connection, group and individual support from an experienced adoptive family, advocacy assistance, linkages to resources and referrals, and free on-site child care for families.

Each region of Kentucky has at least two ongoing parent support groups. The groups run continuously throughout the year and are open to any adoptive

parent residing in Kentucky. Awareness of the A.S.K. program is routinely reinforced by being highlighted in a newsletter that goes out to all foster parents, mentioned at various recruitment and matching events, presented at conferences, and included in referrals for families who are seeking assistance. The adoptive parent support groups fill a particularly important role in the rural areas of the state that have few community supports.

Evaluations of the A.S.K. program have shown that participants reported high levels of satisfaction, and many believed the program had stabilized their families and prevented an adoption disruption. Participants reported feeling comfortable with disclosing the difficulties they were experiencing when such disclosures were made to others who have experienced similar situations. Additional information about this program can be found in the QIC-AG Intervention and Program Catalog (available at http://qic-ag.org)

OUTPUTS AND OUTCOMES

A key consideration for prevention work is the selection of outcomes that are both realistic and are capable of being evaluated to determine the effectiveness of the effort. Too often prevention efforts are assigned distal outcomes that are more appropriate to a later stage in the process. More proximal measures of successful universal prevention efforts might include the percentage of the population contacted and the response rates associated with outreach efforts. 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.

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

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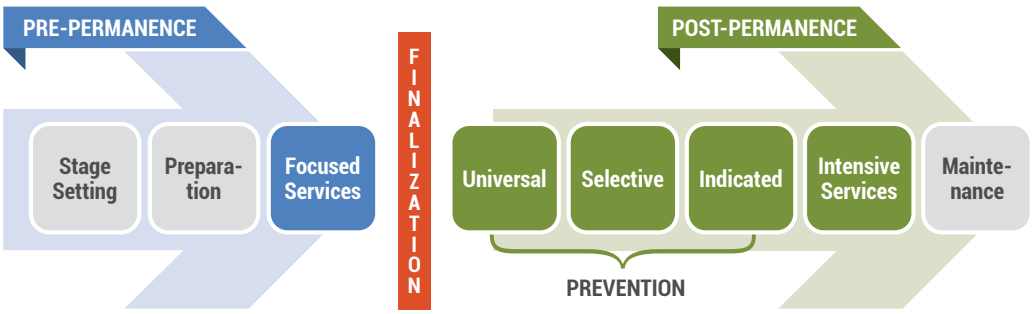
SELECTIVE

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

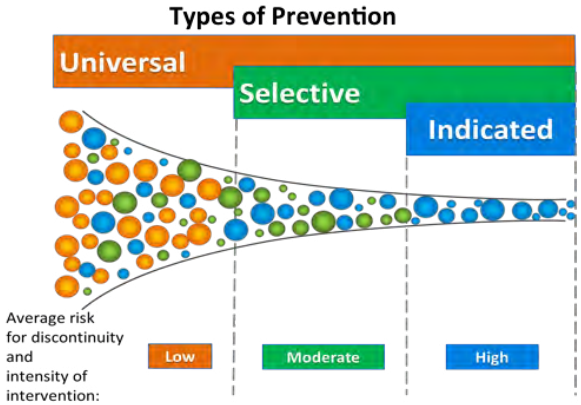


INTRODUCTION

SELECTIVE INTERVAL

> *We adopted two sons from a residential facility. Crisis was often just around the corner. Having somebody proactively check in with us and offer services and supports could have eliminated some of our anxiety and made us feel like we were not in this endeavor on our own.*
>
> *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 efforts into three intervals—universal, selective, and indicated—each of which covers a different level of risk. Selective is the second of the three prevention intervals. The differences between these three intervals are based on the degree of average risk and the intensity of the intervention. As shown in the figure to the right, the target population of each interval narrows as the continuum moves from universal to selective to indicated. In addition, as the extent of risk for post-permanency discontinuity increases, the intensity of the intervention also increases. According to Springer and Phillips, *selection prevention efforts* are programs and practices that target subgroups based on identified risk factors. For the purposes of the QIC-AG, selective prevention efforts target subgroups identified at the time of finalization as having elevated risks for post-permanency discontinuity. Selective prevention efforts aim to be proactive by engaging in outreach to families. Some children and families targeted for outreach may never manifest the problematic relationships that indicate high risk. Overall, selective prevention strives to forestall the escalation of moderate risk into high risk by enhancing and/or increasing knowledge, attitudes, and skills of families in caring for children they have adopted or taken under their guardianship.



POPULATION

Selective interventions are designed for the sector of the post-permanency population with a moderate level of risk for discontinuity. Interventions in this interval target children and families whose individual behaviors or family characteristics have been suggested by research as putting these families at elevated risk for post-permanency discontinuity compared to the universe of families who have adopted or assumed guardianship. The assessment of risk factors is based on what is known at the time of an adoption or guardianship is finalized. The summaries below describe some of the risk factors that are useful and appropriate for identifying children and families for selective interventions.

EXAMPLES OF RISK FACTORS ASSOCIATED WITH CHILD CHARACTERISTICS

Child Age. A child's teen years are well known as a challenging time for most families. Further, research has documented that the teen years can be a particularly difficult period for children who exited foster care through adoption or guardianship. Given the traumatic life experiences that many children in foster care have endured, it can be anticipated that these children might have ongoing identity and role adjustment issues that can intensify as they enter adolescence. Research has shown that the older a child is at adoption, the greater the challenges with his or her behavioral issues and the family's functioning after adoption.

Number of Previous Placements. A vast amount of literature exists regarding the harmful effects placement instability has on foster children's social and emotional well-being. Literature also exists which links post-permanency behavioral issues, family functioning, and discontinuity risks to multiple foster placements prior to permanence.

Placement History. Elevated risk has been shown to be associated with not only a child's number of placements while in foster care but also the types of placement while in foster care. For example, research has found elevated risk factors associated with children placed in congregate care. Placements indicative of challenges that make it difficult for children to adjust to a family setting include residential facilities, group homes, and mental health facilities. As such, these placements suggest that children have exhibited more intensive needs in the past, which could lead to greater challenges after adoption or guardianship is finalized. A survey of parents, all of whom had adopted children with special needs, found that children who had a group home or psychiatric placement prior to adoption were associated with poor post-adoption outcomes (e.g., greater frequency or severity of behavioral issues, worse school performance, or a negative impact on the family).

Severity and Complexity of Special Needs. Many children in the U.S. child welfare system have endured some level of trauma, which can lead to emotional, mental health, or behavioral problems. Research has shown increased levels of risk factors occur not only among children who have more severe issues in one of these areas but also among children who have needs that accumulate across multiple areas. The number and extent of a child's special needs is one of the most significant predictors of child outcomes and family adjustment to adoption. Studies have found that children who have an identified disability or special needs were more likely to exhibit poor family functioning after adoption. Further, these families were found less likely to have a positive post-adoption adjustment period 18- to 24- months post-adoption.

Sibling Placement. Although research has produced mixed findings on the impact of siblings separated from each other due to adoption and guardianship, some studies have shown children's behavior improves when they are placed together with their sibling group. Researchers conducting studies of family functioning in adoptive families have found that as compared with parents who adopted only one sibling, most parents who adopted a sibling group reported fewer problems with externalized child behaviors. Erich and Leung reported that parents who adopted only one of the children who were part of a sibling group were more likely to report behavior problems than parents who adopted a sibling group. These studies suggest that adopting only one child from a sibling group can complicate the child's adjustment to his or her adoptive family.

EXAMPLES OF RISK FACTORS ASSOCIATED WITH PARENT OR GUARDIAN CHARACTERISTICS

Family Characteristics. Factors shown to have a potential impact on family functioning and the level of satisfaction within the family regarding adoption or guardianship include parental characteristics of education level, marital status, parenting style, and income level. In addition, other research studies have found that when families have encountered child behavioral issues, children living with married caregivers were less likely to experience post-permanency discontinuity than children living with caregivers with other marital status (e.g., single or unmarried caregivers). Other characteristics shown to increase risk of discontinuity include caregivers who are distant kin and the caregiver's perception of the adequacy of the adoption/guardianship financial subsidy received.

Relationship Between Child and Adoptive Parent or Guardian. Research has consistently found adoption by kin serves as a protective factor in maintaining permanence. In addition, the majority of kin caregivers have reported a positive relationship with the adopted child and expressed a willingness to adopt the child again. However, findings from research conducted with adoptive and guardianship families suggest that longer-lasting permanent homes are more likely to be formed with either kin caregivers who are closely related to the child (e.g., grandparents, aunts and uncles) or unrelated caregivers with a close relationship to the child (e.g., former foster parents) rather than distant kin (e.g., cousins).

Family Preparation and Supportive Services. Several research studies have examined the impact of preparation and supportive services provided before and after legal permanence. Some research found that providing adoptive parents with up-to-date background information about the child and both pre- and post-adoption services helped adoptive parents successfully adapt to ongoing concerns post-permanence. Another study found that parents' satisfaction with adoption preparation services had a positive impact on the emotional and behavioral outcomes of their adoptive children. Other studies have found other factors important to the overall well-being of adoptive families included parents' knowledge of adoption-related issues, parents' receipt of child-specific information, and workers' responses to issues or questions raised by adoptive parents.

Numerous risk factors can be used to identify the subgroups of children and families that a child welfare system would want to focus on as the target for selective prevention outreach. These subgroups will likely vary based on the unique demographics and needs within each child welfare system. Capturing the risk factors can prove to be challenging. Not all risk factors are easily captured through administrative data records. Some of risk factors used as examples above are typically maintained in administrative data records (e.g., the number of placement moves in foster care, child's age) while other information is not routinely gathered in such records.

Once the children and families have been identified based on the risk factors, the system must develop a process to proactively reach out to families. It is critically important that this outreach remain sensitive to a family's privacy and is not perceived as intrusive. Barriers can exist in finding current phone numbers and addresses for families. As child welfare systems move to direct deposit, addresses and phone numbers for families are not always actively maintained, making outreach difficult. Once contacted, many families will welcome post-permanency outreach by child welfare staff but some will find such outreach intrusive and unwelcomed. In a study of adoptive parents and guardians conducted in conjunction with the Illinois public child welfare system, interviewers were unable to contact more than one-quarter (27.3%) of caregivers eligible for the study, even though these caregivers were currently receiving a guardianship or adoption subsidy from the state. Further, some of the parents who were contacted stated that their children were not aware that they had been adopted and, therefore, the parents did not want outreach by the child welfare system.

INTERVENTION

PRACTICE PRINCIPLES

Interventions in the selective interval are associated with four primary practice principles:

1. Provide selective outreach efforts based on characteristics known at time of adoption or guardianship finalization, which are associated with post-permanency discontinuity.

Selective interventions use a process of research and data analysis to identify the risk factors more likely to result in discontinuity. However, even when these risk factors are prevalent at the time of finalization, their presence does not infer that the children and families are or will have issues with discontinuity. Instead these interventions proactively reach out to an identified subgroup of children and families with moderate risk in order to offer supports, information, and services. Some families will decline the offer, but others will gratefully accept in the hopes of preventing future problems and addressing minor issues to prevent them from "bubbling up above the surface."

2. Provide increased supports to groups identified as having moderate levels of risk.

The selective interval does not entail intensive interventions. Rather, selective interventions aim to provide children and families with increased awareness, supports, and services designed to enhance their capacity and neutralize any adverse factors that put family continuity at risk.

3. Provide proactive services and supports to children and families before problematic behaviors manifest.

A key aspect of the selective interval is that families *are not* targeted based on current behaviors or needs but are selected as the focus of these efforts based on certain risk factors that are known at the time of finalization. Services are intended to be proactive and preventative in nature.

4. Use data to target families at elevated risk for poor outcomes.

Many fields are using data to identify risk factors that increase the odds of less than optimal outcomes. For example, the medical field uses patient data to identify and intervene with patients who are most likely to have health problems, such as targeting overweight teens who have a family history of diabetes, and engaging these teens in programs that emphasize a lifestyle of activity and

healthy eating. Using patient risk data allows health professionals to proactively identify patients at risk so that they can then proactively touch base with the patients prior to the health problems emerging. Similarly, child welfare workers can use child welfare data and family characteristics to identify risk factors related to the risk of discontinuity.

QIC-AG INTERVENTIONS

This should read. The QIC-AG implemented and evaluated two interventions at the Selective Interval: Tuning in to Teens and Trauma Affect and Regulation: Guide for Education and Therapy (TARGET).

TUNING IN TO TEENS

Tuning in to Teens (TINT)© was developed at the Mindful Centre for Training and Research in Developmental Health at the University of Melbourne, Australia. TINT is an emotion-coaching program designed for parents of youth ages 10 to 18 years. The program equips parents with strategies for not only responding empathically to their adolescent's emotions but also helping their teens develop skills to self-regulate their emotions.

TINT uses a small-group format with 7 to 10 participants. Co-facilitation is recommended, however, TINT can be implemented with one facilitator. Typically, caregivers participate in six TINT workshops, but the number of workshops can vary up to eight for caregivers whose adolescent child has complex issues. However, the New Jersey site team adapted the TINT curriculum as a 7-week program to accommodate the addition of adoption-specific components.

TINT was offered as a preventative intervention, designed to address the needs of families whose case at finalization included characteristics indicating a potential for elevated risk of discontinuity.

TRAUMA AFFECT REGULATION: GUIDE FOR EDUCATION AND THERAPY (TARGET)

The Illinois site team determined a beneficial approach to alleviating stressors associated with adolescence would be to proactively teach coping skills to youth (pre-adolescent or adolescent) and their caregivers using the TARGET: Trauma Affect Regulation: Guide for Education and Therapy.

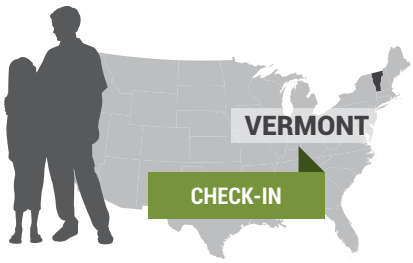
TARGET is designed to serve youth ages 10 years and older who have experienced trauma and adverse childhood experiences. TARGET uses a strengths-based, psychoeducational approach and teaches youth about the effects trauma can have on human cognition; emotional, behavioral, and relational processes; and how thinking and memory systems can be impeded when the brain's stress (alarm) system is stuck in survival mode.

Because TARGET was not specifically designed to meet the needs of families who had achieved permanence, the Illinois site team created an overlay to the TARGET manual that provided additional information on adoption and guardianship as well as instruction on adapting TARGET for use with these families. The overlay addressed topics such as the impact of complex trauma on children and families, key elements in adopting from other countries or through a private domestic agency, and the importance of recognizing the lifelong nature of the adoption journey.

EXAMPLES OF OTHER INTERVENTIONS

Selective interventions target outreach to families with risk factors for discontinuity, which are known at the time of finalization. The outreach can be done through various modes, including calls, mailings, support groups, training opportunities, and mentoring or coaching for parents. Given that child welfare systems have typically tended to be more reactionary that prevention-oriented, these types of proactive outreach interventions are not yet prevalent in child welfare systems.

VERMONT CHECK-IN



In an attempt to identify common risk factors for discontinuity, the State of Vermont reviewed data on adoption cases in which the children were no longer living in the adoptive home. From this review, Vermont found that adolescence was a highly stressful, trying time for adoptive families. To address the need for additional support during the child's teens years, Vermont implemented a process of first identifying all families with an active subsidy who had children turning 16, and then sending a letter checking-in on these families. The letters asked adoptive parents several questions, including whether the child still lived in their home, whether they still had guardianship and financial responsibility for the child, and whether they had received or would like to receive post-permanency services. Based on the parents' responses, child welfare workers followed-up with families to make connections and offer services.

ADOPTION PRESERVATION, ADVOCACY AND LINKAGE

The Adoption Preservation, Advocacy, and Linkage (APAL) intervention was implemented in and around Chicago, Illinois. APAL targeted children who were either 13 or 16 years old and receiving a guardianship or adoption subsidy from the Illinois Department of Children and Family Services (IDCFS). Families were selected for APAL based on the age of the child in their care. Adoptive parents and guardians were sent notices regarding this outreach and then case managers went to their homes of adoptive parents and guardians to conduct an in-home assessment. Depending on the assessment findings, some families were connected to services in the community while others were referred to the Maintaining Adoption Connections (MAC) program.

OUTPUTS AND OUTCOMES

A key consideration for prevention work is the tracking 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. Shorter term, more proximal measures of successful selective prevention efforts might include the percentage of the population contacted and the response rates associated with outreach efforts. 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.

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

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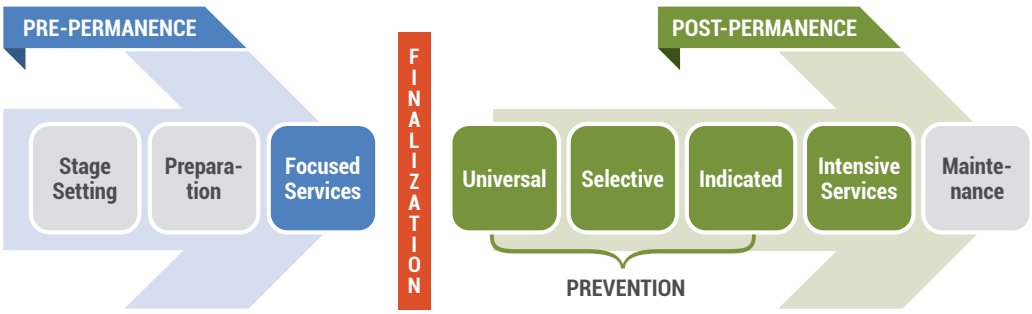
INDICATED

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



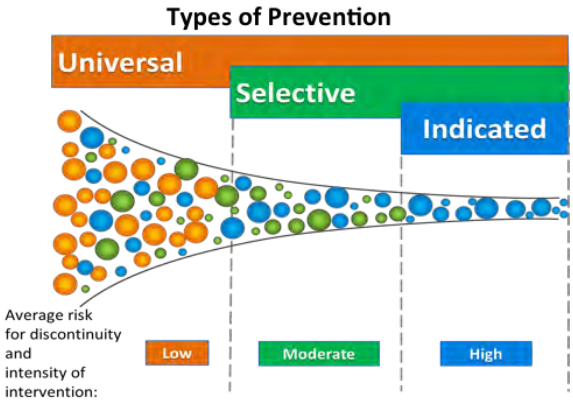
INTRODUCTION

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.*

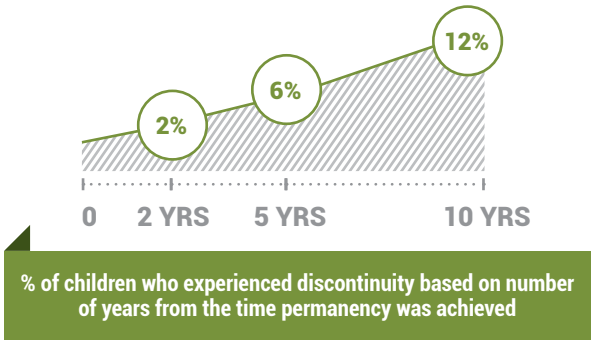
Adoptive Parent

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.

The overall goal of indicated services and supports is to prevent challenging circumstances from escalating into a crisis and to stabilize the family unit.

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.

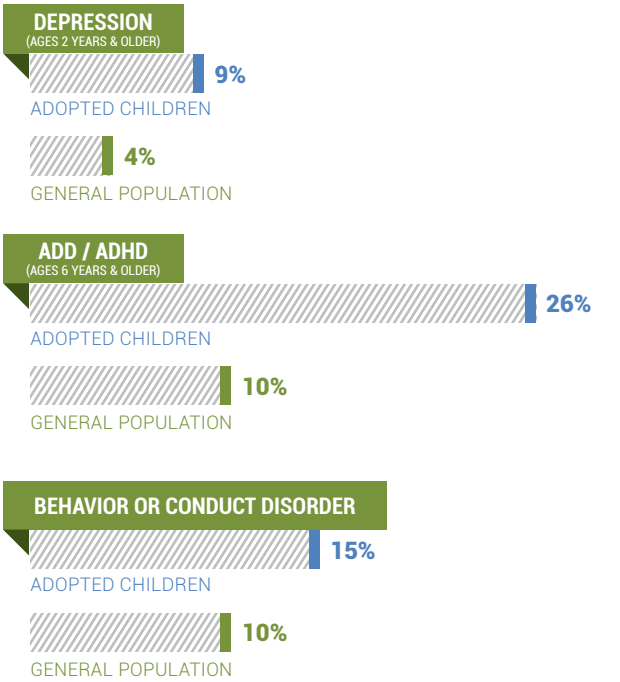
Research with adoptive and guardianship families has shown that most families report that the children are doing well. Indeed, the majority of these families report that with existing supports, subsidies, and services they are able to meet the needs of their children. Moreover, most adoptive parents 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.

…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.

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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