2008 Annual Training Conference

OYA Crimes and Commitments

Colleen Gilmartin, Clackamas County District Attorney's Office

Vikki Whitmore, Oregon Youth Authority

Bob Cambra, Clackamas County Juvenile Department

2008 Annual Training Conference

OYA 101

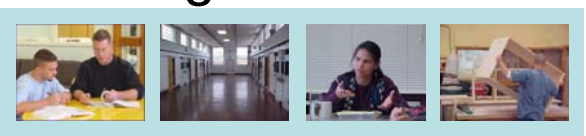
Hon. Nan Waller

Multnomah County Circuit Court Judge

Tim Loewen, Yamhill County Juvenile Department

Joe Mesteth, Oregon Youth Authority

Oregon Youth Authority



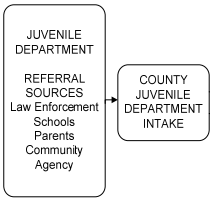
Oregon Youth Authority

Meeting the Challenge through Collaboration and Partnerships

Oregon´s juvenile justice system is composed of a network of local and state partners. Governmental agencies providing primary direct services for delinquent youth are county juvenile departments and the Oregon Youth Authority.

NEXT

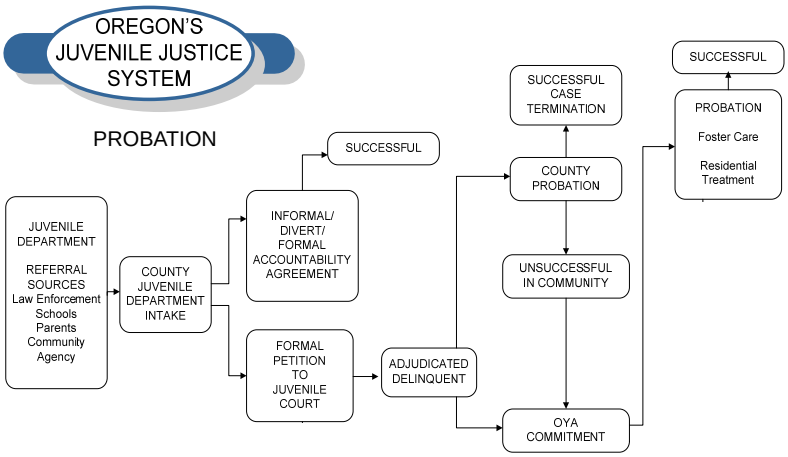
OREGON'S JUVENILE JUSTICE SYSTEM



At the local level, county juvenile departments provide sanctions and services to youth ages 12-17, who are referred primarily for law violations by law enforcement agencies. Juvenile departments conduct intake services and determine dispositions for cases referred. Whether to proceed informally in lieu of formal court action or in the case of more serious referrals to file petitions before the juvenile court is determined by the juvenile departments in conjunction with local district attorneys and the juvenile court. Juvenile departments provide opportunities for accountability and reformation in the community.

BACK

NEXT

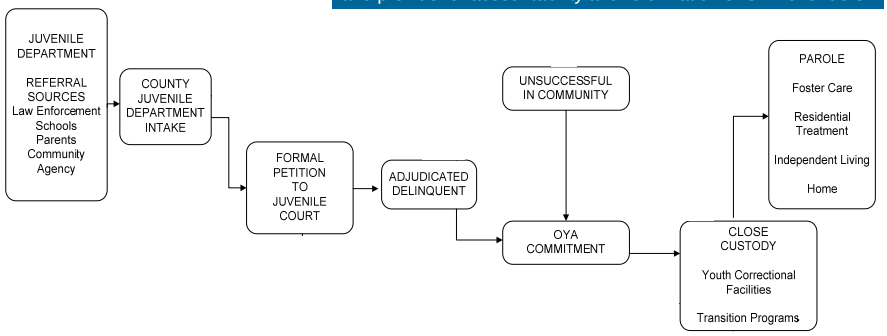


In cases of youth referred for more serious offenses, juvenile departments work with the local district attorneys to file delinquency petitions in the juvenile court moving toward adjudication. Should the juvenile court judge establish jurisdiction (determine guilt for an act which would be a crime if committed by an adult), the judge may place the youth under formal county probation as a youth offender. Youth offenders on county level probation are subject to formal sanctions and requirements that are designed to prevent further penetration into the juvenile justice system and include a range of supervision, accountability, and reformation services.

BACK NEXT

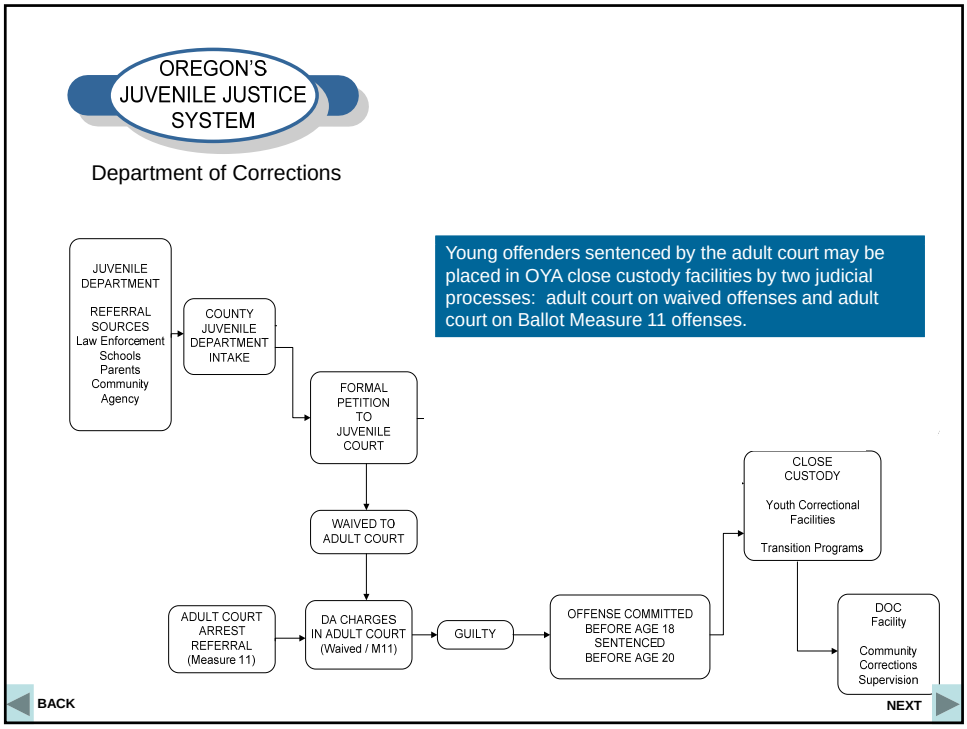
Youth Correctional Facility - Parole

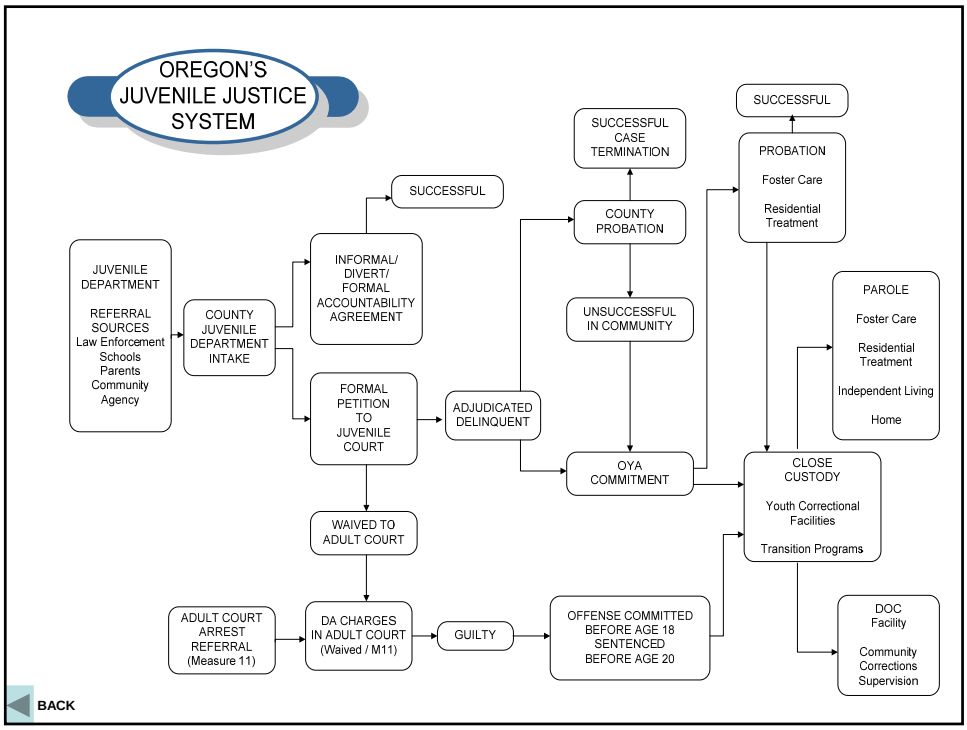
Youth offenders who are unsuccessful in meeting conditions of county probation and/or who commit very serious offenses and/or are found to be serious risk to community safety may be committed by a juvenile court to the custody of the Oregon Youth Authority (OYA). OYA, the state's juvenile corrections agency, administers state level youth corrections programs and community programs and supervision. All services provided by the OYA are directed toward preventing further criminal activity and provide for accountability and reformation of OYA offenders.



OYA contracts with private providers for residential treatment services and foster care. OYA probation and parole officers supervise and coordinate case plans and services for youth who are placed in the community.

BACK NEXT


OREGON'S JUVENILE JUSTICE SYSTEM
Department of Corrections
Young offenders sentenced by the adult court may be placed in OYA close custody facilities by two judicial processes: adult court on waived offenses and adult court on Ballot Measure 11 offenses.
JUVENILE DEPARTMENT
REFERRAL SOURCES
Law Enforcement
Schools
Parents
Community
Agency
COUNTY JUVENILE DEPARTMENT INTAKE
FORMAL PETITION TO JUVENILE COURT
WAIVED TO ADULT COURT
ADULT COURT ARREST REFERRAL (Measure 11)
DA CHARGES IN ADULT COURT (Waived / M11)
GUILTY
OFFENSE COMMITTED BEFORE AGE 18 SENTENCED BEFORE AGE 20
CLOSE CUSTODY
Youth Correctional Facilities
Transition Programs
DOC Facility
Community Corrections Supervision
BACK
NEXT


OREGON'S JUVENILE JUSTICE SYSTEM
JUVENILE DEPARTMENT
REFERRAL SOURCES
Law Enforcement
Schools
Parents
Community
Agency
COUNTY JUVENILE DEPARTMENT INTAKE
INFORMAL/ DIVERT/ FORMAL ACCOUNTABILITY AGREEMENT
SUCCESSFUL
FORMAL PETITION TO JUVENILE COURT
ADJUDICATED DELINQUENT
SUCCESSFUL CASE TERMINATION
COUNTY PROBATION
UNSUCCESSFUL IN COMMUNITY
OYA COMMITMENT
SUCCESSFUL
PROBATION
Foster Care
Residential Treatment
PAROLE
Foster Care
Residential Treatment
Independent Living
Home
CLOSE CUSTODY
Youth Correctional Facilities
Transition Programs
WAIVED TO ADULT COURT
ADULT COURT ARREST REFERRAL (Measure 11)
DA CHARGES IN ADULT COURT (Waived / M11)
GUILTY
OFFENSE COMMITTED BEFORE AGE 18 SENTENCED BEFORE AGE 20
DOC Facility
Community Corrections Supervision
BACK

Community Partners Staffing

- OYA
- DHS Child Welfare
- DHS Self Sufficiency
- Developmental Disabilities
- Juvenile Department
- Mental Health
- Substance Abuse
- Schools
- Local Commission on Children and Families
- Youth's Families
- Treatment Providers
- CASA

REFERRALS

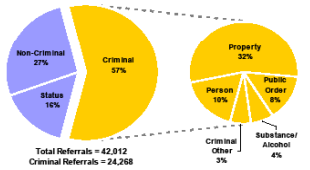
Total Referrals in 2006

Total referrals constitute the sum of all referrals received by county juvenile departments throughout Oregon during 2006. Total referrals include multiple referrals of a single youth within the reporting year (i.e., the youth may have several reports by the police). All criminal (felony and misdemeanor), non-criminal, and status offense referrals are included. Dependency referrals where the referred youth was an alleged victim of abuse or neglect are excluded. Where there were multiple allegations on a single referral, the referral was classified by the most serious allegation.

Total Referrals – Breakout by Offense Category

Total Referrals = 42,012
Total Criminal Referrals = 24,268

Total Referrals – Breakout by Crime Category



Total Referrals = 42,012
Criminal Referrals = 24,268

Juvenile Justice Information System

TERMINOLOGY

Allegation
Legal reason or reasons for the referral to a juvenile department.

Criminal Offense
Conduct for which a sentence of imprisonment is authorized. (ORS 161.515)

Juvenile Justice Information System (JJIS)
A statewide electronic case management system used by all Oregon county juvenile departments and the Oregon Youth Authority (OYA). JJIS is maintained by the OYA.

Non-Criminal Offense
Generally, an offense punishable by a fine but not by imprisonment; includes some status offenses, such as minor in possession of alcohol and curfew violations. (ORS 153.008)

Offense
Conduct for which a sentence of imprisonment or a fine is authorized; includes both crimes and violations. (ORS 161.505)

Referral
Any allegation or group of allegations received by a juvenile department at any one time, documented by a police report or other formal means of referral.

Status Offense
Generally, conduct illegal for juveniles but not for adults. In JJIS, only status offenses not meeting the definition of a non-criminal offense are reported as status offenses. Referrals for runaways constitute the largest share of status offenses in JJIS.

A Note about Sources
Referral data and youth characteristics came from JJIS database extracts provided by OYA.

Youth population estimates were derived from data retrieved online from the U.S. Census Bureau (http://www.census.gov /popest/datasets.html) and Easy Access to Juvenile Populations hosted by the Office of Juvenile Justice and Delinquency Prevention (http://www.ojjdp.ncjrs.gov/ojstatbb/ezapop/). These estimates tend to lag the referral data but represent the most current information available at the time of publication.

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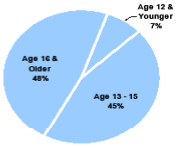
REFERRALS IN 2006

Total Referrals – Breakout by Age Group at Referral



Total Referrals = 42,012

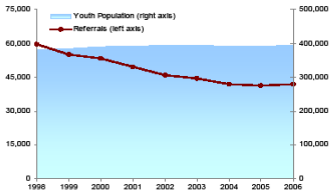
Age Group Composition of Oregon Youth Population

Age Group	Count	Percentage
10–12 Years	141,426	36%
13–15 Years	148,621	38%
16–17 Years	103,468	26%
All Youth	393,517	100%

Note: Table reflects estimated Oregon youth population aged 10-17 as of July 1, 2006. Source: U.S. Census Bureau. (2007, May 17). Annual State Population Estimates by Demographic Characteristics with 6 Race Groups: April 1, 2000 to July 1, 2006 [SC-EST2006-ALLDATA6]. Retrieved August 2, 2007, from http://www.census.gov/popest/datasets.html

Referral Trends 1998–2006

Total Referral Counts vs. Youth Population



Total Referral Counts and Oregon Youth Population by Year

Year	Referrals	Youth Population
1998	59,652	380,736
1999	55,152	383,249
2000	53,324	390,621
2001	49,507	392,267
2002	45,920	394,475
2003	44,489	393,435
2004	42,011	390,876
2005	41,423	391,071
2006	42,012	393,517

Note: Table reflects estimated Oregon youth population aged 10-17 as of July 1. Source: U.S. Census Bureau. (2007, May 17). Annual State Population Estimates by Demographic Characteristics with 6 Race Groups: April 1, 2000 to July 1, 2006 [SC-EST2006-ALLDATA6]. Retrieved August 2, 2007, from http://www.census.gov/popest/datasets.html

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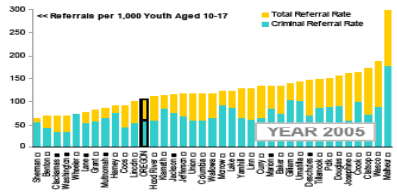
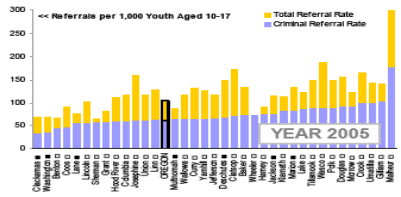
REFERRAL RATES

Referral Rates in 2005 by County (arranged by Total Referral Rate)



In the graph above, counties with at least 15,000 youth aged 10–17 are marked with a solid square. Counties with fewer youth are marked with a hollow square.

Referral Rates in 2005 by County (arranged by Criminal Referral Rate)



In the graph above, counties with at least 15,000 youth aged 10–17 are marked with a solid square. Counties with fewer youth are marked with a hollow square.

Referral Breakout by County Year 2005

County	Youth Population Aged 10-17	Referrals Total	Referrals Criminal	Referral Rate (Referrals per 1,000 Youth) Total	Referral Rate (Referrals per 1,000 Youth) Criminal
Baker	1,772	239	131	135	74
Benton	7,161	491	307	69	43
Clackamas	43,158	2,994	1,380	69	32
Clatsop	3,881	671	280	173	72
Columbia	5,882	695	337	118	57
Coos	6,422	593	279	92	43
Crook	2,586	434	255	164	99
Curry	2,059	275	133	134	65
Deschutes	15,174	2,236	1,046	147	69
Douglas	11,179	1,738	1,018	156	91
Gilliam	185	26	19	141	103
Grant	842	69	47	82	56
Harney	891	82	67	92	75
HoodRiver	2,567	289	147	113	57
Jackson	21,198	2,459	1,501	116	76
Jefferson	2,607	307	174	118	67
Josephine	8,735	1402	509	161	58
Klamath	7,705	876	642	114	83
Lake	837	103	72	123	86
Lane	33,452	2,563	1,766	77	53
Lincoln	4,540	464	240	102	53
Linn	12,322	1,587	743	129	60
Malheur	3,779	1,129	668	299	177
Marion	35,846	4,827	2,988	135	83
Morrow	1,555	191	143	123	92
Multnomah	64,808	5,655	4,105	87	63
Polk	7,670	1,148	678	150	88
Sherman	199	13	11	65	55
Tillamook	2,579	382	225	148	87
Umatilla	8,912	1,280	893	144	100
Union	2,621	309	156	118	60
Wallowa	735	87	47	118	64
Wasco	2,538	484	331	187	88
Washington	56,147	3,961	1,812	71	32
Wheeler	134	10	10	75	75
Yamhill	10,573	1,350	684	128	65
Oregon	393,342	41,423	23,845	105	61

Note: Referral rates are based on estimated youth population as of July 1, 2005. Source: U.S. Census Bureau (2006, August 4). County estimates by demographic characteristics: April 1, 2000 to July 1, 2005 [CC-EST2005-agesex-4], CC-EST2005-alldata-41]. Retrieved July 3, 2007, from http://www.census.gov/popest/datasets.html

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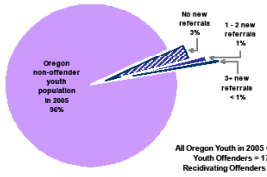
Recidivism of Youth Referred in 2005

As a measure of public safety, recidivism is defined as a new criminal referral within 12 months. A criminal referral is a law enforcement report to a juvenile department alleging one or more felonies or misdemeanors. Status offenses are excluded from the recidivism measure.

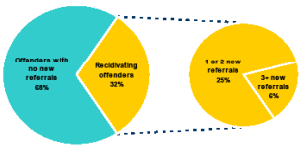
Offender Population as a Proportion of Oregon Youth



All Oregon Youth in 2005 = 393,342
Youth Offenders = 17,265
Recidivating Offenders = 5,443

For context, this chart shows the size of the juvenile offender groups relative to the entire Oregon youth population in 2005. The three protruding slices on the pie chart represent the 2005 juvenile offender cohort, the subject of the remainder of this report.

Recidivism – All Youth Offenders



All Youth Offenders = 17,265
Recidivating Offenders 5,443

Of the youth referred to a county juvenile department in 2005, 32% were referred at least once more within 12 months (25% had one or two new criminal referrals and 6% had three or more new criminal referrals within 12 months).

Juvenile Justice Information System

TERMINOLOGY

Allegation
Legal reason or reasons for the referral to a juvenile department.

Cohort
The group of youth with criminal referrals in a particular calendar year. Youth with multiple criminal referrals may be counted in more than one cohort.

Criminal Offense
Conduct for which a sentence of imprisonment is authorized (ORS 161.515).

Juvenile Justice Information System (JJIS)
A statewide electronic case management system used by all Oregon county juvenile departments and the Oregon Youth Authority (OYA). JJIS is maintained by OYA.

New Referral
Any criminal referral within 12 months of the youth's qualifying referral.

Prior Referral
Any criminal referral prior to the youth's qualifying referral.

Qualifying Referral
A youth's first criminal referral in the calendar year. This referral qualifies the youth for the cohort.

Recidivism
One or more new criminal referrals within 12 months of the qualifying referral.

Recidivism Rate
Percentage of the cohort with one or more new criminal referrals within 12 months of the qualifying referral.

Referral
Any allegation or group of allegations received by a juvenile department at any one time, documented by a police report or other formal means of referral.

Status Offense
Generally, conduct illegal for juveniles but not for adults. Referrals for runaways constitute the largest share of status offenses in JJIS.

Note: Throughout this report, chart detail may not total 100% because of rounding.

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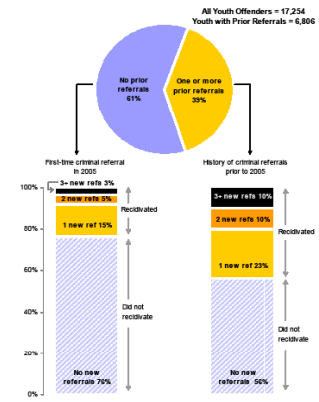
REFERRAL HISTORY OF YOUTH REFERRED IN 2005

Referral History of Offenders

Prior Referrals of 2005 Cohort



This chart shows the relationship between prior criminal referrals and subsequent criminal referrals for the 2005 cohort.

For youth referred in 2005 who had no history of prior criminal referrals, 78% had no new criminal referrals within 12 months, while 15% had one and 8% had multiple new criminal referrals. For youth referred in 2005 who had ever been referred previously for a crime, 56% had no new criminal referrals within 12 months, while 23% had one and 20% had multiple new criminal referrals.

Criminal Referral History of Youth in 2005 Cohort

	#	Pct.
No Prior Referrals	10,448	60.6%
One or More Prior Referrals	6,806	39.4%
Total (a)	17,254	100%

(a) The 2005 juvenile offender cohort comprises 17,265 youth. The total figure in this table (17,254) differs slightly due to retroactive data entry.

New Criminal Referrals of 2005 Cohort Breakout by Criminal Referral History

	No Prior Referrals		One or More Prior Referrals	
	#	Pct.	#	Pct.
Did Not Recidivate				
No New Referrals	7,986	76.4%	3,826	56.2%
Recidivated				
1 New Referral	1,607	15.4%	1,593	23.4%
2 New Referrals	492	4.7%	684	10.0%
3+ New Referrals	363	3.5%	703	10.3%
Total (a)	10,448	100%	6,806	100%

(a) The 2005 juvenile offender cohort comprises 17,265 youth. The total figure that would result from summing the youth represented in this table (17,254) differs slightly due to retroactive data entry.

7

DISPOSITIONS

2007 DISPOSITION OF YOUTH

• *Dismissed, Not Petitioned or Not Adjudicated*		11,160
• *Authorized Diversion or Other Informal Disposition*		9,459
• *Adjudicated Delinquent*		6,085
– Formal Sanction	1,664	
– Probation	3,579	
– Commit/Custody to Non-OYA Agency	14	
– Probation & Commit/Custody to Non-OYA Agency	43	
– Probation & OYA Commit for Community Placement	407	
– OYA Commitment for YCF	378	
• *Adult Court*		431
• **Grand Total of Youth Dispositions**		**27,135**

Annual Juvenile Justice Reports

http://www.oregon.gov/OYA/jjis_data_eval_rpts.shtml

- Referrals and Referral Trends
- Recidivism and Recidivism Trends
- Detention Length of Stay
- Community Service/Restitution
- Dispositions

Duration of Jurisdiction

Maximum Sentences for Crimes

- Felonies
  - A — 20 Years
  - B — 10 Years
  - C — 5 Years
- Misdemeanors
  - A — 1 year
  - B — 6 months
  - C — 30 days

Maximum Length of Probation — 5 years

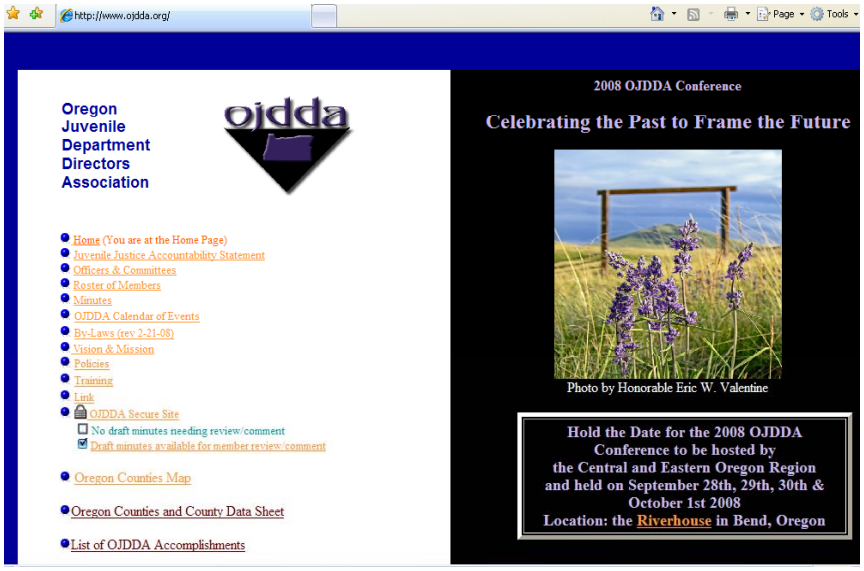
Maximum Age of Probation — Age 23

Maximum Age of OYA YCF Custody — Age 25

OYA Field Offices

Benton County OYA 4185 SE Research Way Suite 100 Corvallis, OR 97333-1067 Phone: 541.766.3545 FAX: 541.766.6071	Jackson County OYA 609 West 10th Street Medford, OR 97501-2906 Phone: 541.774.3800 FAX: 541.774.3825	Polk County OYA 182 SW Academy St. Dallas, OR 97338-1922 Phone: 503.623.2349 FAX: 503.831.3013
Clackamas County OYA 45 SE 82nd Drive Suite 51B Gladstone, OR 97027 Phone: 971-673-6700 FAX: 503.657.2173	Josephine County OYA 301 NW F Street Grants Pass, OR 97526-2051 Phone: 541.474.5186 FAX: 541.955.8651	Tillamook County OYA 201 Laurel Avenue Tillamook, OR 97141-2311 Phone: 503.842.3417 FAX: 503.842.3510
Clatsop County OYA 818 Commercial Street. Suite 1 Astoria, OR 97103-4540 Phone: 503.338.0125 FAX: 503.338.0151	Klamath County OYA 1900 Main Street Suite C Klamath Falls, OR 97601 Phone: 541.883.5509 FAX: 541.883.5581	Umatilla County OYA 200 SE Hailey Avenue Suite 304 Pendleton, OR 97801 Phone: 541.278.4225 FAX: 541.276.7398
Columbia County OYA 244 Strand Street St. Helens, OR 97051-2091 Phone: 503-366-4924 FAX: 503-397-7256	Lane County OYA 2727 MLK, Jr., Blvd. Eugene, OR 97401-8005 Phone: 541.682.4700 FAX: 541.682.2425	Union County OYA 1102 K Avenue La Grande, OR 97850-2131 Phone: 541.962.7227 FAX: 541.963.1038
Coos County OYA 400 Virginia Suite 114 North Bend, OR 97459-3477 Phone: 541.756.4290 FAX: 541.756.4012	Lincoln County OYA 753 NW Brook Newport, OR 97365-3812 Phone: 541.574.6080 FAX: 541.265.4156	Wasco County OYA 606 Court Street The Dalles, OR 97058-2242 Phone: 541.298.8580 FAX: 541.298.7626
Crook County OYA 308 NE 3rd Prineville, OR 97754-1912 Phone: 541.416.3847 FAX: 541.416.0353	Linn County OYA 4400 Lochner Road SE Parole Unit Albany, OR 97321-3798 Phone: 541.967.2044 FAX: 541.967.2047	Washington County OYA 1600 SW Cedar Hills Blvd. Suite 100 Portland, OR 97225-5439 Phone: 503.672.9569 FAX: 503.672.9578
Curry County OYA P.O. Box 746 Gold Beach, OR 97444-0746 Phone: 541.247.3302 FAX: 541.247.5000	Malheur County OYA 2411 SW 4th Avenue Ontario, OR 97914-1829 Phone: 541.889.3810 FAX: 541.889.5786	Yamhill County OYA 535 East Fifth Room 22 McMinnville, OR 97128-4526 Phone: 503.434.7376 FAX: 503.435.1354
Deschutes County OYA 62910 OB Riley Rd, Suite A204 Bend, OR 97701-9071 Phone: 541.388.6155 FAX: 541.388.6348	Marion County OYA 2001 Front St NE Ste 110 Salem, OR 97303-6653 Phone: 503.378.6804 FAX: 503.378.5882	
Douglas County OYA 1036 SE Douglas Avenue, Room #9 Roseburg, OR 97470 Phone: 541-464-6393 FAX: 541-440-4535	Multnomah County OYA 1401 NE 68th Avenue Portland, OR 97213-4957 Phone: 503.731.4971 FAX: 503.731.4993	

www.ojdda.org



2008 Annual Training Conference

Adoptive Family Selection

Nancy Keeling, Department of Human Services

Angela Cause, Department of Human Services

2008 Annual Training Conference

Nancy Keeling

During the past 24 years, Nancy has served in a variety of positions within Oregon's child welfare system. She has a BS in Sociology/Anthropology, 365 hours of specialized training in Child Sexual Abuse, is a graduate of Oregon Pacific Program for Leadership, and was selected to attend the National Academy for Leaders in Child Welfare.

Nancy has had the opportunity to provide direct service in protective services and permanency planning, and has supervised all program areas including adoptions. As Regional Administrator, Nancy had oversight responsibility of child welfare administration in 15 Eastern Oregon Counties. She currently serves as the Administrator of Office of Safety and Permanency for Children within the Oregon Department of Human Services/Children, Adults and Families Division (CAF). In this capacity, she administers program, policy, and practice decisions and implementation of all the major child welfare programs in Oregon; this includes: Child Protective Services (CPS), Foster Care, Adoptions, Family Based Services, Residential Treatment and Licensing, and the Interstate Compact for the Placement of Children (ICPC).

Nancy has been a foster parent, and is an adoptive parent.

DHS ADOPTION COMMITTEES FLOWCHART DESCRIPTIVE

Child Summary Packet includes but is not limited to the following materials:

- Adoption Child Summary (less than 12 months old or updated within the last 12 months)
- Child's Psychological
- Child Development Rehabilitation Center evaluation
- Mental health or other reports discussing the child's special needs
- Sibling Planning Committee Report, if applicable
- Child Bulletin, if recruitment has occurred
- Adoption Home Studies and child preference forms of three selected families

Presentation of Child by Case worker, and others includes but is not limited to:

- Reason child came into care explaining history of abuse and/or neglect
- Placement history detailing moves while in foster care
- Description of special needs characteristics, i.e, mental health diagnosis, acting out behaviors, etc.
- Biological family background
- Safety needs
- Emotional, physical, verbal & cognitive development, and social skills
- Medical/dental health including medication information, treatment and prognosis
- Education
- History of services while in foster care, i.e., counseling, speech & language, occupational, etc.
- Discipline methods used, what is effective and what is not effective
- Future contact with biological family
- Legal status
- Transition considerations
- Profile of family most likely to be able to meet child's needs,
- Other relevant information such as religious preference/activities, understanding of adoption, cultural consideration, likes and dislikes, and strengths cultural considerations
- Child's Life Story Book may be presented.
- CASA, attorney or others' may also provide letters about child's needs.

Presentation of prospective families by adoption case workers includes the following:

- Strengths and weaknesses regarding matching characteristics of child and family to include safety, family's support network, updates to home study, ability to advocate for child, how family would be capable, or not, of meeting child's specific needs
- Preparation & education for child
- Discipline practiced
- Child care
- Status regarding health, marriage, other children in the home, finances
- Cultural connections
- Criminal history and CPS background checks
- Willingness to maintain future contact with biological family

Deliberation/Discussion:

- All but child's case worker and adoption workers are excused after child presentation

Decision Making:

- Committee members evaluate information about child & families
- Discuss strengths & concerns of families as they relate to matching characteristics for child.

Decision:

- The committee selects by majority vote family most likely to meet child's long-term needs for permanency, safety and well-being when a match exists.

DHS ADOPTION PLACEMENT SELECTION COMMITTEES PROCESSES

DISTRICT (LOCAL) ADOPTION COMMITTEE

Used for cases where:

1. Child under age six with minimal special needs and no siblings.
2. Relative who is being considered alone for any age child or sibling group.
3. Current caregiver being considered alone.

PROCESS:

1. Committee Preparation
   - Child's summary packet submitted to committee by case worker
   - Review of child's summary packet by committee members
2. Committee Session:
   Presentation of child by child's case worker and foster parent addressing clarifying questions from committee members.
   - Presentation of adoptive families by their respective adoption case workers, addressing clarifying questions from committee members.
   - Input shared by child's attorney, CASA, Tribe and/or therapist.
3. Deliberation/discussion by committee :
   - Assessment of child's needs.
   - Assessment of each prospective family's ability to meet child's needs.
4. Decision:
   - Vote of each committee member for the family deemed most appropriate to meet child's needs.
   - Second family sometimes selected as a back up choice for Child under age six with minimal special needs and no siblings.

CENTRAL ADOPTION COMMITTEE

Used for cases where:

1. Child under six with significant special needs
2. Child six years or older
3. Sibling Groups
4. Sensitive Issues cases:

a) Current Caregiver considered with others
b) DHS employee or community partner
c) More than one relative
d) High profile case
e) Relative considered with non-relative Current Caregiver

PROCESS:

1. Committee Preparation
   - Child's summary packet submitted to committee by case worker
   - Review of child's summary packet by committee members
2. Committee Session:
   - Presentation of child by child's case worker and foster parent addressing clarifying questions from committee members. (Note: foster parent is excluded when being considered with other families)
   - Presentation of adoptive families by their respective adoption case workers, addressing clarifying questions from committee members. Adoptive not present.
   - Input shared by child's attorney, CASA, Tribe and/or therapist.
3. Deliberation/discussion by committee members:
   - Assessment of child's needs.
   - Assessment of each prospective family's ability to meet child's needs.
4. Decision:
   - Vote of each committee member for the family deemed most appropriate to meet child's needs.
   - Second family sometimes selected as a back up choice.

Notice of intent to seek Review

DHS-CAF Director or Designee

ADOPTION SELECTION EXERCISE

Isabelle, age two: Child's plan is adoption she is not legally free yet. Belle is two years old, lives in a non-relative foster home with the L family. There is no legal father. Child was placed in care at birth due to both mother and baby testing positive methamphetamine. Mother admitted to using alcohol and marijuana during the pregnancy. Belle had moderate withdrawal symptoms when first placed. At five-months-old, she was placed with her mother for three months in an in-patient treatment program. The mother had a relapse and assaulted another client, so was asked to leave the program. Belle returned to foster care with the L family. Belle was evaluated and has mild delays in fine motor skills and cognitive skills. She has moderate delays in speech. When she is happy, she is very happy. But when something does not go her way, she cries long and hard, more than most children. She is difficult to soothe. She does best on a regular schedule for eating, sleeping and playing. Initially, Belle's mother reported that she had no relatives. When DHS had been involved in the case for five months, mother reported that she has a sister living in Colorado. Mother also reported that she had a baby three years ago and placed this child privately for adoption with a family friend. The caseworker contacted the adoptive family of this sibling to see if they wanted to adopt Belle. They chose not to adopt Belle because of their family situation, but live in the area and wanted to have their son have contact with his little biological sister. The adoptive family for Belle's sibling has done respite for Belle, taking her for overnight once a month. Belle's brother has a very high energy level, and climbs all over furniture and kitchen cabinets without fear, just like Belle, both families have observed. He has moderate delays in speech.

The foster family has three birth children, ages 1, 4 and 15. There are two foster children who are siblings, age 2 and 6. The foster family would like to adopt these children if they become available for adoption. The foster father was married briefly from age 19-22. There were no children from this marriage. The foster mom was married from age 18 to 24 and her 15 year-old daughter is from this marriage. The foster family adequately provides for Belle's daily needs. They sometimes have to reschedule the children's appointments for evaluations and therapy because they conflict with family activities, but they eventually do take the children to their appointments. Belle is clearly attached to the foster parents in a secure manner and especially likes the foster father, who is involved with the children. The foster family's neighbors are their supports. They are not involved with their own families of origin because of the untreated alcoholism on the foster mom's side and rough relationships with the foster father's parents and one brother. They are worried about the foster mother's elderly parents. Foster mom checks in on them daily and drives them to their many doctor appointments. Their 15 year-old daughter has been having conflicts at school with a teacher and other girls, as well as having been found smoking marijuana at school. She is going to individual

counseling. The foster family's other birth children are doing well in school and with peers. The family is financially stable.

The F family, aunt and uncle to Belle, live in Colorado. They are in their late 20's and have a son, age 4. He is developmentally on target. This family has weathered their son's medical crisis—he was diagnosed with a serious illness and had intensive treatments, including hospitalization, during most of his third year of life. The family received a high level of support from friends and family. The husband has a job with a solid salary and good medical coverage, so were able to deal with the medical expenses. They found themselves dealing with the crisis differently and had a strained relationship. The hospital social worker suggested that they use marital counseling, which they did for eight sessions. They found the counseling to be very helpful and have better communication, as well as more empathy for each other. The mother's sister, Belle's aunt, currently works 20 hours a week as a reading specialist for the school district, but plans to stay home when Belle comes to live with them. She plans to do some consulting occasionally, which she would like to do to maintain her skills and to have an interest outside the home. Because of the Belle's mother's involvement with drugs and stealing from family members, the sisters have not been in contact for over six years. They are wary of contact with Belle's mother, but have not ruled it out. The F family has relatives in Oregon within 80 miles of the adoptive family of Belle's brother and the foster family and are interested in maintain those connections for Belle. They have visited with Belle twice since she was in care. They have spanked their son on occasion for serious safety lessons, but agree that they will follow child welfare's prohibition against physical punishment and have come to the conclusion that they no longer want to use spanking for their son, as well. This change came about as they went through the preparation classes to adopt. The family is very active and enjoys many outdoor activities with their son. They are very hopeful that Belle will join their family and have explored the local services for Early Intervention.

Belle's visits with her mother have always been sporadic, falling away in the last 6 months since mother has a found a new boyfriend. Belle's mother reported two days ago that she is now pregnant.

<u>Discussion and Voting</u>
Major Considerations:

Committee Member's Family Selection: Back up family:

COMMITTEE MEMBER WORKSHEET

Date of Committee: _____

For Child/ren: _____

_____

Name of committee member filling out this worksheet: _____

Strengths	Concerns

Family #1 Name: _____

Family #2 Name: _____

Family #3 Name: _____

PLEASE JOT DOWN NOTES ON FAMILIES PRESENTED AT COMMITTEE AND KEEP IN YOUR OWN PERSONAL COMMITTEE FILE FOR TWO YEARS. THANK YOU.

3/27/95

2008 Annual Training Conference

Services to Build Parental Protective Capacity and Nurturing Relationships

Ted Keys, Department of Human Services

Office of Safety and Permanency for Children

2008 Annual Training Conference

Ted Keys

Ted Keys is a Program Consultant for the Children, Adults and Families Division, Family Based Services programs. He provides training and technical assistance for Family Decision Making, Parent Training, Intensive Family Services, Family Sex Abuse Treatment, Intensive Home‐based Services, and the Supportive Daycare Programs. Major duties include: program and policy development; training and consultation; program monitoring and evaluation; contract development; and grant writing. Ted's social work experience includes a life long career in child welfare with specialties in family therapy and family group decision meetings. But without a doubt he's learned the most from his three children and life partner, Beth.

Nurturing Attachments:

Ted Keys, MSW

Children and Adults who have experienced early neglect and maltreatment are challenged by emotional and behavioral regulation. They may have difficulty identifying their own feelings, and difficulty understanding the feelings of others. Behaviors may appear self-centered without concern for others, or appear manipulative to leverage the behavior of caregivers.

Promising new research and treatments help children identify their own feelings, and the feelings of others. Self-reflection, self-regulation and empathy for others can be improved. Caregiver participation in this process can increase emotional attachment and reduce placement disruptions.

Ted will present some of the recent research on the effects of early neglect and maltreatment, and promising interventions to improve child and caregiver emotional attachments. Attachment interventions developed for foster parents by Mary Dozier; and Cognitive Behavioral Therapy principles developed by Deborah Gray will be summarized.

Ted currently works in child welfare program and policy development, and has experience as a child welfare caseworker, family therapist and a Family Decision Meeting facilitator.

(Also Collaborative Problem Solving)

Top Ten Tips for the First Year of Placement

By Deborah Gray, MSW, MPA

Parents passionately want to succeed in raising emotionally healthy children. They also want to enjoy their little ones. When their children arrive later in infancy or childhood, most parents are well-aware that they are doing more careful parenting. They are nurturing not only to build a relationship, but to help mitigate any impact of losses or maltreatment.

What are reasonable things for parents to concentrate on during the first year home? How can parents do the best to enjoy their children? They do not want the pleasures of parenting their children dimmed by a chorus of cautions. On the other hand, they do want to make that first year a great start. Here are my **TOP TEN** hits for a great start to your relationship with your baby or child.

1. ***Spend ample time in nurturing activities.***

The most significant process of the first year home is creating a trust relationship. Intentional and ample nurturing promotes this goal. Restrict your hours away from the little one. Do not leave your child for overnight trips for this first year.

Meet your little ones needs in an especially sensitive manner. Feed on demand. Respond quickly to fussing. Allow the toddler or child to regress, bottle-feeding, rocking to sleep, lapsitting, and being carried. Let your child experience you as the safe person who is sensitively meeting her needs. Play little games that promote eye contact, like peekaboo, ponyride, and hide-and-seek. Make positive associations between yourself and food.

Rather than children becoming more dependent through this extra nurturing, they instead become trusting. Anxious people do not know who they can trust to help them. More secure individuals understand that they do not have to be perfect and that they can rely on significant others. Children who do not learn to depend on others tend to be anxious or emotionally constricted. Their "independence" is a false one, meaning that they do not trust others and can only rely on themselves. The child who has learned a healthy dependence is more secure in trying new things and venturing out. She always has a safe, home base to come back to you!

2. ***Teach children to play with you.***

Many little ones have missed the joys of play. Act as an amplifier, teaching toddlers and children the pleasure of play. Most children have missed the experience of having parents

express joy as they played. Because of this, their reward centers were not stimulated. This restricted the association of exploration and play with pleasure. Set aside *at least* thirty minutes a day for play with your children. Younger children may want this in segments. Do not hesitate to use voice tones and expressions that are ones usually meant for infants and younger children.

If your child can already play, then continue to build your relationship through play. Shared enjoyment cements relationships. Make your family one that develops a pattern of having fun. Throughout life having fun as a family builds self-esteem.

While some children take off in play, others cannot stay engaged for long. Continue to stretch the more tentative child, engaging her in mutually enjoyable activities. Look for different sensory modalities that might feel safer or more interesting. For example, a boy who was afraid to play outdoors began to use sidewalk chalk with his mother, even though the grass seemed overwhelming. Gradually a ball was used on the sidewalk, and then onto the grass. Take things in steps if children are wary.

3. ***Talk to your child***.

Parents of infants use exaggerated voice tones to emphasize important concepts. Their "amplifier system" helps children with attention to most important parts of the whole environment. After children move into the preschool age, some of this "cheerleader" amplification diminishes. Continue to use this brighter emotional tone with your child as she understands your shared world even if she is not an infant.

Explain things to him, even though you might think that the meaning of what you are doing is obvious. Not only are you conveying information to him, you are revealing your view of the world to him. Your voice tones guide him to better understand the context. Be sure to use your fingers and gestures to point out important things to him. This helps him to both attend to and understand the meaning of the context around him. Early language not only teaches us words, but a way of understanding our world through the subjects selected for attention and their associated intonations, expressions, and gestures.

Most of us have an internal dialogue going on during the day. (Yes, we are actually talking to ourselves.) Simply make some of this internal language external. This is a typical activity for parents of infants. However, it tends to diminish as children get older. Since children have missed this early activity, parents should feel free to describe things as they would to an infant.

4. ***When toddlers or older children have behavior problems, use your body to stop them.***

Be gentle, but be consistently and predictably competent in stopping negative behaviors. Do not use over the shoulder commands or across the room reminders. Stay within arm's reach of the child, moving their hands, bodies, feet, to where you want them to go. Never tolerate hitting, kicking, or hurting. Some parents allow a child painful "exploration" of the parents faces. This is teaching that will have to be undone later. Gently move their bodies to where you want them to be. For example, if your little one is reaching for an item, move the child or the item. Use the voice for a back up. Do not remind or repeat several times. Instead, describe in a pleasant manner how precious or pretty the item appears to you as you move your child. Teach boundaries of respect from the beginning.

Obviously, most parents will not be getting much done except parenting when their child is awake. Remind yourself that your primary job is parenting when your child is awake.

5. ***Get enough sleep, good food, and exercise to stay in a good mood.***

Little ones who have been moved and/or neglected tend to be irritable, fussy, and hard to soothe. Parents use their own positive, well-regulated moods to help calm and engage these little ones. Your own emotional stability will help to steady your child's moods. A depressed parent struggles to form a positive, secure attachment with her baby or child. Depression makes the parent emotionally less available. The parent who is tired, eating junk food, and inert by days end does not give a child a competent source of emotional regulation. Parents who find that their moods are slipping, even with good self-care, should see about counseling and/or an antidepressant. It is simply too hard to do this essential, nurturing parenting while being depressed.

Model respect for yourself by taking time for showers, good meals, and sleep.

6. ***Be part of an adoption support group.***

The relationships between families are invaluable. The relationships can be emotional lifelines on hard days. If possible, find a mentor who is positive, and who likes you and your child. Ask her to be part of your circle of support. We all need to feel understood and authentically accepted. A mentor who can provide that sense of nurture for the parent helps the parent to be a good nurturer. The mentor relationship provides a sense of being heard and accepted, and tips and information. Parents are working harder emotionally

when parenting a baby or child who has lived through uneven parenting. Parents need someone who cares for them. Sometimes this can be mutual support, and sometimes one-to-one.

7. ***Keep a calm, but interesting home***.

Match the amount of stimulation in the home to the amount that is within the child's ability to tolerate. Many children have been massively under stimulated before they came to parents. Neglect massively under stimulates children. They do not build neurology to process as much sensory stimulation. After adoption, their worlds can suddenly be overwhelming. Things are too bright, too loud, move too much, and tilt too much. Slow things down, buffering your baby or child to the extent that they can process the information coming their way. Often children who are overwhelmed by noise will begin shouting, or those over stimulated by too much movement will begin running with arms like windmills. Lay out predictable, consistent events for the day. Some children find the movement of the car to be disorienting. If your child is having difficulties, try a couple of days limiting the car, determining whether or not this makes a difference.

8. ***Explain to children basics of your relationships as they gain language.***

For example, "A mother's job is to love you. I will always come back home to you when I leave in the car to go shopping. You will live with me until you are as big as I am. I will not let anybody hurt you. I will never hurt you. We will always have enough food." One mother told me of her son's relief and better behavior when she told him that she would never allow others to hurt him. "Why didn't I think to tell him the first year?" She questioned. "He was afraid every time we went to the mall. He has been thinking for two years that just anyone could haul off and hit him." Another parent told me of the melting smile that her daughter gave her when she said that a mother's job was to love her child. "I just assumed that she knew that. But she didn't. She looked at my face much more after that."

9. ***Do watch for signs of an exclusive attachment by the end of the first year***.

Children should be seeking out their parents for affection and play. They should be showing off for positive attention. They should prefer being with the parent. They should show some excitement about time together. When hurt or distressed, the child should seek out the parent. In a secure attachment, the child will calm with the parent and accept soothing.

Trauma and traumatic grief are the common culprits when children are remaining wary, fearful, and controlling of their parents. Signs of trauma with younger children include regular night terrors, dissociation (child shuts off emotionally and stares away), scratching, biting, extreme moods, freezing in place, and destructiveness. Parents who see these symptoms should be finding a mental health counselor to help their child. If the child is under the age of three, the parent is given special parenting advice. Usually therapy with an experienced child therapist can begin not long after the age of three.

Do not have an artificial timeline of "fixed in a year," for the preschooler or older child. Consider the year marker as the time it takes to really get to know your child not to iron out any behavioral irregularities.

10. ***Enter your little one's space positively.***

This often means getting low and looking up for eye contact. It means trying hard and trying patiently for a longer time. You are the one who has the responsibility of engaging your child positively. Do not use punitive techniques to try to build relationships. After all, no one wants to attach to a mean person. Instead, be strong, dependable, available, and **kind**. Veer away from advice that is strong, controlling, and **mean** in tone. Sensitive and kind parents gradually build empathy and security in their relationships with their children. That process takes time and the *type of parenting that caused you to want to be a parent in the first place!*

Maintain a sane schedule as you move into year two. Many parents decide that the first year is the marker until they can re-enter a "normal" schedule. Among family therapists there is national concern about the taxing schedule that Americans are considering "normal." Resist this widespread but unhealthy pace. Continue to parent with margins of time that allow for sensitivity, with margins of emotional energy that allow for appreciation of those around you. Model a healthy, emotionally fulfilling lifestyle to your child.

Deborah Gray is a children's psychotherapist who specializes in the areas of attachment, adoption, trauma, and loss. She is the author of ***Attaching in Adoption: Practical Tools for Today's Parents***, Perspectives Press, 2002, and ***Nurturing Adoptions: Creating Resilience after Neglect and Trauma***, Perspectives Press,2007.

Assessing Attachment-Readiness and Capabilities in Prospective Adoptive Parents
**** see below**

By Deborah Gray
The following article has been excerpted from Chapter 9: "The Role of The Child Welfare/Social Worker" in Deborah Gray's 2007 book *Nurturing Adoptions: Creating Resilience after Neglect and Trauma*. Those reading it as a printout will find it on the internet at http://www.perspectivespress.com/parentassess.html. Adoption agencies have the author's permission to print out and use this tool in their staff training on adoption assessment.

Home studies should not be expected to identify only "perfect families." All families have areas of weakness. The home study should act as an educational tool that will help families be successful. It is also a screening process that acts to remove families who are markedly unsuitable for parenting children who will need extra help from sensitive parents. The two percent of prospective families who should not adopt children are also the ones who take inordinate amounts of time away from the child welfare system. Identifying unsuitable families before, not after placement, allows for significantly more time for post-placement training and support for families, completing adoptions, and recruiting more families.

The interview template which follows should only be used in the form of a face-to-face interview, not in the form of questions soliciting written responses. The template incorporates some of the research and theory behind the Adult Attachment Inventory. This format presents home study questions from an attachment point of view. It adapts concepts from attachment research and literature to the home study process.

Home study Interview Questions

1. Describe the relationship you had with your mother as a child; to your father? List five adjectives that describe your mother, and five for your father.

The social worker should write down these descriptive adjectives, and then ask for examples of situations or events that demonstrate those qualities. Social workers should be looking for a description of parent-child intimacy. They should also be judging the general quality of the description. The narrative should be smooth, coherent and have a firm basis in reality. Words and facial expressions should be consistent. If people cannot remember any examples to support the qualities that they mention, then start tracking the quality of sensitivity in their relationships.

2. Can you detail some times in which you really needed to depend on your parents? How did they respond? How did this affect you at the time? What do you think of it now? Would you parent in the same way or differently?

The examples should fit the answers to the questions. Any contradictions indicate the presence of something that should be explored further. One big red flag to watch for is

the interviewee trying to turn instances where the parents were not there for them into an advantage.

3. **Can you describe times where you felt lonely or rejected by your family? Were they aware of your feelings? How did you interpret their actions as a child? And now? Would you parent in the same way or differently?**

Ideally, people should be able to describe painful experiences in a way that demonstrates an understanding of their parents' points of view. They should have an idea of why something happened, and also be able to acknowledge the effects of painful experiences on their own development. The person being interviewed should be able to do this without becoming overwhelmed with bitterness or any other emotion.

4. What is your current relationship like with your parents? How often do you see them or talk on the phone? If they are not living, what was it like when they were alive and how did their loss affect you?

Answers to this question should contain information about

- the degree of reciprocity/ attunement that they had as children,
- descriptions of how painful family situations were acknowledged and repaired versus being ignored,
- smoothness and coherency in the descriptions,
- insight into how those first relationships shaped their present lives.

5. Were you ever frightened of or hurt by your parents? How was this dealt with in your family? How do you think that this affected your childhood and who you are today?

Parents-to-be who describe bitter memories of abusive, insensitive, or abandoning parents, and who also show little resolution will need to work these issues out before placement. They will need a referral for therapy. Watch for positive indicators as well. People who experienced childhood abuse may have been buffered by positive attachment figures, like grandparents, who were sensitive and responsive. Descriptions of their alternate caregiver's sensitivity, with a sense of resolution about why their parents were not there for them are good signs. The more people are able to describe the reasons behind parents' actions, with appropriate, regulated emotion and insight, the better. An appropriate answer to this question looks like this.

My mother would not listen to me when I was upset by my family's sudden move. She ignored my tears and said, 'Pack.' Now I know that she had just had a Caesarean section a week before, was hormonal, in pain, and had to move our whole family, including a new baby. My dad had to choose between flying to the new city within 48 hours and losing his job. We had to follow him. As an adult, I have concluded that we must have been behind on rent. That's one reason why we moved so quickly.

“My mother never apologized, though. I think that I would do things so differently. I would at least try to explain what was happening and let my daughter know that I cared about her feelings. That would have helped a lot. My grandma let me cry at her house and took me to my school and around our neighborhood so that I could say goodbye to my friends and my teacher.”

Notice that this sample contains an honest description of pain and a conclusion about her mother’s point of view. It also includes a description of a sensitive parent figure, the grandmother, who provided support during an overwhelming situation. She went on to describe how she would do things if she were the parent. The example is relatively brief and easy to follow. It is clear that this person has the ability to use her own life stories as a source of empathy for others.

6. Give me a ten-minute description of your life, including main events and the major decisions that you have made. Start either at the present and go backwards, or begin at birth and go forwards. What are your earliest memories?

This type of narrative should demonstrate a person’s sense of mastery over most of the events in life, or their ability to take responsibility for personal decisions and actions. Answers to this question will also highlight the contrasting attitude of blaming others. It will show thinking that is shame-based, and also reveal whether people view themselves as helpless victims or in a grandiose way. Listen for the inclusion of instances of seeking out support and acknowledging helpers, as these abilities act as important attributes for adoptive parents.

Look for a coherent life narrative. The narrative should be relatively smooth and should not have gaps. Emotions, as conveyed both through facial expressions and with words, should match the person’s story. Pay special attention to life narratives that do not make sense! Why is the person lacking integration? If you, as an adult, find the person emotionally confusing, a child will certainly have difficulties using this parent as an emotional guide.

7. Tell me about your best friends. How did you meet them? How long have you known them? What do you do together? How often do you get together? How do you work out problems in relationships?

Get a sense of how connected the person is to their community and also the quality of their relationships. Check to see how long-term their relationships are. Loners who cannot work with others are not good choices as adoptive parents. They cannot instruct a child who needs help learning how to resolve problems and become more trusting. When angry, does this person cut people off permanently? Certainly this trait comes back to haunt social workers, in the form of disrupted placements.

Scrutinize people who have the following characteristics, as they are potential child abusers.

- They are charming.
- They are willing to accept an especially needy child.
- They have intense but short-term relationships, and no one knows them well over an extended period of time.
- The person seems too good to be true.

If you observe these traits, look for a hidden price tag. Sexual predators and antisocial personality types gravitate towards the most vulnerable members in our society. They tend to be especially charming throughout the home study process. Check these peoples' histories thoroughly. Make certain that they have a clean, well-researched record. Take seriously minor charges, such as fraud, assault, drug or alcohol abuse, and domestic violence, and examine especially carefully all charges that are accompanied by great rationalizations.

Pay attention to red flags in the history that indicate instability: sudden firings, financial irresponsibility, frequent moves, lies, multiple marriages, affairs, and a lack of continuity in relationships. These form the symptom clusters predictive of personality disorders. It is important to remember that a caseworker cannot simply befriend every family. The home study process must effectively screen out predatory adults.

8. Do you consider yourself to have been a physically or emotionally abused or neglected child or teen?

Ask about any abuse that may be a part of the person's background. If there is abuse, when did it start? Did it involve the person's nuclear family? How have they come to understand it; what are they doing to resolve their relationships and gain safety? Were there multiple traumas? Does the person have night terrors? Does the person have flashbacks? Are they bothered by loud noises? Would a screaming or aggressive child bring out reminders of the abuse?

Remember that there is a difference between Type I and Type II abuse. Type I abuse is short term and does not result in traumatic stress reactions. It stands out as an unusual and unique experience. Social workers often have optimistic views, taken from accounts of parents who have been successful in spite of abuse and in the absence of counseling. These views are usually based on people with Type I abuse, as they were impacted less.

As described in Part One, Type II abuse involves multiple events or long-standing abuse, with extreme stress. People with Type II abuse who have had no or poor treatment outcomes pose a risk for high-stress children. These parents can easily fall back into a behavior pattern of dissociation, flood with old trauma, and suffer from anxiety and depression. People with Type II abuse tend to incorporate numbing and dissociation, substance abuse, rage, mistrust, interpersonal relationship problems, suicidal ideation, and uncompleted grief into their personalities (Veitch, 1998). Even children with no histories of maltreatment find these personality states alarming. Children tend to form disorganized attachments with these adults. These individuals have often the complex

trauma described in Chapter 2. These homes are not healthy enough for adoptive placements.

9. Have you had periods of depression, or do you think that your moods swing more than most people's? Do you think you have anxiety problems?

Please ask these questions in person, not just on a form. It is easy to check "no" on a form. It is much more difficult to lie in person. Many people have experienced periods of anxiety and depression but have responded very well to counseling and medications. These people do quite well with children after placement. They certainly should not be screened out of adoption. Check into the mood issues in a person's history. Are there periods of depression? How have they been handled? What is different now? Did they show resolution over losses from infertility? Are the losses related to infertility being confused with a long-term mood disorder?

Be wary of people with ongoing problems with depression, anger, or anxiety. Depressed parents will have attachment problems with any child, even a healthy newborn. They are simply not capable of doing the difficult emotional work that is required in the placement of a toddler or an older child. People with anger management problems make children feel as if they are still in a hostile environment. This signals them into fight, freeze, or flight mode instead of attachment. Anxious parents cannot help children calm down. They instead reinforce a wary, paranoid outlook on life. Encourage angry, depressed, and anxious applicants to get treatment for these issues first, and then proceed with the adoption process.

10. Are you comfortable letting others help you with this child? Do you mind working with professionals?

Parents need to embrace the team mentality. Children described in this book are best placed as special needs adoptions. Parents should expect that they will need to coordinate a helping team for such children. They will have to develop resources that help their children. Mistrustful, angry, highly anxious, or depressed individuals will not be able to meet these children's needs, as they will not understand their need for advocacy and the use of teamwork within a community.

11. Are you able to accept lots of acting out and controlling behaviors in children as a probable scenario for the beginning of placement? For children who have trauma histories, will you be willing to get therapy, a necessary part of children's medical care?

Many parents naively believe that the child they are adopting from foster care or from an orphanage overseas will be a withdrawn, sad child who will be gradually drawn out in their home. Of course this is frequently not the case. Parents need to be informed of the long-term consequences of sexual abuse, physical abuse, trauma, and exposure to domestic violence. In particular, physically and sexually abused children are among the most aggressive children seen in clinical samples. Professional adoption workers must

include, as part of the home study process, a discussion of the essential trauma-specific therapy that will probably be a part of their child's future. Research clearly shows that children who receive trauma therapy, especially when it includes a cognitive-behavioral approach, do enormously better as compared to children whose parents omit this therapy.

12. Will you be able to provide more structure and nurture for children who need this approach, rather than using the parenting style that most closely fits your own personality?

Successful parents of children who have experienced neglect, prenatal exposure to substances, or maltreatment almost always run highly structured and nurturing homes. While the structure may be gradually relaxed as children develop more internal structure and emotional maturity, success does require that parents use consequences rather than emotional outbursts or lectures.

13. What resources available in your community will help you support a child who has been neglected, abused and/or otherwise traumatized?

This question includes the opportunity for some educational work so that families understand the differences between children adopted later in childhood or after maltreatment as compared to children who have a healthy start. It gives families time to think and talk about these differences in an individualized manner. It also gives them time to ask and answer a variety of questions and do their own homework. For example, does their insurance have mental health coverage for families? If not, could they change their policy to one that does? When is the open enrollment period? Have they located a mental health provider who takes their insurance and could see them with their child? Does the child need occupational therapy to remediate the effects of neglect? What is the monetary and time commitment of these therapies? What will they give up in order to make time and money available? Parents need either to have a rich assortment of resources already in place, or to be well-connected to their communities so that they can acquire these extra resources. Cover the potential needs of a child similar to one they would like to adopt in a specific manner, detailing the necessary community resources. For example, help them locate respite care in a specific manner during the home study process.

Many people assume that their friends, relatives, neighbors, or religious community will help them. This often is not the case, and it is also one of the saddest disappointments for parents adopting children with special needs. Most people have busy lives and do not readily volunteer their time to these commitments, especially long term. Parents need to ask potential supportive people to commit to meeting the child's prospective needs, in specific terms, in advance. I have given several trainings where close friends have come in with the prospective adoptive parents. The parents had asked for support in advance, and, as a result, their friends had time not only to clear their schedules in preparation for the child, but to receive training.

About 30% of adoptive parents are single parents (AFSCAR, 2006). Social workers should help single parents work on identifying their future support systems throughout the home study process.

14. What resources are available for children with learning issues through the school district?

In a study in the State of Washington, the average foster-adopted child was two full years behind grade level by the 8th grade. Will the school in the parent's district help their child immediately and effectively? Do the parents understand an IEP process?

This information is part of the educational effort of the home study. It should include providing or assisting in locating resource numbers and references for the education services in the parents' school district. Even if the family is lucky enough not to need these services, they will be informed and can support other families who do need them.

15. How will you individualize and meet the needs of this child or children?

Parents need to have enough time and space for each child in the family. Educate parents about the differences and the special needs of children adopted after stressful beginnings. Sometimes one parent has deferred to the other in a decision to adopt such a child. They have a tacit understanding that they will still enjoy eighteen holes of golf weekly after the placement. These issues of entitlement should be recognized and addressed during the home study process. It is unrealistic to believe that one parent can plan and implement the entire childcare and community resource plan alone, without coming to resent the other parent.

Ask parents who are already too busy or too financially stretched to make a list of the activities they will drop. Give each parent a sheet of paper, and ask the partner to list what the other should drop. This leads to a healthy discussion about compromising as they barter with the partner's lists. Ask them to begin the "dropping" process before the placement. Single parents do this exercise with a close friend or relative. Sometimes parents are taking on too much. This constitutes one common reason behind poor placement outcomes; families accumulate too many stressors and adopt too many children.

Families should be able to individualize the needs of all existing members, and reflect on how they are already meeting those needs, as well as how they will continue to meet everyone's needs after placement. This gives them a sense of the resources that they have. They should then talk about how they will meet a new member's needs, in specific terms.

16. For what type of child do you think you would not be able to meet the needs? Can you tell me about this?

Parents need to explore what they could not see themselves handling. This exercise gives the social workers enough information to help parents avoid these and related situations. Be certain to listen to parents and help them plan for placements that realistically fit their strengths. For example, parents may say that they are planning to have children share rooms and they could not handle sexual acting out behaviors. This should lead to a discussion about placement issues so that the family's wishes are met as closely as possible. It should also lead to a conversation about what to do if acting out did occur.

In conclusion, this section's approach and information is a necessary addition to home studies in the 21st century, helping families prepare realistically for the parenting ahead for those who adopt traumatized/neglected children being placed today. It should be considered a best practice technique for today's adoptions.

****Organizations are welcome to reproduce the 16 questions above for use in their work in face-to-face interviews.**

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