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Adoptalk

Behavioral Interventionist Program: Keeping Youth in Families and Out of Group Care

by Liz Luce

Liz is the Director of Family and Permanency Programs at FosterAdopt Connect, including Extreme Recruitment, 30 Days to Family, Adoption Recruitment, and the Behavioral Interventionist Program. FosterAdopt Connect (formerly Midwest Foster Care and Adoption Association) is a nonprofit organization that specializes in solving problems for kids and families involved in and affected by the child welfare system. The organization's mission is "to provide foster and adopted children a stable, loving and nurturing family environment by support and advocacy for abused and neglected children and the families caring for them." FosterAdopt Connect began in 1998 as a small foster/adoptive parent support group. For more information about the Behavioral Interventionist Program, please contact Liz at 816-350-0215 x373 or liz@fosteradopt.org.

On a Friday morning in 2013, Lori and Randy went to visit their adopted daughter, Shawna*, at her residential treatment center—one of many she'd been in during the last two years. Shawna had experienced extreme neglect in the first years of her life and had inherited mental illness; her diagnostic acronyms had more letters than the alphabet. The treatment center was three and a half hours away from the family's home, but after Shawna was expelled from other centers, there weren't better options.

Shawna's family sought treatment to protect her and those around her. She had been hurting herself and was threatening others. She had been consuming all the energy, patience, happiness, and love of everyone who cared for her. Her parents found it almost impossible to give attention to their other children or other parts of their lives.

Lori and Randy had been foster parents for nearly 30 years, and prided themselves on their ability to provide permanency for kids with really significant challenges. They had attended (and led) many trainings, deeply understood the effects of trauma, knew every innovative and proven parenting skill, had tried many types of therapy, and knew every service available. But they could not find a way to keep Shawna at home while also keeping the family intact.

**name has been changed for privacy*

During this visit with Shawna, the three went to a McDonald's for lunch. Shawna was so over-medicated, she was lethargic and dizzy and fell and hit her head. Lori and Randy helped her to the car, and then Shawna threw up all over. These furious parents wanted Shawna out of the residential center, but knew she couldn't come back home without supports to make it work.

The weekend that followed this visit was the worst Lori and Randy had ever experienced, as they worried that Shawna might be at risk of death due to overdose. They had to wait until Monday before calling the Children's Division to demand that she be moved.

Many parents face similar dilemmas every day. Making the decision to place a child in out-of-home treatment is a gut-wrenching experience for any family, and typically one undertaken only because there are no effective community-based options that would allow them to safely maintain their child at home.

Fortunately, Lori is not just an adoptive parent, but is also founder and chief executive officer of FosterAdopt Connect, an agency that strongly believes that the best place for abused and neglected children who have been removed from their birth families to heal is with caring, skilled, and well-trained kinship, foster, and adoptive parents. Since she knew there was no effective program available to parents like her, Lori created an innovative approach to meeting the needs of highly challenging children at home.

The Need for a New Model

Unmet mental health needs are one of the greatest threats to stability and permanency for children in foster care and adoption. Children who have endured

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trauma tend to display a range of behaviors. They are often impulsive, hyper-vigilant, hyperactive, withdrawn or depressed, have sleep difficulties, and anxiety. They may show some loss of previous functioning or a slow rate of acquiring new skills.

Research findings on brain development have changed drastically in recent years. The past thinking was that damage due to trauma was permanent and unchanging. We now understand that brains do have the ability to rewire neurons and continue to heal with time and targeted activities. With the right supports, traumatized youth can move from a primal fight, flight, or freeze response to stress to a cognitive, more appropriate response.

But what's the best way to provide those needed supports for children with serious challenges? Few options exist to support families when behavioral and emotional challenges become too great to handle in the home alone. Out-of-home care is typically the last resort. The cost of residential treatment is second only to inpatient psychiatric hospitals. According to the U.S. Surgeon General, inpatient treatment "was justified on the basis of community protection, child protection, and benefits of residential treatment. However, none of these justifications have stood up to research scrutiny. In particular, youth who display seriously violent and aggressive behavior do not appear to improve in such settings." (*Mental Health: A Report of the Surgeon General*, 1999)

A study of children institutionalized for mental health problems in the U.S. found that seven years after discharge, 75 percent were back in institutions—they were in psychiatric centers or jails. (Greenbaum, 1996) Distance from home and lack of meaningful family involvement are frequently regarded as two of the biggest issues with residential treatment. (Jivanjee, 2002)

When compared to the outcomes associated with residential treatment, in-home behavioral modification treatment provides a viable alternative to what is often a relatively ineffective—yet extremely expensive—treatment option.

The Behavioral Interventionist Program Is Launched

Given the need and lack of effective in-home options, FosterAdopt Connect partnered with the Missouri Department of Social Services to implement the Behavioral Interventionist (BI) Program in 2013. The BI Program is an intensive, individualized, home-based approach to therapeutic treatment and support services to address the needs of children with severe emotional and behavioral issues. The program is designed to help children improve their behaviors while providing support and relief to parents, thus decreasing frustration and exhaustion.

Lori designed a program in which the crisis de-escalation, trauma-informed care, and structure that a residential treatment program offers can be replicated at home. Keeping children with their family reduces trauma and supports healing. Moreover, it ensures that the child has the best possible chance for a satisfying and successful adulthood, connected to people who love and care for them.

The program serves children ages 3 to 18 in foster care as well as children in all types of adoptive families and children in their birth families. Children must be regularly and frequently displaying behaviors that cause disruption or crisis in the family, with the behaviors being severe enough to potentially qualify the child for a residential facility, mental health treatment center, or hospital. In general, the program also seeks to determine that other community resources have not been successful or are not available to the family. In 2016, the program served 111 youth in Missouri and Kansas.

A strong partnership with the Missouri Children's Division and other case management agencies is a cornerstone of the model. For youth in foster care, referrals for the BI Program generally come from case management agencies. Adoptive families typically refer themselves. The program also receives referrals from therapists, foster parents, guardians ad litem, CASAs, and family courts. Program services are funded for youth in care by their Children's Division county-specific service funds, while adopted youth are funded through their adoption subsidy contracts. Youth who have no other source of funding are served using private grants received for the program.

Key elements of the program include:

- Trained in-home specialists—known as behavioral interventionists or BIs—work with families whose children exhibit significant behaviors that jeopardize the stability of their current placement. These specialists receive training in the program model, non-violent crisis intervention, conscious discipline, first aid, and the effects of trauma on the brain. Staff also receive ongoing monthly trainings and meet regularly to discuss barriers they are having with clients and brainstorm solutions.
- Staff work one-on-one with the child in the family home to intervene during periods of escalation and also to implement trauma-informed, neuro-stimulant activities to assist the brain in the healing process.

Adoptalk

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Sue Badeau, President

Mary Boo, Executive Director

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- Each child usually has only one assigned BI. In some cases, when more hours are approved, there may be two staff per home. The BIs are generally part-time staff and work with the child after school and on weekends, when the child is not in school.

The Behavioral Interventionists are trained to use neuro-stimulant activities with their clients, including movement, touch, music, anxiety reduction, and repetition. The activities are specifically designed for the child or youth being served, pairing their behavioral treatment goals with neural stimulation. Although options are endless with creativity, activities can include:

- interaction with other youth at a park to engage in peer relationships
- playing matching games
- turning chores into an activity (for example, placing the laundry basket in the middle of the room and "shooting baskets" with the dirty clothes)
- recreational outdoor activities
- learning songs by singing them repetitively

With these consistent and repetitive activities, staff work to heal and strengthen neural pathways that never had a chance to fully develop. The BIs and youth participate in at least three to five neuro-stimulant activities per shift, which supports helping the child to make decisions using the thinking part of their brain rather than their instinctual (fight, flight, or freeze) part. Over time, the interventions enable children and youth to begin to make choices and decisions more rationally.

The BI program also works to educate parents about trauma, brain function, and intervention techniques. One of the mantras program staff try to instill in the parents is QTIP—quit taking it personally. Parents need to know that their children are not trying to punish them with their behaviors; they physically cannot make better choices because of how their brain is wired. This dual approach can significantly reduce the feelings of frustration, hurt, and anger on the part of the parents, enabling them to better meet their child's needs at the same time as they are able to more realistically adjust their expectations. This is a critical change, given the research that shows unmet expectations on the part of the parents is a key factor in adoption breakdowns.

The BIs also model crisis de-escalation techniques for caregivers and encourage the caregiver to be the de-escalator when possible. The model recognizes that parents are the experts on their children and their families, and that parents, even those with access to evidence-based training and therapy techniques, cannot be psychiatric hospitals or residential treatment centers. They still have to sleep, work, and care for other children in the home. For children to heal, parents must not be so drained emotionally and physically exhausted that they cannot nurture and connect with their children. The approach is very supportive of the family's role in their child's life.

Making a Difference

The BI program has greatly reduced entry into residential facilities for its clients. From July 2015 to March 2016, 100 percent of the 57 children served experienced a reduction in psychiatric hospitalizations and stays in residential treatment. During the referral and intake process, staff obtain the records of each client's past stays in hospital settings and residential treatment centers. Using the information about the amount of time previously spent in congregate care, they can then determine if the program has reduced the use of congregate care. Other program outcomes are evaluated using daily living assessments, residential program needs assessments, and parent and family satisfaction surveys.

Parents and professionals have both expressed their gratitude for the Behavioral Interventionist Program:

- "FosterAdopt Connect's Behavioral Interventionist Program has helped our son SO much. Also, it has kept him out of residential facilities. We don't know what we would do without this wonderful program. It's been a lifesaver!"

  —Very grateful parents

- "During my last monthly home visit with Ashley's* family, Ashley's aunt [in this kinship placement] stated, 'Your program saved our marriage. My husband and I were on the verge of a divorce when we started the BI program because of the strain of Ashley's behaviors on our relationship. I would have been a single mom to my niece, who suffered so much physical abuse and unbearable trauma.' The couple held hands through almost the entire visit, and then Ashley talked about everything she loves to do with her BI. Every activity she listed happened to be neuro-stimulant activity, reconnecting the brain pathways that were malformed from the trauma she endured and helping her to heal, and she doesn't even know it! This program is amazing."

  —Ali Schnakenberg, Behavioral Intervention Program case manager

The Missouri Department of Social Services, Children's Division has also seen what a difference the program makes. Tim Decker, division director, explains: "What makes the Behavioral Interventionist Program effective is that it promotes permanency, safety, and well-being as inter-connected and inter-dependent goals; increases placement stability by moving the resources to the child and family versus moving the child; effectively supports relative/kinship placements and serves as an effective post-adoption support; reduces the impact of trauma and re-traumatization of the child and family; supports healthy brain development and normalized developmental opportunities for children and adolescents; and builds the capacity/skills of child and family by teaching, modeling, and reinforcing skills in areas such as self-regulation, communication, planning, emotional connection/support, and conflict resolution." ◆

**name has been changed for privacy*

Adopting from Foster Care: Advice from a Mom Who's Been There

by Sarah Weeks ©

Sarah is an adoptive mother of four who lives in Minnesota. She is also a librarian at St. Olaf College and loves to garden in her spare time. Read her blog at http://gardenandalibrary.blogspot.com/.

The other day I ran into a neighbor who had just started the process of adopting two little ones who've been living with her and her family for two months. She seemed overwhelmed, scared, and above all just worn out by the constant and unrelenting needs of her two new children. In thinking about all the advice I wanted to convey to her, I was surprised to realize how much I'd learned over the past six years. So, here's some information I wish I'd had (or had taken to heart) when we began our own adoption journey.

Choose Your Battles

When our four kids moved in at ages 6, 7, 9, and 10, my husband and I were completely overwhelmed by the challenges we faced. There were the big issues like sexualized behavior, violent outbursts, and medical problems. But there were so many other things that—while taken alone weren't so scary—sure added up. Compounded each day, they made us feel like we were constantly taking one step forward and two steps back. One kid would hoard and hide food until we discovered rotten sandwiches by smell. Another made loud nonsense noises night and day until we wanted to cry. Personal hygiene was impossible. Meals were a nightmare. All the kids refused to eat anything but the worst junk food. They'd never used a napkin. After a few months of being exhausted by the enormity of what we'd taken on, we finally learned to choose our battles wisely. And to choose one struggle at a time. Or, more correctly, we let the kids choose the challenge they wanted to work on.

So the first summer the kids were with us we invented "summer challenges." Each kid got a personalized list of areas to work on during the summer such as:

- I will eat 10 new foods.
- I will put my clothes away neat and tidy.
- I will walk (not run) in the house.
- I will say "I'll try" instead of "I can't."
- I will take a shower all by myself.

The more they mastered, the more rewards they earned. They could start with any challenge on their list, but they would concentrate on just that one area before moving onto the next one. Rewards started out small (an ice cream sundae) and got bigger the more challenges they accomplished. Examples included a book of their choice, a trip to the movies with a friend, a $30 shopping spree at Target, and a day at a local amusement park.

By the end of the summer, the kids had accomplished anywhere from 7 to 10 of their challenges, and our house was so much calmer and our life seemed far more survivable. The kids loved it and begged to do it again the following summer. They felt so proud of the new skills they were learning. By the third summer, we had run out of basic family functioning skills and used summer challenges for things like learning multiplication tables or reading a certain number of books. We had come so far in a short amount of time, and I credit much of that to our decision to focus on one skill at a time and ignore the rest.

The First Year Is (Probably) the Hardest

There are a few families for whom the road does not get easier as the years go by, and I certainly don't want to overlook their pain. But I want you to know as an adoptive parent at the beginning of your own journey that—for the vast majority of families—things do get better. Love alone won't fix everything (or anything) but most kids will improve given a safe environment, professional support, and lots of structure. You will also improve. You will see that your job is not to fix your kids, but rather to accept them where they're at. You'll learn to embrace the new normal.

Probably at least a hundred times during that first 12 months, my husband and I said to each other, "It has to get easier from here." I don't know if we really believed it then but we were right! My grandmother's favorite saying was "This too shall pass." So true. For better or worse, nothing lasts forever. You can get through this month by getting through this week. And you can get through this week by getting through today. And you can get through today by getting through the next hour. Take a deep breath. Count to 10. Or count to 100. Lock yourself in the bathroom for five minutes. Take a walk around the

Jandel

Jandel is an active and independent-minded boy who likes listening to music, going on field trips, and hanging out with the guys. He wants people to know, "I'm really hyper, really funny, and that I'm a nice person." Born in 2004, Jandel is athletic and likes playing sports. He also likes pizza and ice cream. He dreams of being a police officer or firefighter when he grows up. Jandel's idea for his forever family is that they be willing to let him develop at his own pace. For more information, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110.

block while your spouse watches the kids. If you and your kids have managed to survive the day alive and with all your limbs attached, count it a success. Have that glass of wine or piece of chocolate. You are far stronger than you know. Your kids are stronger than you realize. You will all get through this.

Make Time to Be a Family

It is so easy to get caught up in our culture of constant busyness. My husband and I both work. My kids—who'd never had the opportunity before—love to sign up for every sport, club, and activity they can. For the average family, the weekday pattern of school – day care – dinner on the run – activities – bed might be exhausting and stressful, but for adoptive families it can actually work against your most important job—building connection.

All kids who've lost their birth family are going to struggle with attachment issues. If you're a foster or adoptive parent, I'm sure you've already learned so much about this through training and licensing. But once the adoption papers are signed and you're officially a family, it's easy to forget. You want to feel normal. You want to jump ahead to doing what you see all the other families in your neighborhood doing—driving in circles every night from one activity to the next. Too often, family dinner comes through a drive-through window or from grabbing a granola bar out of a backpack between soccer and dance.

Don't fall into this trap. Your kids do not need to learn lacrosse or taekwondo nearly as much as they need to learn what it means to be a family. The most important team they can be a part of is the one that has daily huddles around the kitchen table. This isn't to say kids shouldn't do any outside activities, but one activity per kid is a reasonable limit to set. And make sure you plan time every week for family time. We schedule family time on everyone's calendars and take turns picking an activity such as playing board games or charades, putting on a play, writing stories, having a water fight, walking by the creek, blowing bubbles, or playing sports.

For years in our family, Friday nights were Family Movie Night, and no one was allowed to (or wanted to) schedule anything to conflict with it. Everyone looked forward to piling onto the futon with a giant bowl of popcorn with our own secret family popcorn seasoning.

Don't Do It Alone

It has been the experience of many an adoptive parent that after the initial outpouring of support and love when the kids move in, over time friends, family, churches, co-workers all seem to drift farther and farther away. Even those who stay in the picture may keep trying to compare the problems of your children to those of a more typical childhood. Such seemingly helpful advice like "It's just a phase" "Let them cry it out" "It's normal for kids to..." is not really going to help you or your kids who are facing the overwhelming fallout from trauma and grief.

If you've got an adoption support group in your area, join it! Your local adoption worker can probably point you in the right direction. If you don't have an in-person group, join one online. Or join three! The very best resource you'll find as an adoptive parent is other adoptive parents. These are the folks that will make you feel like you haven't lost your mind. They'll validate the worst feelings you have on your darkest days and help you move past them. (NACAC has a database of parent support groups at www.nacac.org. Your local social services department is another source of resources.)

Take advantage of every professional resource you need. It's not unusual for an adopted child to have a psychiatrist for meds, play therapist for weekly support, skills worker for in-home support, and even an aide for extra help at home and school. If your kid does not already have an individualized education plan (IEP) that qualifies them for special education services at school, this is something worth putting your time and effort into obtaining. Even for a kid who is otherwise neurotypical, the stresses of abuse, trauma, grief, and attachment issues can have profound ramifications on a child's ability to learn and process information. You will most certainly end up educating your child's teachers about the effect of trauma. This is rarely well covered in the curriculum for teacher development. Getting help for your child and your family is never a sign of weakness. It's one of the best things you can do for your kids.

Celebrate Your Successes!

If you've been chosen to parent children with trauma histories, there will always be a new challenge waiting for you just around the corner. Just when you feel like your elementary school kid is sailing smoothly along—bam! puberty hits. And when your middle schooler has finally learned to make friends and control their temper—watch out! it's on to high school and dating and driving and leaving home. You need to slow things down and take time to realize how far you've come.

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Joshua

Joshua is a smart and inquisitive boy who likes to help. He enjoys learning about presidents and famous leaders and is interested in technology, computers, and video games. Other things Joshua likes include monster trucks, old cars, and NASCAR races. Born in 2004, Joshua enjoys school. His favorite subjects are history and physical education. Joshua hopes to be adopted and would like a caring and supportive family who will also allow and encourage him to maintain his important relationships. If you believe Josh will be a great addition to your family, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110. ◆

Come to NACAC's 2017 Conference in Atlanta, Georgia • July 19–22

Co-hosted by the Georgia Department of Human Resources

Adoptive, kinship, and foster parents, child welfare professionals, adoptees, foster care alumni, and other child advocates—this is the conference to attend! The sessions inspire, inform, and encourage all members of the adoption and foster care community.

The conference—held July 20–22, with a special preconference session on July 19—offers 80+ workshops on topics such as core issues in adoption; post-adoption services; parenting children with disabilities and challenges; issues in adoption therapy; race, culture, and diversity; and recruitment and pre-adoption services.

Pre-Conference Session

On Wednesday, July 19, Heather Forbes, LCSW, will present "Beyond Consequences: Helping Children Heal." This full-day session for parents and professionals will examine how stress and trauma affect a child's ability to regulate behaviors and how a history of trauma compromises a child's ability to respond and develop reciprocal relationships. The presenter will explain brain development from conception on, accompanied by a look at how the nervous system is affected by trauma. This session offers effective options and strategies for children and families that go beyond traditional cognitive behavioral techniques to create healing homes for families with wounded children.

Heather Forbes is owner of the Beyond Consequences Institute, and has worked in the field of trauma and healing since 1999. Heather is an internationally published author on the topics of raising children with difficult and severe behaviors, the impact of trauma on the developing child, adoptive parenting, and self-development. Much of her experience and insight on understanding trauma, disruptive behaviors, and adoption-related issues comes from her direct experience as an adoptive mother.

The pre-conference registration fee is $115 US/$150 Cdn.

Keynote Speakers

For Thursday's general session, Heather Forbes will present "Helping Children Love Themselves: Overcoming Their Negative Belief Systems."

Exposure to trauma during the most critical developmental years of a child's life can have a profound and lifelong impact. Many children whose histories are plagued with multiple layers of chronic and prolonged abuse, abandonment, and neglect develop negative belief systems that drive them to self-sabotage, reject love, and create chaos. This keynote will shine light on this often missed issue for children who have experienced trauma and more importantly, how to help such children change negative beliefs into positive ones of self-love, self-acceptance, and self-confidence.

Friday's keynote session, "Unpacking the No to Adoption," moderated by Michael Sanders, will feature young adults who can share their expertise about why some young people say no to adoption and how workers and caregivers can help them understand the value of having a permanent family. Michael Sanders is a consultant with the Annie E. Casey Foundation's Child Welfare Strategy Group and is a nationally recognized speaker, trainer, and consultant.

Barry Chaffkin will give the closing session at Saturday's luncheon. Barry is the chief executive officer of Fostering Change for Children. He has worked in child welfare for more than 25 years, directly supervising the reunification of 900+ children with their families as well as finalizing adoptions for at least 900 children from the New York foster care system. He also serves as an adjunct lecturer and field advisor at the Columbia School of Social Work.

Location and Accommodations

The conference will be held at the Westin Peachtree Plaza Hotel in downtown Atlanta (210 Peachtree St). Discounted guest rooms are $169 per night (plus tax and a $5 fee).

To make a reservation, call 800-WESTIN-1/800-937-8461 or visit https://www.starwoodmeeting.com/Book/NACAC2017AnnualConference

If you call to make your reservation, be sure to mention that you are attending the NACAC conference. Availability

Miracle

Miracle, born in 2007, is a quiet girl who likes to use the computer and play video games. She enjoys playing with dolls, shopping, and her favorite foods are pizza and chips. In school, she enjoys math the most. Miracle is really looking forward to being adopted and would love to have a forever family to call her own. For more information about adopting Miracle, contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110.

extends until all rooms fill or until June 19, whichever comes first.

Workshop Sessions

Each year, we add new sessions to the conference line-up. Many sessions are advanced, so even experienced parents and professionals will benefit. Scheduled workshops include:

- Building Blocks of Trauma-Informed Care
- Former Youth in Care as Adoption Recruiters for Youth at Risk of Aging Out
- Sexual Acting Out: What to Look for and When to Get Help
- Revamping Home Studies and Post-Placement Assessments
- Linking Foster Children to Their Past, Present, and Future Through Relative Engagement
- The Trauma-Informed Classroom
- Keeping Kids Out of Residential Care: An In-Home Intervention
- Why Behavior Modification Does Not Work for Wounded Kids and What Does!
- Hitting The Mark! Targeted Recruitment Strategies
- Leveraging Partnerships to Recruit Families for Children in Care
- Helping Adoptive Families Succeed: A Strength-Based Approach

The conference features workshops by acclaimed speakers including Juli Alvarado, Maris Blechner, April Dinwoodie, Sue Badeau, Claudia Fletcher, Denise Goodman, Susan Harris O'Connor, Darla Henry, Ken Huey, Allison Davis Maxon, Ruth McRoy, Pat O'Brien, and Adam Pertman.

Registration and Fees

Full registration fees include workshops, general sessions, Saturday's luncheon, and membership for non-members. Parent couples can register together at a discounted rate. One-day fees will be offered. The pre-conference session has a separate fee.

Discounted registration rates are available until June 12:

- NACAC members: $310 US/ $405 Cdn
- Non-members: $370 US/$485 Cdn

After June 12, these registration rates increase by $55 US/$70 Cdn.

Advertise or Exhibit

Individuals and organizations can advertise in the registration booklet and final program. Exhibitors have tabletop exhibits in a designated area near the registration desk, workshops, and refreshment breaks. Space is assigned on a first-come, first-served basis, so apply early.

Email conference@nacac.org or access an application from www.nacac.org/conference/advertiseexhibit.html.

Additional Information

In April, NACAC will publish a booklet with workshop descriptions, registration details, and other information. To request a copy, send your name and address to info@nacac.org. Registration information will also be posted on www.nacac.org. To receive regular email updates from NACAC, sign up for News from NACAC at www.nacac.org/signupform.html.

If you have questions, contact us at info@nacac.org or 651-644-3036.

Advice from a Mom...

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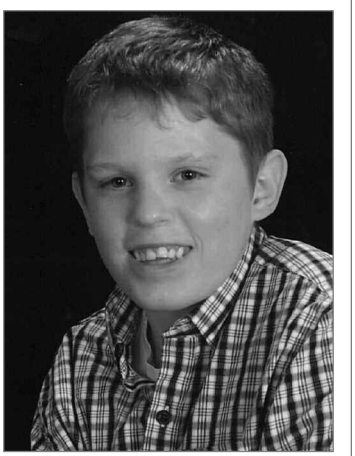
The other day I was lamenting to my husband that our son had walked to school without his backpack—again. Then we both just laughed. Because if that's the biggest problem we're facing right now, we sure must have done something right.

We need to step back and look at the progress we've all made in this family. Our kids have learned to trust, to manage emotions, to develop social skills, to accept help, and, yes, even to gain enough table manners to eat out at a nice restaurant.

But we parents have also made progress. We've learned so much from our kids, grown so much in our understanding of what it means to be a parent, become so blessed by our children that we can't imagine life any other way. We are happy now. Our lives are full. And it was absolutely worth every sleepless night, every tear we shed, every time we second-guessed ourselves, every sideways look we got from folks who just didn't understand. It was worth it all because we also had hugs and laughter and long walks and fireflies and more memories than we can fit in 10 photo albums on our shelves. You will get there too. Take it from someone who's been where you are.

Dillion



Dillion is a friendly kid who likes playing with cars and watching movies. Outdoor activities, exploring his environment, and music are other things that bring Dillion pleasure. Dillion was born in 2001 and counts pizza, burgers, and fries as some of his favorite foods. He also loves dogs and is hoping for a forever family with a dog so he can help with its care. If you can provide a caring and supportive family for Dillion, contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110.

Helping Your Child Move from Anti-Social to Pro-Social Behaviors

by Allison Davis Maxon, LMFT

Allison is a clinician, educator, and advocate specializing in adoption/permanency, attachment, and trauma. She is passionate about creating systems of care that are permanency-competent and strength-based. She has expertise in the fields of child welfare and mental health and is currently the chief operating officer of the National Center on Adoption and Permanency. Allison is co-author and master trainer of ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals, *co-author and master trainer of* Pathways to Permanence: Parenting the Child of Loss and Trauma, *and creator of* The Ten Things Your Child Needs Everyday, *a DVD with tools that help parents/caregivers strengthen their attachment relationship with their child. You can reach Allison at amaxon@ncap-us.org or 949- 939-9016.*

We all enter the world ready to attach because this is how we get our most basic and primary needs met. The human infant, like other high functioning mammals, is completely dependent on their primary caregivers to get *all* of their needs met—survival, safety, food, shelter, stimulation, comfort. For us to understand where some of our children's most challenging behaviors come from, we must first realize just how much neglect and trauma affect every aspect of a child's development. We are social-emotional beings with an innate need to connect and form meaningful attachment relationships. Every interpersonal skill required for us to be successful in creating and sustaining these relationships must be learned.

Trauma and the Developing Child

Trauma, neglect, and multiple disruptions in attachment relationships have a significant negative impact on a child's ability to learn appropriate interpersonal skills. In fact, many children who have had these experiences develop defensive strategies to avoid interpersonal relationships. The relationship challenges then result in the children remaining in high states of chronic distress where they are unable to get their most basic and primary needs for connection and attachment met. It is important to note that it is through the primary parent/child attachment relationship that children become pro-socialized. Humans have an extended childhood in order to maximize social, emotional, cognitive, and conscience facilitating experiences for each developmental stage of the child. Learning pro-social skills—how to get along with others, how to have empathy for those in distress, how to manage one's own distress, how to take turns, how to live in community with others, how to share and show compassion—are all critical experiences that shape a child's neurobiological development.

So what happens when children miss critical, sensory-rich, pro-socializing experiences? What often occurs when children have chronic and/or prolonged exposure to traumatic distress, multiple disruptions in attachment, neglect, interpersonal violence, institutional care, or maltreatment? Simply put, we see increased anti-social behaviors. It is imperative for both parents and professionals to clearly understand that children exhibiting anti-social behaviors like hitting, lying, stealing, hurting animals, manipulating, and defiance are giving a window into their early life experiences—experiences which would probably overwhelm you with terror and pain if you actually had to feel what the child felt during their suffering.

If left unresolved, complex childhood trauma and developmental trauma will often work their way into the next generation. We know that 75 percent of perpetrators of child sexual abuse report to have themselves been sexually abused as children. (van der Kolk, 2005) Data tells us that most interpersonal trauma on children is perpetrated by adult victims of childhood trauma and neglect. (van der Kolk, 2005)

Experience Is the Architect of the Brain

Anti-social behaviors occur when children have been deprived of thousands upon thousands of sensory-rich, pro-socializing experiences that they would have received through primary parent/child attachment experiences. The young child's brain is experience dependent. The actual wiring of the brain's circuitry is occurring through these numerous sensory-rich experiences with the primary attachment fig-

LaShea

Spunky and charming, LaShea will win you over with her infectious smile and warm personality! A social and sweet girl born in 2003, she loves helping others and relishes positive attention from adults. LaShea has a beautiful voice and loves to sing. Dancing along to a catchy beat is also great fun. Summer is one of LaShea's favorite seasons, when she fills her days with swimming, working with animals, bowling, and joking around with friends. Future aspirations include visiting a beach in Hawaii, becoming a celebrity, and being part of a loving family. Currently in seventh grade, LaShea loves attending school and interacting with her teachers and peers. For more information, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110. ◆

ure. The human brain is both malleable and mutable, such that its structural organization reflects the history of the organism. (Luu and Tucker, 1996) In essence, experience is the architect of the brain. This is true whether or not those early life experiences happen to be positive, responsive, and nurturing or negative, violent, and traumatic.

For young children exposed to chronic states of distress in which their most basic needs for safety, attachment, and nurturance are not met, the result can be catastrophic for the developing self. These children may have both social-emotional skill deficits as well as neurobiological effects that have shaped the young brain to be trauma-reactive. Unmanageable distress for the infant and young child exposes their neurobiological system to increased levels of cortisol and adrenaline, which subsequently exposes their sensory system to being easily triggered into a dysregulated state. As a result, a simple directive or demand ("It's time to do homework!") can easily overwhelm a trauma-reactive child who has minimal ability to regulate her neurobiological states once triggered.

Anti-Social Behaviors as Survival Strategy

It is against this backdrop that we can more insightfully understand our children's complex behaviors related to their history of deprivation, trauma, pain, and suffering. Lying, stealing, hoarding food, lack of empathy, and aggression are common behaviors for children who have experienced trauma. Traditional parenting interventions and techniques seek to change children's behavior through principals of loss/punishment. For non-traumatized children, using punishment and emotional distance (such as time-outs or grounding in their room) to change a child's behavior is effective. It is primarily effective because the child is attached to the parent and the parent is using years of attachment history to motivate the child to change.

For children with early chronic neglect and trauma, these traditional ideas of loss/punishment and emotional distance will be ineffective. The child has missed critical developmental milestones that would have given him the social, emotional, and cognitive competencies to learn from consequences, punishments, or emotional distance. Trust and truth-telling are the foundation of loving familial relationships. For children with no experience of permanence, safety, and nurturance, anti-social behaviors such as lying or manipulating were often necessary and effective survival strategies.

In addition, a child that is not securely attached to his primary caregiver will not be motivated to please his parent. In fact, the child could be motivated to frustrate or provoke their parent. Hitting, lying, stealing, and manipulating are quite common when children are defending themselves against attaching. These behaviors should be understood as a defensive strategy, a learned way of coping with terror and fright. For these children, attaching means flooding their sensory system with triggering sensations that feel overwhelming, disorganizing, or terrifying. It is important to note that children do not have insight into these triggers and dynamics; they are using defensive strategies to avoid more pain and distress.

Leading the Dance

What the child needs most in order to heal—a deep, meaningful, sustained primary attachment relationship—is the thing she fears the most. The inherent challenge for the parent who is parenting the child of loss, trauma, and multiple placements is that their traditional view of parenting (which is primarily based on the way they were parented themselves in combination with what is considered to be culturally acceptable) will be highly ineffective.

We are all social-emotional beings and we are deeply affected by the emotions of those around us. Most parents quickly feel exhausted, overwhelmed, or triggered by their child's distressed states and maladaptive behaviors. Emotions are contagious. A child's angry or hurtful behavior is often mirrored by a distressed parent. But the expression of parental frustration and anger in response to the child's misbehavior has the effect of reinforcing the misbehavior. For the parent to begin to establish a meaningful, sustained primary attachment relationship with a trauma-reactive child, a new template must be formed. The parent must learn to *lead a dance* with the child that creates the primary parent/child attachment relationship, from which the child's pro-social development can be nurtured.

As the leader of the dance, the parent must be able to set the affective tone in which a trusted, committed, permanent relationship can be established, and eventually, over time, create the context in which healing can occur. The most critical component of this intimate dance between parent and child is the emotional tone and intelligence of the parent. It is the emotion of the parent that the child is experiencing through their senses (facial cues, body posture, tone of voice, etc.).

Parents with increased emotional intelligence are not just emotionally reacting to external stressors, but rather are able to model healthy ways of managing their own internal distress. For example a parent might say, "Mom is frustrated right now, I'm going to take a few minutes to calm down before we talk about how we're going to solve this problem." The parent takes a walk, calls a friend, rides a bike, plays basketball, reads, journals, or asks "Can anyone tell Mom a funny joke right now? I really need a good laugh." Here the parent is both leading the emotional dance and modeling healthy emotional coping strategies. This is effective because the primary way children learn is through imitation.

As the leader of the dance, the trauma-informed parent allows for missteps by the child who has never successfully danced in any "permanent" way. A child who has had too many changes of partners is a child who will have developed many defensive strategies to avoid further psychic pain and trauma. Lying and manipulating behaviors help protect the child from becoming attached (remember their attachment experi-

…continued on page 10

continued from page 9

ences brought suffering, terror, fear, and loss). These children often prefer the dance of isolation to the continued suffering that occurs with the repeated rejection and loss of not having their primary attachment needs met.

A parent who is being nurturing and comforting might be met with anger and hostility from their child: "Get away from me! Leave me alone!" These missteps allow the parent to give voice to their child's distress, acknowledging how painful, scary, and overwhelming learning the dance of attachment can be: "I know this is hard and that getting close is scary. I want you to know that I'm here for you." Giving yourself and your child permission to make mistakes while you are learning these complex dance steps is critical. Practice levity, forgiveness, and really good self care!

Knowing Yourself

Since most parents have never experienced this amount of core trauma themselves, as they begin to intimately engage with their trauma-reactive child, the experience often feels overwhelmingly painful or distressing for the parent. This pain, though, can create a critical opportunity for parents to explore their own parenting history and style as they are now in the heat of the parent/child attachment dance. Personal intelligence and insight into one's own mind, motivations, beliefs, and triggers are critical components to being able to lead the dance of attachment. As parents, many of our most impactful childhood experiences are encoded in implicit memory and are outside of conscious awareness. (To further explore one's own parenting style and history, check out *Parenting From the Inside Out* by Dan Siegel and Mary Hartzell and *Wounded Children, Healing Homes* by Jayne Schooler, Betsy Keefer Smalley, and Timothy J. Callahan.)

Teaching Pro-Social Behaviors

For the child with increased anti-social or maladaptive behaviors due to complex trauma, parents must make a paradigm shift away from traditional or punitive parenting strategies toward a style that uses attachment-facilitating interventions based on principals of addition and developmental need.

Developmentally, children must first have basic trust that their primary need for attachment, stability, safety, and nurturance will be met. To establish this basic trust, parents must use parenting interventions designed to add the pro-socializing, sensory-rich experiences the child needs. Through these experiences, children can learn social and emotional interpersonal skills that other children likely learned at much earlier ages. These interventions need to be both reactive (what the parent needs to do in response to the current behavior/situation) and pro-active (what the parent can practice with the child every day to add the pro-socializing experiences the child needs to learn self-regulation, impulse control, empathy, problem-solving skills, emotion recognition, regulation, and management).

For example, if my seven-year-old son consistently hits his younger sister when she takes his toy, how can I help him manage his aggressive impulses? First, I remove my child from the stimulating situation into a safe, non-stimulating environment and help him calm down. I have empathy for his distress and say, "It's hard when someone takes your toy." Once he's calm, I ask "Are you ready to solve the problem with your sister? Do you need mom's help to solve the problem?"

Children who do not regulate well and have missed critical developmental milestones will need the parents' executive functioning to help them think through the social-emotional problems that occur in their daily interactions. If my son has missed thousands upon thousands of sensory-rich, pro-socializing experiences, of course he will hit his little sister when she takes his toy.

Next, I need to help him practice sharing, taking turns, and learning what to do when someone takes something from you so that the lived experience of sharing and problem solving is integrated into his neurobiological system. All children need to be able to first regulate their emotions before they can access their thinking and decision-making skills.

Since I know my son consistently struggles with being angry and impulsive, my pro-active strategy includes providing him with the sensory rich social-emotional experiences he needs to learn these critical relational and problem-solving skills. First I have to remember that he is not the problem! His aggres-

Craig

Craig is a loving teen with a great sense of humor. He enjoys playing outside, stuffed animals, hearts, balloons, and music. Craig loves to eat and is not picky at all! Born in 1999, Craig's favorite class is gym. Craig enjoys being helpful, particularly in the kitchen. He participates in Meals on Wheels and likes to hand out meals to clients. Craig loves anything SpongeBob, taking walks, dancing, and playing on the playground. He plays well with other children, has a contagious smile, and can be charming and sweet. Craig is great at remembering people and associating them with how they fit into his world. He recently went on an outing with his adoption worker where he asked multiple times about when he will meet his "new family." If you are interested in being Craig's family, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110.

sive, reactive, and impulsive behavior is the problem.

Traumatic memories are encoded and stored within the limbic structures of his brain. These same regions must be activated to create emotional arousal based on pleasure, excitement, and mutually enjoyable social interaction. I let him know that every day we're going to have fun practicing what to do when someone takes your toy or makes you mad. The daily role play should begin with playful engagement—just me and my child playing with toys on the floor. Then I tell him to take my toy without asking. My responses vary from crying, to getting mad, to running away, to asking him to give it back.

Here I simply want him to experience the range of choices and options that I have in deciding how to respond. I remain mindful that because he is trauma-reactive, he is not thinking through his choices; he's simply reacting in a state of distress. Next we practice Mom taking the toy from him, letting him know that the ultimate goal is for him to be able to put words to his feelings and tell me to please give back the toy. This targeted behavioral training is effective in improving social and emotional problem solving and conflict management over time. The practice is fun and experiential, and we take turns playing various roles. This allows the child's sensory system to experience the pro-socializing behaviors that were missed at earlier stages and that are necessary to activate and change the limbic structures of his brain.

Using principals of addition and attachment-facilitating interventions will give my child the pro-socializing experiences he needs to heal, thrive, and become a productive member of society. ◆

Child Welfare Resources

Indian Child Welfare Search Guide
Family Design Resources. 2016. This 24-page guide is designed to help agencies comply with the Indian Child Welfare Act (ICWA) and the new regulations issued in December 2016. Providing a brief history of ICWA, the guide explains what an ICWA search is (a search for a child's potential connection to a tribe/tribes) and explores things to consider before searching. The document also outlines how to conduct a diligent search for the child's tribal connections, and offers numerous resources, sample forms, and other helpful tools. Access it at http://www.familydesign.org/icwa-search-guide/

Child Welfare: An Overview of Federal Programs and Their Current Funding
Congressional Research Service. 2017. This guide provides information on the amount and sources of federal funding for child welfare services. The report notes that, in recent years, Congress has appropriated between $7.6 billion and $8.7 billion annually in federal support dedicated to child welfare purposes. Of this almost all (97 percent) was paid to states, tribes, and territories. For fiscal year 2016, which runs from October 1, 2015 to September 30, 2016, appropriations were as follows:

- Total — $8.689 billion
- Title IV-E — $7.833 billion, including $4.8 billion for foster care, $2.6 billion for adoption assistance, $135 million for kinship guardianship assistance
- Title IV-B — $668 million, including $381 million for the Promoting Safe and Stable Families program, of which 20 percent is expected to be spent on adoption promotion and support
- All other programs — $188 million

Access at https://fas.org/sgp/crs/misc/R43458.pdf

FosterPort
ChildFocus. 2016. FosterPort is a website focused on resources that address the needs of older youth in and transitioning from foster care. Created for youth service providers, youth advocates, and funders who need reliable and timely resources, the site is a searchable database of research, publications, policy issues, and more on issues affecting older youth. Access at http://www.fosterport.org ◆

Michael

Michael is a smart, friendly, soft-spoken teen with a large vocabulary. Born in 1999, Mike does exceptionally well in school; he cares about people and strives to do well academically and socially. He has a big heart—especially for animals, which is why he decided to become a vegan. Mike's favorite subjects in school are math and art. He describes himself as an "indoor person" who likes cooking, drawing, listening to heavy metal music, watching movies, playing video games, and hanging out with people. Michael is well versed in technology and computers and would like to pursue this as a future career. He is open to all families and thinks it would be nice to have one or two siblings. For more information, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110. ◆

Recent Research Informs Post-Adoption Services

The National Permanency Network (NPN) was developed at the Nashville Adoption Support and Preservation Conference in June 2015. The goal of this network is to facilitate the formation, development, and sustainment of relationships among various organizations and sectors focused on the betterment and support of adoptive and guardianship families. The Research and Evaluation Subcommittee of NPN seeks to expand the dissemination and usage of research regarding post-adoption services. As a part of this effort, we plan to develop a brief summary of recent research studies pertinent to post-adoption services to be featured in each issue of Adoptalk.

Majority of Children Adopted from Foster Care Do Not Experience Post-Permanency Discontinuity

Findings from a recent study that examined long-term placement stability of 51,576 youth adopted from foster care in Illinois revealed that the majority—87 percent—did not experience post-permanency discontinuity (meaning they didn't leave their adoptive families after adoption). By using child welfare administrative records dating from 1998 to 2010, Nancy Rolock and Kevin White found that for those children experiencing discontinuity, the average age was 13.2 years old, with 45 percent of these children age 15 or older ("Post-Permanency Discontinuity: A Longitudinal Examination of Outcomes for Foster Youth after Adoption or Guardianship," *Children and Youth Services Review*, 2016, Volume 70, pages 419–427).

Children who were found to be particularly vulnerable to discontinuity included African American children and those with more placements in foster care. Conversely, children who were placed with siblings and those who spent three or more years in foster care had lower likelihoods of discontinuity. Of the 13 percent of youth who experienced discontinuity, 53 percent reentered foster care and 47 percent experienced "a premature subsidy closure." The authors advocate that post-adoption services be offered to families before crisis situations, and that services be targeted to more at-risk families including those with adolescents.

Broad Review of Literature Cites Risks and Buffers in Post-Permanency Adjustment

"Factors Affecting Post-Permanency Adjustment for Children in Adoption or Guardianship Placements: An Ecological Systems Analysis," by Minli Liao, reviews 36 empirical studies to identify both risk and protective factors, or buffers, that influence adjustment after adoption. This study, in *Children and Youth Services Review* (Volume 66, pages 131–143), surveys broad factors related to the child and considers the contexts of family and environment. After reviewing literature related to varying levels of social interactions, the author concluded that individual risk factors for adjustment challenges included caring for a child with special needs and raising children with a history of maltreatment and multiple placements. Other risk factors included parents who lacked experience, families with boundary ambiguity (where the child or parents are physically or psychologically disconnected from one another), and lack of social support.

In contrast, adoption preparation, having married parents, a high level of adoption openness, and available social support were found to be protective factors. Considerations for child welfare and adoption professionals to improve adjustment are to help families expand social networks, encourage parents to view adoptions more positively, and look beyond the immediate environment to provide broader services for at-risk families that enhance protective factors.

Study Finds Diligent Recruitment Efforts Are Effective for Youth Who Are More Difficult to Place

This study examined a sub-population of youth with disabilities and challenges who reside in congregate care settings and have been freed for adoption. The federally funded project, A Parent for Every Child (PFEC), supported diligent recruitment efforts to place this sub-population with families. "Not Too Late: Effects of a Diligent Recruitment Program for Hard to Place Youth," in *Children and Youth Services Review* (2016, Volume 65, pages 26–31) reports on an evaluation of this program. Strategies employed in PFEC included locating family or non-family members with an existing connection to the child, internet postings, personalized videos of each child posted on the Adoption Chronicles website, and targeted recruitment. The program not only emphasized recruitment of families, but also work to support placements, such as specialized training for families. The study randomly assigned 88 families from the PFEC to the intervention group, and 89 families to a control group, who received typical services from caseworkers.

General recruitment efforts were found to be less successful than family search and engagement strategies, which resulted in 36 percent of these families establishing guardianship or adopting the youth. Two dependent variables were analyzed: permanency of any kind (including relational permanency accomplished through a written contract between a youth and adult, such as a commitment contract) and legal permanency.

The authors, Sara Feldman, Kerry Price, and Joanne Ruppel, found a 5.9 times higher likelihood of the family establishing any kind of permanency (formalizing a committed relationship) in the PFEC group than the control group; findings were not significant between the two groups when only legal permanency (adoption and guardianship) were considered. Researchers concluded that families can

be located for harder-to-place youth and that permanency may be enhanced through efforts such as those included in the PFEC program.

Young Adult Foster Care Alumni Voice Insights about the System

With an average of five years spent in foster care, 16 young adults whose average age was 21 years old, were recruited to join in two focus groups to discuss their experiences in the foster care system. E. Susana Mariscal, Becci Akin, Alice Lieberman, and DaKie Washington authored the study "Exploring the Path from Foster Care to Stable and Lasting Adoption: Perceptions of Foster Care Alumni," in *Children and Youth Services Review* (2015, Volume 55, pages 111–120). In addition to the 16 individuals who participated in the focus groups, an additional nine individuals participated in an online survey. Five of the participants had experienced adoption disruption or dissolution. Four distinct thematic areas reported were:

1. child factors are perceived to influence adoption outcomes (for example, the fact that some youth don't want to be adopted and that many youth in foster care have major trust issues);

2. adoptive parents need strong preparation, effective communication, and lifelong commitment (for example, adoptive parents don't necessarily learn everything they need in training; they need to get to know the child rather than the file);

3. system barriers can undermine successful adoption (for example, labels and stigma in the community and organizational challenges to the child welfare system); and

4. services and supports can influence the success of adoption.

Authors assert that a more youth-centered adoption process, including matching, improved adoptive parent preparation, and strengthening systems' understanding of trauma are needed.

Caseworkers Describe Barriers to Mental Health Services for Young Children and Factors to Help Overcome Them

Despite understanding the prevalence and impact of early childhood maltreatment, less is known about caseworkers and their ability to assess, refer, and facilitate access to treatment of young children in need. This qualitative study by Jill Hoffman, Alicia Bunger, and three other colleagues analyzed caseworkers' perceptions of mental health needs in children in care. "Child Welfare Caseworkers' Perceptions on the Challenges of Addressing Mental Health Problems in Early Childhood" is in a 2016 issue of *Children and Youth Services Review* (Volume 65, pages 148–155). Fifty caseworkers from an urban public child welfare agency engaged in five focus groups. Four themes were identified:

1. *Age group challenges* describes how caseworkers may disagree with parental views of child behaviors, with professionals more likely to ascribe behaviors as being normal development.

2. *Workplace challenges* was related to role clarity and whether the intake worker's responsibility included identifying potential mental health issues. Caseworkers believed that child safety was the primary responsibility; several described a variety of different approaches to assessing the child's mental health, as it related to child safety.

3. *Importance of early identification and intervention* was the theme in which caseworkers emphasized the importance of early intervention with young children to prevent further complications later in adolescence.

4. *Ideal world* was what the caseworkers wanted to happen in the process. They described that referrals to mental health services made during the intake process would alleviate the ongoing work burden for caseworkers.

Ongoing training of caseworkers in agencies with high turnover; systematic, standardized identification of mental health issues in young children; and knowledge of community resources are cited as implications for practice.

Adopted Youth are Overrepresented in Residential Treatment Programs Nationally

While adopted youth make up 2.5 percent of the U.S. child population, they are hugely over-represented in residential treatment programs, according to a study recently published in *Residential Treatment for Children & Youth* (2016, Volume 33, Issue 2). "Adopted Youth in Residential Care: Prevalence Rate and Professional Training Needs," by David Brodzinsky, John Santa, and Susan L. Smith, reports the findings of a survey of clinical program directors in residential treatment facilities. The 59 respondents reported that an average of 30.5 percent of their current residents had been adopted. They were asked to assess a list of 24 clinical symptoms as to whether adopted youth were more likely, the same, or less likely to have these issues, compared to non-adopted youth. The majority of respondents agreed that 11 conditions were more common in adopted youth:

- attention problems (58%)
- impulsivity/hyperactivity (60%)
- oppositional behavior (67%)
- emotional insecurity (79%)
- attachment problems (98%)
- identity issues (85%)
- trauma symptoms (71%)
- fear of rejection (85%)
- problems with empathy (68%)
- problems with autonomy (60%)
- peer problems (55%)

More than 70 percent of clinical directors reported that staff had received at least a moderate amount of training on adoption, but 80 percent expressed interest in additional training in this area.

15 Types of Support Services

by AdoptUSKids ©

This tipsheet was developed by AdoptUSKids to encourage jurisdictions to provide supportive services to families in need, and is adapted from Support Matters: Lessons from the Field about Support Services for Adoptive, Foster, and Kinship Care Families *(http://www.nrcdr.org/develop-and-support-families/support-matters). This tipsheet is available at http://nrcdr.org/_assets/files/NRCDR-org/15-support-services-for-families.pdf. You can also view related tipsheets and resources on the NRCDR website.*

Contact the National Resource Center for Diligent Recruitment at AdoptUSKids at NRCDR@adoptuskids.org or 303-755-4756 to find out how they can assist your child welfare system in applying insights from the Support Matters *publication as part of your recruitment, development, and support of families.*

Providing post-placement support is critical to achieving the goal of finding and maintaining a pool of stable families for children and youth, as well as helping families succeed and thrive. Many states, tribes, and territories offer supports to foster, adoptive, or kinship care families, with the services typically fitting into the 15 types outlined below. You can read more and review sample programs in Chapter 3 of *Support Matters: Lessons from the Field about Services for Foster, Adoptive, and Kinship Care Families*. (Please note that page numbers referenced below refer to pages within the full *Support Matters* publication.)

Although programs typically offer services along a continuum and services may not fit neatly into distinct categories, below we have grouped them into categories to help clarify ways to think about various kinds of support services. In general, basic services are those offered most often, enhanced services are the next most common, and intensive services typically serve a smaller population of children and families with more serious or challenging needs.

Basic Services

1. **Child or youth assessment**—To ensure children and youth have the best chance to succeed, a thorough, trauma-informed assessment helps identify their strengths, their needs, and services their family may need to help them heal and grow. Whenever possible, the professionals conducting the assessment should meet with caregivers to explain the results and help connect the family to needed services. In Support Matters, see the Children's Trauma Assessment Center (page 114) and the Seminole Tribe of Florida's Family Services Department (page 178).

2. **Information**—A common approach for providing information is through a website with fact sheets, articles, parenting tips, and links to resources on key issues in adoption, foster care, and kinship care. Websites may include searchable databases of effective local resources. Many programs also offer newsletters, fact sheets, or libraries to help parents build their knowledge and skills. For example, Alabama Pre/Post Adoption Connections (Support Matters page 83) runs three large lending libraries.

3. **Navigation, advocacy, and referral**—Many family support programs have staff or volunteers who answer questions, provide support, and make referrals to known, trusted, and culturally responsive services in the local community. Staff or volunteers also help parents advocate for assistance the family needs, such as special education services and medical or mental health care. In Support Matters, see Washington State's (page 198) and the Edgewood Center for Children and Families' (page 125) kinship support programs.

4. **Training and other development**—In-person or web-based training for parents may cover topics such as core child welfare issues, common disabilities and behaviors, helping children and youth heal, race and culture, the effects of trauma, and accessing available services. Some programs also offer training to professionals who serve children, youth, and families in adoption, foster care, and kinship care, as well as to

photo by Liara Studios

Wylan

Wylan's love of vanilla cookies is surpassed only by his love of twirling shoelaces, beads, and strings. Born in 2005, Wylan enjoys playing games on his tablet. He thrives on consistency and wants a family ready to encourage and engage him. In this puzzle called life, let Wylan show you what love and determination are really all about. For more information, please contact Jean Blattner at Children Awaiting Parents: jean@capbook.org or 585-232-5110. ◆

extended family members and community members. See Tennessee Adoption Support and Preservation (page 78) and KEEP (Keeping Foster and Kin Parents Supported and Trained) (page 149).

5. **Birth family mediation and adoption search**—Information, advice, and counseling can help adoptive, foster, and kinship care parents feel more comfortable working with birth family members and building connections designed to improve outcomes for children and youth. Kennedy Krieger (page 153 of Support Matters) trains its treatment foster parents to support the relationship between children and youth and their birth family members.

Enhanced Services

6. **Peer support**—Whether through parent liaisons or navigators, mentoring, buddy programs, online and in-person support groups, or social activities, children, youth, and parents benefit from spending time with their peers in similar situations. Birth parents can also benefit from gathering with their peers. See the program profiles of Iowa Foster and Adoptive Parent Association (page 145), The Children's Home (page 108), and Adoption Network Cleveland (page 71).

7. **Mentoring**—Although parents are often mentored by their peers, children and youth are most often mentored by adults, including those who have personal experience with foster care or adoption and other adults who serve as safe and healthy role models. See the Fostering Healthy Futures program (page 135), the Midwest Foster Care and Adoption Association (page 157), and UCLA TIES (page 193).

8. **Other services for children and youth**—Many support programs offer children and youth cultural activities, recreational opportunities, job training, and employment support. See the Yakama Nation Kinship Program (page 203) and Bridges to Health (page 96).

9. **Case management**—Through case management, a professional or team of professionals works with the family to identify strengths, protective factors, and challenges. Then the case manager partners with the family to implement a family-specific plan to improve family functioning and reduce problems. Often offered as a time-limited service, case management provides families with support to identify the issues they need to address, connect them with effective service providers, develop their skills, and improve outcomes. See the Seneca Family of Agencies' Adoption/Guardianship Wrap-around Program (page 182) and the Child Wellbeing Project (page 104).

10. **Education support and advocacy**—Educational services include tutoring, mentoring, and helping develop an IEP (individualized educational program) for a child. In addition, families often require assistance transferring school records and benefit greatly from information and support provided by other families with similar experiences. See Treehouse (page 188) and Placer County Support Services (page 170).

11. **Respite**—Respite care* (planned or for crisis situations) provides a needed rest or break for parents—and children—who are struggling from the effects of trauma or with disabilities. In many cases, respite programs give children the chance to build relationships with other children and to participate in meaningful activities that increase their skills and resources. See Bridges to Health (page 96) and the Mockingbird Society (page 161).

12. **Camps or retreats**—Periodic special events can include camps or retreats that serve the entire family, just the parents, or just children and youth. See Camp to Belong (page 101) and A Second Chance (page 173).

13. **Financial or material supports**—Some programs offer financial supports to meet families' needs for specialized medical equipment, payments for youth activities, emergency funding for child care, or other day-to-day living expenses. Others offer low-cost or free school supplies, books, or clothing. See Midwest Foster Care and Adoption Association (page 157), Yakama Nation's Kinship Program (page 203), and the Choctaw Nation (page 118).

*For more information about respite care, see AdoptUSKids' two publications at adoptuskids.org: *Taking a Break: Creating Foster, Adoptive, and Kinship Respite in Your Community* and *Creating and Sustaining Effective Respite Services: Lessons from the Field.*

Key Characteristics of Support Services

To be most effective, services provided to adoptive, foster, and kinship care families must embody certain core principles or values. The services should be:

- trauma-informed and trauma-responsive
- adoption- or permanency-competent
- child-centered and family-focused
- relationship-based
- strengths-based
- culturally responsive
- flexible and accessible

…continued on page 16

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15 Types of Support...

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More Intensive Services

14. **Therapeutic services, including in-home and community-based services and access to residential treatment**—Access to affordable, competent, effective, and trauma-informed therapeutic services is necessary for many adoptive, foster, and kinship care families.

    Some children and youth may need time-limited residential care to address more serious mental health concerns. Many of the programs in Support Matters offer therapeutic services, including Bethany ADOPTS (page 92), UCLA TIES (page 193), and DePelchin's CPS Post-Adoption Program (page 121).

15. **Crisis intervention**—Crisis services include 24-hour hotlines staffed by trained professionals who can make emergency referrals, provide advice, and help families access services. Other crisis services include emergency respite care and in-home crisis response teams. See Anu Family Services (page 88) and the Foster and Adoptive Care Coalition (page 130). ◆