



Adoptive
**PARENT
HANDBOOK**



OKLAHOMA
Human Services

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General

Welcome...

Thank You!

Congratulations! You are a valued adoptive family! Oklahoma Human Services (OKDHS) recognizes the love and commitment of adoptive families who provide a permanent home to a child through adoption. We believe every child has the right to a stable and loving family, and the supportive services they need to develop into healthy adults.

Because of your commitment to raise a child as adoptive parents, your day-to-day involvement with Oklahoma Human Services has come to an end. Even though your family will make all the important decisions for the child/children you have adopted, Child Welfare Post-Adoption Services will continue to provide support to your family.

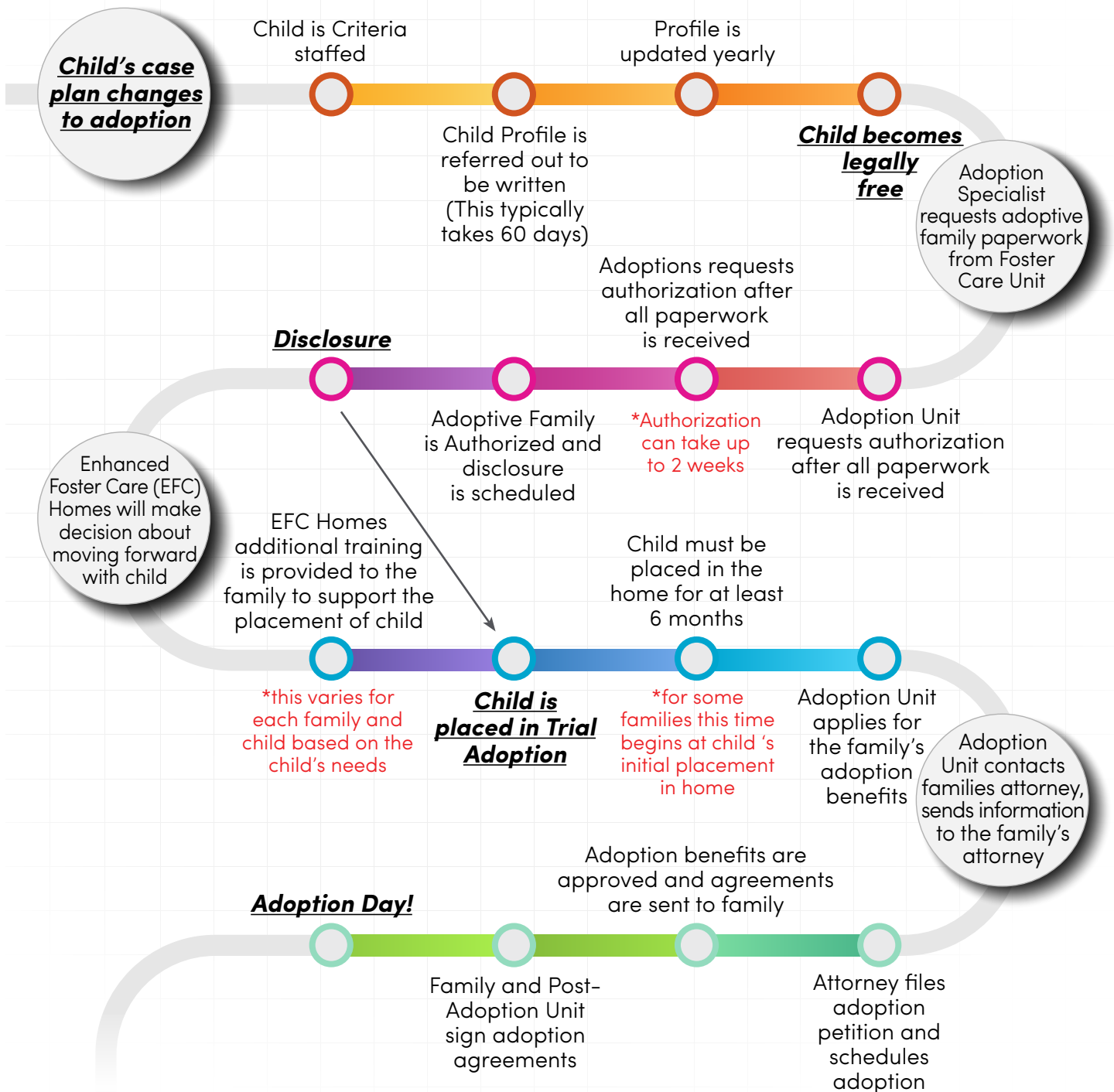
Safe, loving adoptive homes like yours can provide hope to children and youth who have often experienced Adverse Childhood Experiences (ACEs). They have unique needs that require a special understanding of the effects of maltreatment, the impact of grief and loss, the development of identity, and the attachments a child has to you and other important people. As an adoptive family, you can find information, programs and resources through Oklahoma Human Services, other government agencies and in your community to help your adoptive family thrive.

This Adoptive Parent Handbook is designed to offer you an overview of the services available to meet your child's ongoing needs. A Post-Adoption Services worker will be assigned to assist your family. We are here to help! If you have any questions, you can contact us in several ways:

- Call Oklahoma Human Services at 405-521-2475
- Send an email to CWS.PostAdoptionHelp@okdhs.org
- Visit the OK Fosters/Oklahoma Families website at <https://okfosters.org/post-adoption/>

At the end of this handbook, you will find a resource page with links to several supportive services and organizations who are here to assist you. We hope you will reach out to Oklahoma Human Services Post-Adoption Services as a resource to assist your family now and in the future.

Adoption Timeline



Roles and Responsibilities

Child Protective Services Specialist

- Responds to calls of suspected child abuse or neglect
- Evaluates reports of abuse and/or neglect
- Assesses child safety and risk of future maltreatment
- Determines need for protective services
- Assists with coordination of services
- Makes recommendation to the local District Attorney's office about a child's safety

Permanency Planning Specialist

- Primary worker for the biological family and child
- Identifies services to help biological parents correct conditions to keep a child safe
- Visits the child on a monthly basis and informs the foster family of family visits, court hearings and other important information about the child's case
- Provides information to the foster family about arrangements for medical, visual and dental appointments for the child
- Reports to the court and explains the progress made by the child's parent(s) on the Individualized Service Plan (ISP) and makes recommendations to the court about the child's status
- Makes placement recommendations for the child

Resource Family Specialist

- Works with kinship and traditional foster families
- Assists the family with meeting Oklahoma Human Services requirements including training, background checks and completion of a home study
- Responsible for monthly foster care reimbursement and assists eligible families with childcare subsidy
- Provides additional support to the family through phone calls, visits and yearly in-service training

Roles and Responsibilities

Continued

Youth Transition Services

- Works with children who are legally eligible for adoption but do not have an identified adoptive family
- Completes diligent searches and family-finding efforts
- Visits with the child at least once a month
- Responsible for child assessment and adoption preparation activities
- Participates in disclosure process to give a clear, current picture of the child and describe the child's progress in preparation for a family
- Works with the child as they transition into their forever family

Adoption Specialist

- Coordinates with permanency worker and resource (foster) family specialist when a child is legally eligible for adoption
- Submits all paperwork required for authorization
- Completes adoption disclosure with the adoptive family and is responsible for making sure family has all available information, past and present, about the children they are authorized to adopt
- Responsible for ensuring all subsidy agreements and paperwork required by state law are completed by the finalization hearing
- Attends court hearings to assist in finalization of the adoption

Post-Adoption Specialist

- Assists the family after adoption of a child in Oklahoma Human Services custody with services including adoption subsidy, childcare, medical services or difficulty-of-care payments
- Responsible for updating the family's information each year
- Manages the Mutual Consent Voluntary Registry, Confidential Intermediary Search Program, and Reunion Registry

Trauma and Challenges



Challenging Times in Adoption Adjustment

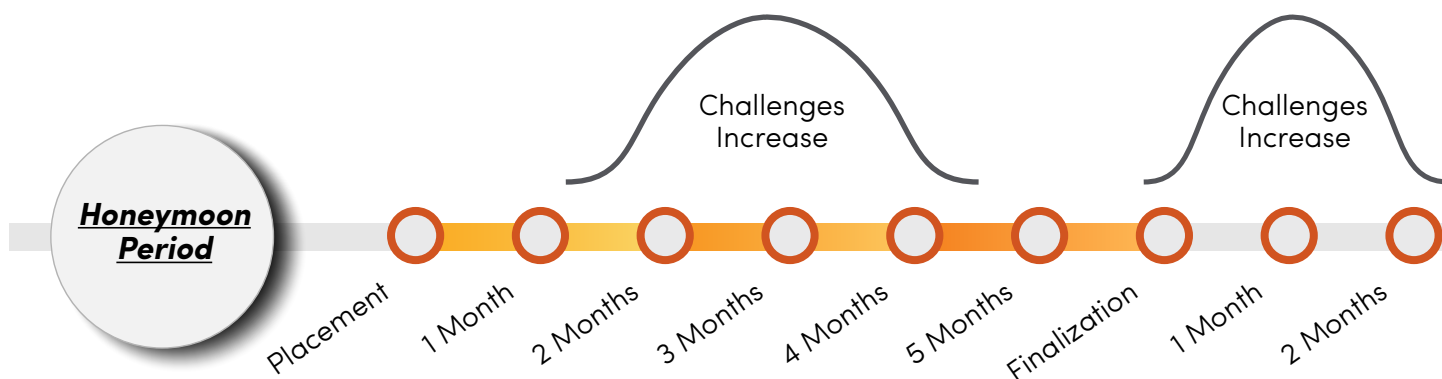
Adjusting to a new adoption in your family is exciting! Transitioning into new roles with new family members can be both wonderful and challenging for a child as well as other family members. You may find the book, *Challenging Times in Adoption Adjustment*, helpful during this time. The book is written by Dr. Bonni Goodwin from the University of Oklahoma Center for Child Welfare Training and Simulation, and Dr. Elissa Madden, Dr. Jon Singletary and Dr. T. Laine Scales from the Baylor University School of Social Work.

Not every family has the same experience in adoption adjustment. There are several factors that may play a part in your experience and the authors of *Challenging Times in Adoption Adjustment* include some of time frames in their book including interaction times between the child and family, bonding with family members, openness in conversations, household guidelines and typical routines.

The book also gives you guidance on developing a plan for challenging times because they are almost certainly to occur. Children who have experienced trauma and loss early in their life require a different type of parenting including flexibility and therapeutic techniques.

You may find it very helpful for your child and family to schedule an appointment with an adoption-competent mental health provider prior to the end of the second month after placement. If you already have an established relationship with a good therapeutic provider, it may help you and your child during challenging adjustments.

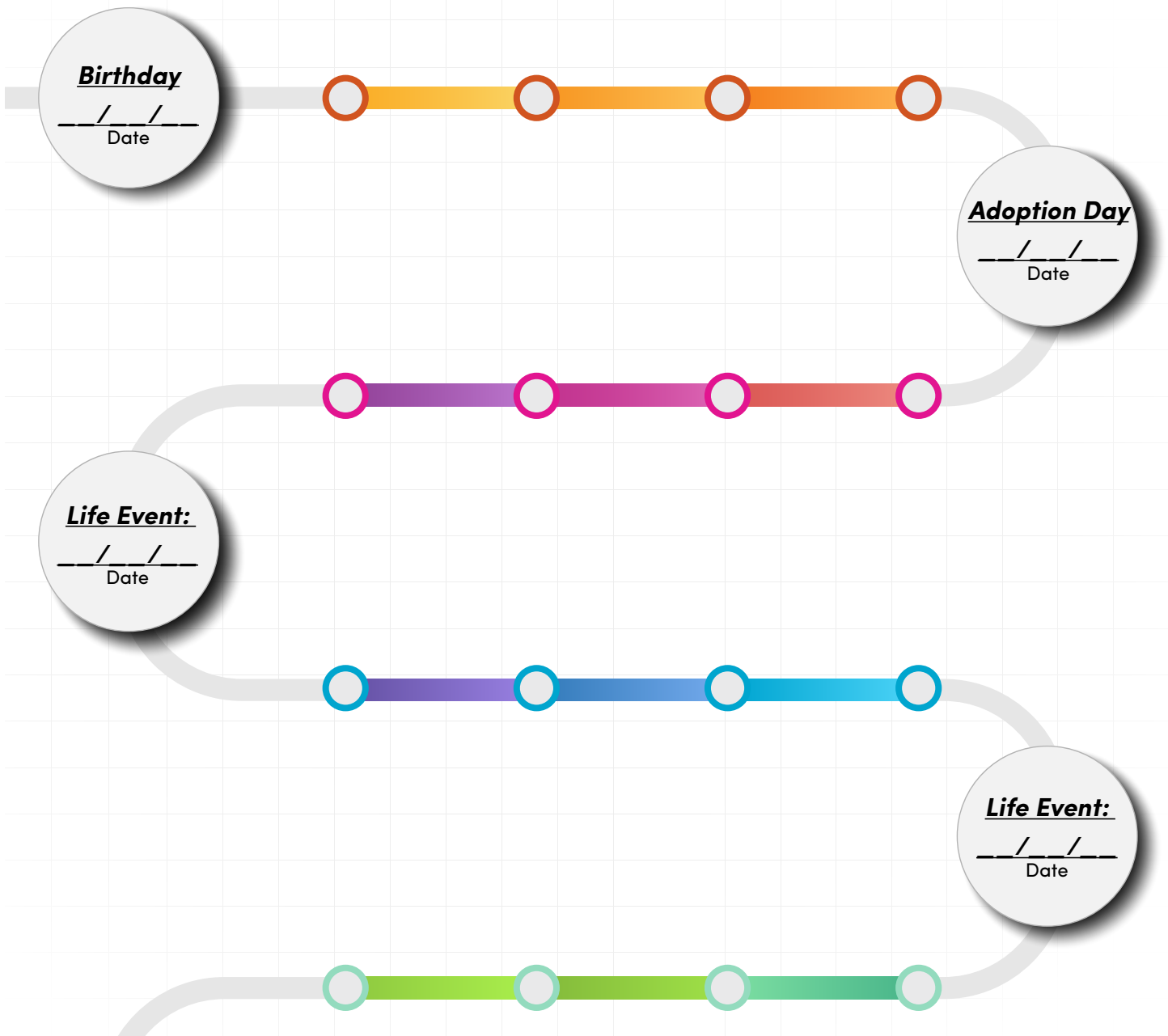
The chart below illustrates what is called the “honeymoon period” and the challenges that can occur during adoption adjustment. (Goodwin et al., 2020).



*Data from the *Children and Youth Services Review*

Personalized Adoption Timeline

Blank timeline for families to write information specific to their child. Write the date or timeframe, what happened in the child's life at that time, and perhaps a reaction to how the child was affected.



Impact of Childhood Trauma



Cognition

- Impaired readiness to learn
- Difficulty problem solving
- Language delays
- Problems with concentration
- Poor academic achievement

Physical health

- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

Brain development

- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

Emotions

- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/lack of self-efficacy

Impact of Childhood Trauma

Behavior

- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

Relationships

- Attachment problems/disorders
- Poor understanding of social interactions
- Difficulty forming relationships
- Intergenerational cycles of abuse and neglect

Mental health

- Depression
- Anxiety
- Negative self-image/low self-esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidal Feelings

Thoughts After Disclosure

The below questions are for adoptive parents to reflect and consider after the Adoption Disclosure is completed. Not all questions will pertain to every child and every disclosure. Not every question is required to be answered.

What did I learn about the child/ren?

In this section please discuss the following: Child's strengths Interests/activities, Likes/dislikes, Hopes for the future? Thoughts on adoption? Who are the important people in the child's life? How can they stay connected (safely)? Are they currently in a family like setting? If not, when was the child(ren) placed in a family like setting? _____

What trauma has the child experienced?

In this section please discuss the following: What were the reasons the child was brought into Oklahoma Human Services custody? **Losses/Grief** related to Placement disruptions/adoption disruptions, Separated from siblings, and Important relationships. **Exposure to:** drug use, domestic violence, and sexually abuse. **Physical abuse:** Who was the perpetrator? Was there injury to the child? Was physical punishment used? **Neglect:** What did this look like for the child (examples: Lack of stable housing, Parent(s) failed to protect, Lack of food? Basic needs weren't met, Educational, and Medical)? _____

Thoughts After Disclosure

Continued

Behavioral Needs/Mental Health

In this section please discuss the following: What behaviors were discussed? When does the child exhibit these behaviors? How long ago was the last time? Can you associate them to any abuse or neglect that occurred by the biological family or someone the child(ren) trusted? Were any triggers discussed during the disclosure (examples: Specific time of the year, Specific time of day, How the child handles discipline/consequences, School, any other)? Any mental health diagnoses? Do you need further information about the diagnosis? Any medications? Do you need clarification about medication and discussion about medication management for the child? Do you or your family have any personal beliefs or biases on medications? What mental health services does this child currently attend? Do you need more information regarding behavioral/mental health services in your area?

Medical Needs

Any medical needs that your family will need to continue to monitor? Do you need clarification or additional information about any diagnoses or medication? _____

Thoughts After Disclosure

Continued

Educational needs

What grade is the child currently in? Are they behind academically? Are they behind socially? Is the child on an Individual Education Program (IEP) or Section 504 of the Rehabilitation Act of 1973, which protects students with disabilities? Is the child in a traditional school setting? If not, how are they attending school (examples: homeschool, Charter School, virtual, traditional, other)? When was the last time the child was in a traditional school setting? Why are they no longer in a traditional setting? _____

Family Strengths/Ability to meet the child's needs

What concerns do I/we have in meeting this child's needs? What strengths do I/we have as a family? What supports and services will be needed? How do I/we feel about participating in the child's services such as family therapy, psycho-education, or systems of care services if necessary? How do I/we feel towards involvement in psychiatric appointments if the child is taking psych medications. Would there be any barriers to being involved in the child's treatment? Do I/We have a self-care plan? Do I/We have a plan for respite care/babysitting? What are my/our expectations going forward? How do you feel long should visits occur? When do I/we believe I/we will feel comfortable having the child be placed in my/our home? What do I/we believe is best for the child? How can I/we meet the child at his/her level?

Events in the Life of an Adopted Child

Here are some important events you'll want to be sure to include on your child's timeline:

- Child was removed from home _____
- Child was placed in first foster home _____
- Any other foster homes child lived in _____
- Any other living arrangements (i.e., residential care, group home, etc.) _____
- Child first met us _____
- Child moved in with us _____
- Adoption was legally finalized _____
- Significant mental health events (i.e., hospitalization, suicide attempt, change in medications, etc.) _____
- Significant losses (i.e., death of a loved one, disrupted adoption, separation from sibling(s), etc.) _____
- First day of new school (with us) _____
- First vacation (with us) _____
- First move to a new home (with us) _____
- Significant academic events (i.e., middle school promotion, first day of high school, won the spelling bee, suspension/expulsion, etc.) _____
- Any events your child sees as significant in their life _____

Parenting; Adoption Therapy

Interview Questions to Find an Adoption Therapist

Parents want to take care of their kids' physical and emotional health. It's a full-time job to do so, for sure. Sometimes the kids need extra help in coping with the things life has thrown at them. If the child is adopted, some of these things may be adoption-related and thus add some extra layers to how they learn to cope. When looking for a therapist to help an adopted child cope with those things, it is important to find one with knowledge of adoption issues and how those issues might affect an adopted child, teen, or adult.

The question then becomes, "how are we supposed to find an adoption competent therapist?" It's a valid question and this video by [Creating a Family](#) has some very helpful tips for specific ways to find a therapist that is knowledgeable about adoption. The special guest in that video is [Debbie Riley, CEO of our partner organization, C.A.S.E.](#), an adoption therapist, and co-author of the book [Beneath the Mask: Understanding Adopted Teens](#).

From the video, we have culled this list of pertinent questions to ask when interviewing therapists and clinics for counseling services for your child.

Questions to Ask a Therapist for Your Adopted Child

1. What experience have you had with adoption or adoption issues?
2. How often do you work with adoptive families? What percentage of your practice is with adopted kids or families?
3. What types of adoption have you worked with? Domestic infant? Foster care? International? Transracial? Older child? Open adoption?
4. How does trauma impact a child's development?
5. Have you had much experience with children my child's age?
6. What age child do you prefer to work with?
7. Have you had extra training that is specific to adoption?
8. How do you work with adoptive families?
9. How do you keep parents updated on the child's progress?
10. What specific approaches have you found that work to help children cope with adoption or trauma related issues?
11. Have you had experience with post institutionalized children? Children who have experienced sexual abuse?
12. Will you collaborate with the school? Are you available to attend school meetings if your presence will help the child receive services?

General (non-adoption specific) Questions

1. Are you in practice by yourself or in a group?
2. Who covers for you when you are away?
3. Do you have office hours after school?
4. Do you have a working relationship with a child psychiatrist if psychotropic medications are needed?

Center for Adoption Support and Education (CASE) offers counseling services and other therapeutic supports for adoptive and foster families. You can find out more at their [Counseling Services page](#). If you have a child you think might benefit from counseling but you are still on the fence about proceeding, check out the article at National American Council on Adoptable Children (NACAC)'s resource site on the importance of therapy in the life of an adoptive family.

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Capacity for Relationships

The ability to develop close emotional relationships with others—to love and be loved.

Attachment is the foundation for all development. Securely attached children have a sense of safety, the capacity for empathy, a sense of worth, and the foundation for a conscience. Additionally, cultural norms influence how “secure attachment” is manifested.

Children with dangerous or deprived beginnings distrust others and learn to protect themselves from closeness. Closeness may be associated with pain and loss. While a child craves closeness, it scares her, and she may alternate between seeking closeness and distancing parents. Unresolved losses and grief also can pose barriers in new relationships.

Felt Safety & Control

Felt safety and a sense of personal control and mastery; the belief that one’s own efforts can make things better and that one is not simply a victim.

Well-nurtured children have their needs met and build on achievements to develop a sense of impact on the world – “the master of one’s fate”. They feel secure that parents will protect and care for them and that if they voice their needs, they will be met. For some cultures, such as American Indian tribes, a sense of safety is derived from being part of a group, the sense that you can depend on your family, kin, or cultural group to protect you.

Poorly nurtured and traumatized children learn that their wills are violated and their wishes don’t matter. They feel vulnerable and afraid. Like “a ball in a pinball machine” they have been powerless to control the direction of their lives and protect themselves. To avoid feeling vulnerable and helpless, they may behave in negative, oppositional ways to exercise power and control. For children of some cultures, losing their place in the protection of their group causes them to feel vulnerable and afraid.

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

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Continued

Self-Regulation

The ability to regulate one's own behaviors and emotions is an outcome of maturational processes stemming from a healthy parent-child attachment and brain development.

Well nurtured children receive comfort and many cues about their emotions. They develop trust that enables postponing gratification, thinking of others, and considering consequences. The mastery of cause and effect thinking, the development of a conscience, and the capacity for empathy and motivation to adjust one's behaviors to the desires of others are all founded on parent-child attachment. Other maturational capacities related to self-control are the development of language to express feelings, the development of social skills, and healthy brain functioning and biochemistry.

Poorly nurtured children lack the emotional connection to others that is the foundation for the development of empathy and self-control. They may have effects of maltreatment that impair the parts of the brain that control impulses and allow for reason and consideration of consequences. Deficits in self-regulation are a primary factor underlying emotional and behavioral disturbances.

Identity/ Sense of Self

Our "sense of self" is derived from the messages we receive from the external world and our own inner interpretation of life events.

A positive sense of self generally results in a positive feeling of self-worth. Well nurtured children receive positive external messages that become internal. Additionally, a positive cultural identity results in a positive regard for self as part of a group, which helps children who are part of an oppressed group feel safe and worthwhile.

Children experiencing poor treatment often see themselves as responsible and are often missing essential elements from which to "build self" and make sense of who they are. Some struggle with feelings of rejection related to not being "kept" or protected by birth parents. They also may feel a sense of stigma related to adoption or having been a foster child—that they are a second class citizen or fundamentally different from other children.

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Continued

Important Goals for Intervention

Capacity for Relationships

The ability to develop close relationships with others, to give and receive affection, is the foundation of other developmental capacities, such as cognitive abilities, language, self-regulation, social abilities, and a positive identity. Deprivation and experiencing physical or emotional pain in early relationships leads to a fear of closeness, anger, and the development of defenses for self-protection, such as numbing and withdrawal. Well-nurtured children have the capacity for emotional connectedness, whereas children from adverse beginnings distrust others. They test their parents' commitment in many ways. In order to overcome attachment problems children must learn to identify and express their own feelings and needs and to manage their fears related to closeness without pushing others away. Grief work related to lost attachments influences developing new attachments. Below are some tasks for children and parents in this work.

Tasks for Children

Learning to manage fears, accept comfort
Resolution of past losses; grief work
Understand reasons for separation
Building on former attachments
Strengthening attachments in adoptive family
Identifying & expressing feelings
Experiencing safety and security

Identifying and using support persons

Tasks for Parents

Calming, therapeutic parenting
Work through own losses
Help child express grief
Honoring child's previous attachments
Claiming child; positive interactions
Help child to verbalize feelings & empathize
Responding to child's needs at his/her developmental level – reparenting
Increase attunement to child and manage own negative feelings

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Continued

Felt Safety & Control

Feeling safe and confident is best understood in relation to powerlessness. Children who have experienced interrupted attachments and other traumas have feelings of extreme vulnerability, fear, and rage. Powerlessness is a primary impact of trauma, defined as the process in which the child's will, desires, and sense of efficacy are continually ignored. Children who have been unable to protect themselves may have a constant fear of impending doom, underlying feelings of anger and tension, and a strong need to control. They may seek to control all aspects of their environment and develop behaviors to achieve a sense of power and mastery. Self-efficacy is a sense of personal control and mastery ("I am the captain of my fate") and the feeling that one can manage events in life. Children whose will is continually violated do not feel safe, even when they are. They believe that their wishes do not matter. They need to learn positive ways to gain control, to achieve mastery in some areas of their lives, and to have an increased sense of personal choice and power.

Tasks for Children

Getting in touch with feelings

Gain sense of felt safety

Healing from trauma

Learning positive ways to gain control

Achieving mastery in some areas

Anger management

Increase sense of power/choice

Tasks for Parents

Encourage expression of feelings while limiting behaviors

Meet child's needs and support through stressful events

Tolerating children's pain/healing work

Unhooking from power struggles; therapeutic parenting

Providing opportunities to succeed

Managing own anger & teaching child same

Empower child to make good choices

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Continued

Capacity for Self-Regulation

The ability to regulate one's own emotions and behaviors is part of the maturing process, stemming from a healthy, nurturing parent-child attachment. When children have experienced neglect and abuse, they were not soothed by their parents so that they do not learn how to manage stress. Poorly nurtured children may have impairments in the parts of the brain that control impulses and facilitate reasoning and consideration of consequences. They need help in identifying their feelings, finding ways to express them, and considering possible responses and their consequences. The goal of therapeutic parenting strategies is to teach self-regulation skills from the ground up.

Tasks for Children

Linking feelings and behaviors

De-escalating building tension/anger

Learning acceptable ways to express feelings

Developing problem solving abilities

Developing internal controls

Accepting control from others

Tasks for Parents

Learning therapeutic parenting skills

Recognizing/coping with triggers; affect control

Helping child to verbalize feelings

Processing incidents and practice re-dos

Helping child accept responsibility for behavior

Consistent therapeutic parenting from both parents

Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Continued

Identity/ Sense of Self

Children who are well-nurtured develop the ability to incorporate many aspects of themselves into an integrated sense of who they are. Persons with a strong identity have a sense of wholeness, connectedness, and positive self-esteem. Their search for meaning has led to answers that do not devalue themselves. It is common for children who experience maltreatment or are removed from their birth family to see themselves as lacking in fundamental ways and unlovable. They may feel they must have done something bad to deserve maltreatment. Most adopted children ask themselves “Why didn’t they keep me?” and can struggle with feelings of rejection and not really mattering to anyone. They often have a fragmented sense of their lives and struggle to gain a positive sense of who they are and their place in the world. To come to terms with their history, children need to be able to connect their past, present, and future through reconstructing their life history and processing the meaning of these events in their lives. They need to be able to affirm the positives they have gained from others and their ability to survive difficult experiences. Some placements add an additional layer to integrating race/ethnicity into their identities.

Tasks for Children

Reconstruct & process life history

Affirm the positives they received

Destigmatize adoption

Normalize adoption—know other adoptees

Connect past, present, and future

Recognize positives in self & talents

Tasks for Parents

Share all information and add to complexity as they grow; life book work

Demonstrate respect for birth family

Develop communicative openness about adoption; teach child to handle negative comments from others

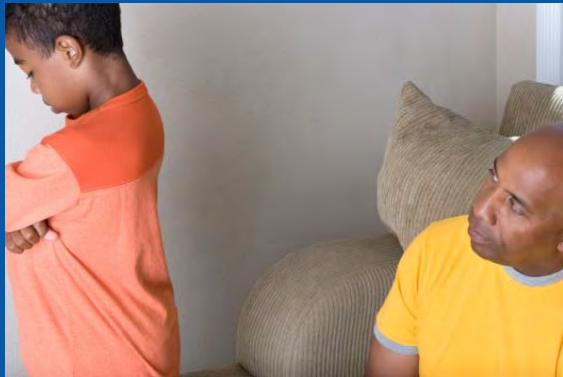
Affiliate with other adoptive families

Maximize openness in child’s best interest

Provide opportunities to excel; praise

Complex Trauma: Facts for Caregivers

This fact sheet presents information that can help you recognize the signs and symptoms of complex trauma in your child and offers recommendations for what you can do to help your child heal.



Complex trauma describes both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

WHAT IS IT LIKE TO BE A CHILD WITH COMPLEX TRAUMA?

We all have an internal alarm system to warn us of danger and prepare us to respond. The "fight, flight, or freeze" response prepares us to fight off an attack, flee if fighting does not seem possible, or freeze if we can neither fight nor flee. This response is something that has been built into the human body and brain for thousands of years. When we perceive danger, this internal alarm system turns on, and when the danger passes, the alarm system shuts down.

Children with complex trauma often have overactive alarm systems, where their alarm system "goes haywire." These children may jump at any loud noise, or feel their hearts pounding when they see one child shove another on the playground. They might wake up from sleep every time a dog barks in the neighborhood. They are always on the lookout for danger. Often they think safe situations are dangerous. They have false alarms when things remind them of the traumatic events. We call these "trauma reminders."

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Recommended Citation: National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

Complex Trauma: Facts for Caregivers *Continued*

WHAT ARE REACTIONS TO REMINDERS?

Trauma reminders make a child think about or “relive” a frightening event from the past. Trauma reminders (some people may call these “triggers”) can be places, sounds, smells, tastes, colors, textures, words, feelings, and even other people. Children can have trauma reminders many times a day. They can be reminded of traumas that happened even before they could understand or talk about them.

A child may react to a trauma reminder without being aware of the reminder. Parents and caregivers may not be aware of them either. Here are some common trauma reminders for children with complex trauma:

- Ketchup—reminds a child of the blood she saw when her father hit her brother
- A book dropping off a desk—reminds a child of gunshots in his neighborhood
- Packing suitcases—reminds a child of the day he was taken from his mother’s home and placed in foster care
- Arguing—takes a child back to seeing her father beat her mother
- Feeling alone and overwhelmed—reminds a child of how she felt while being sexually abused

HOW MIGHT COMPLEX TRAUMA AFFECT THE WAY MY CHILD SEES THE WORLD?

Complex trauma changes how a child views the world and connects with other people. Some children with a complex trauma history may do the following:

- Believe that the world is and will always be an unsafe place
- Have trouble depending on a caregiver or other adults, such as teachers or police officers, to keep them safe
- Have trouble building and maintaining healthy relationships with others; approach relationships with suspicion and distrust
- Overreact or feel completely betrayed by a minor misunderstanding or squabble with a friend
- Respond negatively to seemingly positive events, such as praise, intimacy, or feelings of peace. A child who lacks experience of and memory for happy and safe times may not understand or be comfortable with such feelings.



Complex Trauma: Facts for Caregivers *Continued*

HOW DOES COMPLEX TRAUMA CHANGE MY CHILD'S THINKING?

A child with a complex trauma history may:

- Have trouble developing skills and learning, due to the amount of mental energy being spent reacting to trauma reminders
- Have trouble focusing, organizing, and processing information; this might make the child seem to be ignoring a caregiver or teacher who has to repeat requests or instructions to get a response
- Seem distracted because he is trying to predict or avoid the next “bad thing” that will happen
- Seem very nervous, emotionally intense, or to have a "hair-trigger" response; frequently, she may be flooded by overwhelming and unbearable emotions
- Seem “shut down,” numb, and unable to experience or express any emotions

PART OF TAKING CARE OF YOUR CHILD IS TAKING CARE OF YOURSELF FIRST.

- ***Be aware of your own feelings and reactions.*** How you are coping affects how you are able to help your child. Children often take their cues about how to react from the important adults around them, using the adult as a model for their own feelings and behaviors. If you are sad or upset in front of your child, that's okay. Show your child, through words and actions that, even when you're upset, you are still able to manage your feelings and to take care of him/her.
- ***Take care of yourself as best you can,*** and accept help from those around you. Taking care of yourself is an important part of taking care of your child. Try to get enough rest and exercise, and take some time away from your childcare responsibilities.
- ***Keep other family members and important adults*** (such as early child care and pre-school providers, teachers, coaches, clergy, and youth leaders) ***informed of what your child is experiencing.*** Partner with them to support your child by helping them to understand the connection between traumas and your child's feelings and behaviors.
- ***Do not hesitate to seek professional support.*** Parents and caregivers sometimes feel as though they should handle everything on their own. Experiencing repeated traumas can be extraordinarily painful, even overwhelming, and doesn't necessarily get better on its own. It makes sense to seek the advice, guidance, and support of someone who knows about trauma and can help you and your child.

Complex Trauma: Facts for Caregivers *Continued*

WHAT ELSE CAN I DO TO HELP MY CHILD HEAL FROM COMPLEX TRAUMA?

- ❑ **Keep to a daily routine**, as much as you can, so she knows what to expect. Children are reassured and comforted when things are predictable and familiar.
- ❑ **Listen to his words and watch his behaviors**. While some children can tell you what they're experiencing, others won't want to talk about it, won't know what they are feeling, or can't express it in words. "Listen" to what your child is showing and telling you in words, behaviors, or physical complaints like headache or stomachache.
- ❑ **Praise your child** for making good choices, cooperating, and handling things well.
- ❑ **Set reasonable and consistent limits and give clear expectations**. Holding children accountable, especially children who have experienced traumas, helps them feel in control and successful.
- ❑ **Use simple language and watch your child's reaction**, when explaining what has happened. Follow your child's cues as to how much to say. Don't get frustrated if she asks you to tell it again. Older children may get quiet and seem not to want to discuss things, even though they want to know.
- ❑ **Reassure your child** when you leave him, in clear cut ways, and let him know when you will be back together. After an incident where your child has reacted to a trauma reminder or other upset, he might be clingier, have trouble separating, or be more fearful. If you tell your child, for example, "I will pick you up right after school," do your best to stick to that. (And it's best to be honest, rather than tell him what he wants to hear.)
- ❑ **Watch for trauma-related reminders** or "triggers" that are hard for your child. If she gets overly upset or angry when seeing people who hurt or neglected her or when overhearing adults talk about what happened, she may need to learn how to cope with painful events or images.
- ❑ **"Respond" to your child rather than "react."** Children often act out when faced with stressful situations. What seems like a tantrum or a rude demand may be a reaction to a trauma reminder. Before you jump in and punish, Think *trauma first*. Take some time to explore and understand the roots of the behavior.
- ❑ **Advocate for your child within the school system**, discuss what the school can do to support her (e.g., understanding potential trauma reminders or triggers such as fire alarms, offering counseling or accommodations, etc.).
- ❑ **Keep an eye out**, as your child gets older, for new situations that stir up trauma reactions. Be prepared for your child to "revisit" the traumas and, if you need to, seek professional support.



Addressing Trauma's Impact on Children's Development and Mental Health



adoptionssupport.org/nti

TIP SHEET

Module 5

Mental Health Professional

Addressing Trauma's Impact on Children's Development and Mental Health



Assessing Trauma Exposure

The first step in addressing trauma's impact on a child is assessing the nature and extent of the child's trauma exposure, through:

- Obtaining information from past records
- Interviewing the child, parents and other family members
- Observation of trauma-related symptoms
- Exploring the nature of specific maltreatment experiences – perpetrators & their relationship with child, duration and frequency, to whom disclosed and their reactions, etc.
- Use of standardized measures



Review Standardized Measures to Assess Complex Trauma and evaluate any measures you might add to your assessment protocol.



Assessing the Impact of Trauma

Youth may not disclose some traumas until years later, so it is important to continue assessing over time. To understand the psychological impact of trauma, **it is important to understand the meaning of the event to the child.**

What are the child's beliefs about why bad things happened? What caused it? How does it affect his or her beliefs about self and others? The concept of **Traumatic or Traumagenic states** helps explore psychological impact.

Complex Trauma: Complex trauma is a key concept for understanding the global impact of experiencing multiple traumas over an extended period.



A new diagnostic category, Complex PTSD, is being added to the **World Health Organization's ICD-11.**

Research continues to advocate for adding the diagnosis, **Developmental Trauma Disorder**, to the DSM. One impact of serious neglect and maltreatment for very young children is impaired brain development and imbalanced neurochemistry.



To better understand this information, see **Maltreatment and the Developing Child.**



Select a child or teen with whom you work who has experienced extensive trauma. See the handout, *The Impact of Complex Trauma*. As you review this handout, assess the extent of impact in the 7 domains for this youth:

- Attachment
- Biology
- Affect regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept

Interventions to Remediate Trauma’s Impact

Treatment goals and models for facilitating healing from trauma are discussed in the last two lessons of this module.



Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is reviewed in **Lesson 4**, along with brief descriptions of other models, **Child-Parent Psychotherapy** for children up to age 5, and **Eye Movement Desensitization and Reprocessing (EMDR)**.

Two evidence-informed treatment models developed specifically for children who have experienced complex trauma are introduced briefly. These models stress the importance of the *parents as healing agents* and seek to facilitate developmental catch-up in key areas of impact.

Trust-Based Relational Intervention (TBRI) contains:

- **Empowering Principles** for Laying the Foundation for Change
- **Connecting Principles** for Building a Trusting Relationship
- **Correcting Principles** for Scripting New Behaviors

Attachment, Regulation, and Competency

The ARC framework is a flexible intervention focused on components under 3 domains and an overarching domain of Trauma Integration:



Blaustein and Kinniburgh 2010.

Secondary Traumatic Stress (STS)

Parents and clinicians working with traumatized clients often struggle with STS. The brief from NCTSN mentions a tool to explore a clinician’s own experience of STS. This **Professional Quality of Life Scale** assesses needs on 3 factors – compassion satisfaction, burnout, and STS.



Go to the link below, print, and complete the ProQOL. The scoring is at the bottom.

www.tendacademy.ca/proqol-self-test-v/



nurture.
inspire.
empower.



Contact NTI for More Information: ntiadmin@adoptionsupport.org

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The Infant and Toddler Years (0-3)



Core Issues, Behaviors, Responses, and Strategies

Issues: Loss and Grief

Loss

At this age, infants do not have the language or concepts to organize their experiences of loss. However, they are experiencing the loss of their biological caregivers, and will have sensory based, pre-verbal memories of that loss. As toddlers grow, they start to organize their understanding of the world by asking "why?" This combination of language mastery and why question, may lead them to start asking about their life story, directly or indirectly. The first question may be, "did I grow in your tummy?" Toddlers may have memories of their previous caregivers, including sensory memories, depending on when they were adopted or entered into guardianship. They will need to hear their early life story, although true understanding of adoption or guardianship doesn't happen until children understand conception.

Grief

Based on the early experience of loss and rejection, infants will grieve in their own ways. See below for how their grief may manifest itself in behaviors. Toddlers will need help understanding their story, which includes the loss of their biological family and the need to grieve that loss. In addition to biological parents, toddlers may have memories of other caregivers (extended family, foster parents) and/or siblings. They may be called by a new name, and they may have reduced contact with their culture, if placed into a family of another race or nationality. Families should try to understand and meet this need.

Behaviors potentially related to core issues:

Unexplained crying, unexplained frustration, resisting touch and holding, lack of eagerness to eat, lack of eye contact, sleep disturbances.

Strategies for dealing with loss and grief in an infant or toddler:

1. Build attachment and comfort through the senses as your child learns to transfer attachment to you as new parents.
2. Be the primary giver of instrumental and emotional care (feeding, clothing, soothing, affection) for several weeks or months if needed for the child to feel safe.
3. Be consistent in nurturing routines (i.e. how fed, how bathed).
4. Use consistent words of love, value, preciousness to overcome your child's potential negative belief system about themselves and the world around them.
5. Start telling your child's early life story. Use positive language to reflect the past significant people and experiences your child had.



The Infant and Toddler Years (0–3)

Continued



Developmental Impact of Trauma⁵

Typical Behaviors

Typical developmental milestones are progressing such as physical development, (*i.e. walking, running, climbing stairs*) cognitive development (*i.e. vocabulary growing, follows simple instructions*) social development (*i.e. moving from solitary play to parallel play*).

Behaviors of Concern (cautions and considerations)

- Lack of eye contact
- Arching back or slouching
- Inability to be soothed or difficulty to calm
- Sleeping and eating challenges
- Separation anxiety - A child or youth being fearful or anxious about separation from the caregiver and is not developmentally appropriate.
- Does not walk easily
- Delayed cognitive, social and emotional development
- No boundaries with strangers

Behaviors Requiring Action

- Self-harm behaviors (such as head banging).
- Not gaining weight or growing
- Crying so hard that the child has trouble breathing
- Does not cry
- Loss of previously gained skills (such as talking, or walking)
- Consistently not making eye contact.
- Showing no emotional response throughout the day
- Sexualized play/behavior
- Disorganized attachment - A child is confused by the relationship of the caregiver because very early in their life the very person who gave them care is the same person who had done them harm. That confusion is demonstrated in difficult behavior such as rocking, freezing, running from the caregiver, etc.

The Infant and Toddler Years (0-3)

Continued



Strategies for Parenting a Child with a History of Trauma

Establish Yourself as the Primary Caregiver

Limit the number of visitors and other caregivers around your child following your child's initial entry into your family. Take time to establish that you are your child's primary caregiver and parent.

Research History

To the degree possible, be a detective about your child's early life experiences - prenatally and early months. Find out as much about the early history as possible.

Retroactively Address Needs

Address needs that may not have been met for your child at earlier developmental stages, such as rocking your toddler to sleep. Thinking sensory - touch, sight (*eye contact*), hearing, smelling, tasting, vestibular (*balance*), proprioception (*deep muscle*).

Sensory Processing Disorder Testing

Have your child tested for sensory processing issues if suspected. (*80% of children who have experienced trauma have sensory issues*).

Developmental Screening

High levels of stress can affect a child's brain development. If your child has experienced abuse or neglect, it's possible that they are at a younger developmental age compared to their chronological age. Talk to your child's pediatrician to have them screened if you think this is true. Interact with your child based on their developmental age, not their chronological age.

Journal Behavioral Issues

If behavioral issues continue to escalate, keep a journal/track your child's behavioral episodes in order to identify a possible source. Become a student of your child's needs expressed through behavior.



The Pre-School and Early School Years (4-7)



Core Issues, Behaviors, Responses, and Strategies

Issues: Loss and Grief, Early Feelings of Shame and Guilt, Early Identity Formation

Loss and Grief:

Children who were adopted or in guardianships as infants may begin to realize that they had another family before coming into their new parent's home. Children at this age, of course, have memories of the significant people that were in their lives. A parent may observe loss and grief issues through behavior. Children don't often have words at this age to express their feelings of loss and grief.

Shame, Guilt, and Rejection:

Feelings of shame and guilt are closely tied to the child's feelings of rejection. Children at this age are starting to pick up on similarities and differences between themselves and others. They realize that other children around them are not adopted or in guardianship. This feeling of being "different" may lead them to feel ashamed, that they don't fit in. They may also believe that if only they "had been good" they wouldn't be in a "different" kind of family. Some children develop "magical thinking" - an idea that they caused the adoption or guardianship because of an imagined flaw in themselves.

Early Identity for Children Adopted Transracially

Children who are members of families built transracially may begin to notice physical differences in individuals and may begin to identify with their own racial/cultural group.

Behaviors Potentially Related to Core Issues:

Children may begin to ask a lot of questions about their stories and may play out their story with peers or dolls. They may exhibit unexplained mood swings, sadness, and anger as they begin to understand they are no longer with their birth family. Sad children look angry. Mad or scared children look eruptive -like they are ready to blow. Some children may develop separation anxiety as entry into school nears.

Strategies for dealing with loss, grief, rejection, shame, and guilt:

1. Initiate conversations with your child regarding their story - age appropriately.
2. Use or create a lifebook.
3. Encourage questions - difficult information can be shared later but never changed.
4. Listen for cues about misperceptions when your child is playing or talking with peers.
5. Reassure your child in concrete ways that they will always be a member of the family.
6. In families parenting transracially, be aware of signs that your child is aware of differences. Listen for comments and questions that would indicate this. Ensure that differences make people special and not bad.

The Pre-School and Early School Years (4-7)

Continued



Core Issues, Behaviors, Responses, and Strategies

Issues: Loss and Grief, Early Feelings of Shame and Guilt, Early Identity Formation

Loss and Grief:

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Early Identity for Children Adopted Transracially

Children who are members of families built transracially may begin to notice physical differences in individuals and may begin to identify with their own racial/cultural group.⁶

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Strategies for dealing with loss, grief, rejection, shame, and guilt:

1. Initiate conversations with your child regarding their story - age appropriately.
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3. Encourage questions - difficult information can be shared later but never changed.
4. Listen for cues about misperceptions when your child is playing or talking with peers.
5. Reassure your child in concrete ways that they will always be a member of the family.
6. In families parenting transracially, be aware of signs that your child is aware of differences. Listen for comments and questions that would indicate this. Ensure that differences make people special and not bad.

The Middle School Years (8-12)



Core Issues, Behaviors, Responses, and Strategies

Issues: Loss and Grief, Early Feelings of Shame and Guilt, Early Identity Formation

Loss and Grief:

Children who were adopted or in guardianships as infants may begin to realize that they had another family before coming into their new parent's home. Children at this age, of course, have memories of the significant people that were in their lives. A parent may observe loss and grief issues through behavior. Children don't often have words at this age to express their feelings of loss and grief.

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Children who are members of families built transracially may begin to notice physical differences in individuals and may begin to identify with their own racial/cultural group.⁶

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Strategies for dealing with loss, grief, rejection, shame, and guilt:

1. Initiate conversations with your child regarding their story - age appropriately.
2. Use or create a lifebook.
3. Encourage questions - difficult information can be shared later but never changed.
4. Listen for cues about misperceptions when your child is playing or talking with peers.
5. Reassure your child in concrete ways that they will always be a member of the family.
6. In families parenting transracially, be aware of signs that your child is aware of differences. Listen for comments and questions that would indicate this. Ensure that differences make people special and not bad.

The Middle School Years (8-12)

Continued

Behaviors Potentially Related to Core Issues:

Behaviors frequently seen are: distancing from family members, fantasizing about birth family, confusion/conflict regarding biological family search, guilt over being happy in the family, denial of having questions or curiosity regarding the birth family. Your child may enter a denial stage and stop asking questions. Your child may realize that they not only lost a family, but also may believe they “were given away.” Your child may use defensive separation behaviors - such as rejection or anger directed towards you.

Strategies for Dealing with Core Issues for Children 8-12:

1. Be alert to any school assignments related to your child’s story, i.e. “the family tree.” Consider talking to your child’s teacher about ways to be inclusive of children whose stories include adoption or guardianship.
2. Be prepared for deeper level questions. As children learn about different family arrangements, expect your child to approach you with questions about their birth family. When your child enters the later years of this stage, they may start to fear that they will repeat the mistakes of their birth parents.
3. Your child will be comparing themselves to other non-adopted children - they will need your support in finding a place amongst their peers where they feel they fit in. Be wary if your child is not making friends, as some children who are adopted or in guardianship find it easier to avoid friendships due to the risk of being rejected by their peers.
4. Ask if your child has questions or feelings they would like to talk about.
5. Be a “pebble-dropper.” Drop in questions every once in a while to check in about how your child is thinking about what happened to them.
6. Don’t constantly pursue adoption conversation or force a child to talk. Let the child know that when they are ready, you are open.
7. Pay attention for anniversary reactions (grief reactions) related to earlier life events.
8. Continue to have ongoing conversations about your child’s early life story. Children towards the older end of this age range may be ready to learn more of the specifics around their life story.
9. Encourage your child to express their feelings openly and acknowledge the validity of your child’s feelings when they share.
10. Emphasize the permanence of your family situation, especially if your child is expressing fear about losing their place in the family.



The Middle School Years (8-12)

Continued



Developmental Impact of Trauma

Typical Behaviors

Typically, developmental milestones are achieved during this 8 to 12 year old stage. These include physical mastery of large and small motor skills, cognitive skills improving (reading well, math skills improving), and social and emotional progress (engages in cooperative play, able to relate to others with own unique personality). Children are developing their own sense of competency and confidence about how life works. They will try out new things, new hobbies and discover new talents and abilities.

Behaviors of Concern (cautions and considerations)

- Behavioral changes
- Regression - behaviors typical of a younger child
- Increased aggression
- Extreme emotional swings
- Difficulty labeling and expressing feelings
- No improvement in behaviors addressed in the 4 to 7 age range
- Sleep disturbances/eating issues
- Lying/stealing
- Excessive fears - of the future, could be like birth parents
- Continuing disobedience/acting out
- Continued anxiety over separation
- Indiscriminate friendliness - no boundaries
- Sabotaging peer relationships

Behaviors Indicating Action

- All the behaviors in the Behaviors of Concern section that do not respond to nurturing care over a period of time. (Different for every child)
- Increased aggressiveness, destructive behaviors
- Sexualized acting out with younger children (see note at end of this section)
- Trauma flashbacks
- Hurting animals, fire setting
- Blacking out/spacey or distracted behavior
- Extreme negative self-image/self-talk
- Self harming behavior - cutting/eating disorders
- Extreme attention seeking behaviors
- Associating with delinquent peers
- Worsening family relationships

The Middle School Years (8-12)

Continued



Strategies for Parenting a Pre-Teen with a History of Trauma

Remain Diligent

Avoid minimizing or excusing concerns.

Be Your Child's Biggest Advocate

Be an advocate for your child's academic needs. Ask the school for a professional assessment if risk behaviors are noted.

Be Proactive

Seek proactive intervention when the behavioral changes first emerge.

Nurture Trust

Continue to nurture your child's trust and growing independence by providing care with warmth, consistency, and setting appropriate boundaries.

Give Choices

When practical, give your child choices. For example, giving a choice between two outfits, or two lunch options. This helps build their sense of independence and helps them feel valued in the family by having a say in what happens to them.

Seek Support

Surround yourself with friends and family members who are supportive of your decision to build your family through adoption or guardianship.

Participate in Training

Seek out training opportunities on parenting a pre-teen with a traumatic history. CORE Teen Right Time Training videos can be viewed at <https://okfosters.org/post-adoption/>.

Study Your Child's Needs

Continue to be a student of your child's changing needs, often expressed through difficult behaviors. Recognizing that these behaviors can often be an outward manifestation of an internal struggle is important.

NOTE: For a more complete understanding of the physical and emotional impact of sexual abuse, visit <https://www.childwelfare.gov/pubs/f-abused/>



The Teen Years (13–17)



Core Issues, Behaviors, Responses, and Strategies

Issues: Loss and Grief, Rejection, Shame and Guilt, Identity, Loyalty, Intimacy, Mastery and Control

Loss and Grief:

During the teenage years, your teen will come to grasp the full meaning of being adopted/in guardianship, including the fact that they may have lost a connection to their birth parents, extended family, cultural heritage, and language, if adopted from another culture or country. Teens often desire to start a search for their birth parents, if they haven't already asked you to help them, or had contact with them. Feelings of grief may intensify your teen's need to search for their birth family.

Rejection:

For an adolescent who has been placed out of their family of origin, issues of rejection can be particularly salient during this time in their life when they are exploring dating relationships, and trying to find where they fit in amongst their peers. These difficult feelings may lead your teen to avoid situations where they might experience rejection.

Shame and Guilt:

In adolescence, your teen's feelings of shame and guilt may manifest themselves in a new way. The belief that their life circumstances means they were not "enough" to be loved by their birth parents may be a core belief impacting all their relationships. Shame is a powerful negative belief and can be lived out in behavior.

Identity:

Individuals who have been adopted or in guardianship shared that during their teenage years, they often felt as though part of their identity was missing. They felt disconnected from their family, culture, and traditions. During this stage, your child is actually trying to make sense of two questions of identity: "Who am I?" AND "Who am I as a person who was adopted or in guardianship?"

Identity Development and the Transracial Teen:

Identity formation is a lifelong challenge. Young children develop their self-image based on the reactions of others to them; this has been called the "looking glass self concept" by Thomas Horton Cooley. Children see themselves "reflected" in the words and non-verbal responses of others. They begin to form a self-image based on these responses. Identity development takes on major significance during adolescence. Integrating such culturally-driven things as values, beliefs, social roles, responsibilities into one's identity is challenging for youth adopted transracially. At this stage of development, a teen may struggle with the meaning of their race, culture, and ethnicity as they begin to integrate these characteristics into their concept of self.⁸ This is especially true if the teen has limited contact with adults and peers within their race and culture.

Your teen adopted transracially may experience critical incidents, external events that challenge your youth's beliefs or values. They may experience discrimination or prejudice in the form of name-calling, exclusion from groups of peers, being followed in stores or challenged about being in the "wrong neighborhood." These critical incidents can cause confusion, conflict, and anxiety, particularly if you are unable to help your child cope with discrimination or stereotyping. Children raised by same-race parents are taught to deal with prejudice and discrimination by individuals who have first-hand experience with these critical incidents. Parents and families with children of color must be sensitive to such challenges and provide a nurturing environment that includes multiple role models of other youth and adults who have established healthy identities.

Loyalty:

Dealing with loyalty issues can be even more difficult for your adolescent. It is important in this stage of development that you continue to affirm that your teen can love two sets of parents.

The Teen Years (13-17)

Continued

Intimacy:

All teenagers benefit when their parents create an open environment for positively talking about sex. For teenagers who are adopted or in guardianship, the idea of being with another person sexually can create feelings of anxiety (*What if they reject me?*), uncertainty (*What if I repeat the mistakes of my first parents?*), and avoidance. Alternatively, some teenagers may crave the feeling of connectedness that sex brings with it. Exposure to sexual abuse and family violence will affect adolescent capacity for and comfort with intimacy.

Mastery and Control:

As your teenager prepares for adulthood, they are attempting to exert control over their life and environment. These feelings of mastery and control, coupled with a natural desire to push away from you, may lead them to increasingly criticize you as their parent.

Behaviors Potentially Related to Core Issues:

Note: many of these behaviors are related to typical adolescent behaviors. Intensity may indicate that they are core issue-related.

Behaviors parents may observe or experience: sabotaging relationships as a way to protect themselves against rejection, feelings of anger and irritability, trying to control all aspects of their environment, increased autonomy, efforts to reconnect with first family, sabotaging efforts related to leaving home (*i.e. high school graduation*).

Strategies for Dealing with Core Issues for Teens 13-17:

1. Proactively keep lines of adoption themed communication open. Teenagers who were adopted or in guardianship tend to have more positive views of themselves if they were raised in an environment that encouraged full disclosure on their adoption and guardianship questions.
2. Encourage your teen's good behavior and support them to take positive risks.
3. Your teenager may do better dealing with facts, and answering questions based on facts, rather than dealing with emotional questions or personal reflection assignments.
4. Assist your teen with a birth family search, if your teen desires.
5. Give your teen a voice. For example, give choices and engage your teen in decision-making when practical, rather than orders.
6. Acknowledge your teenager's complicated and at times mixed feelings about adoption or guardianship.
7. Encourage your teenager to express their feelings openly and acknowledge the validity of your teen's feelings when they share.
8. Encourage your teenager to plan for their future: what do they want to do after high school? What career field are they interested in?
9. Let your teenager know that they may remain at home after graduation and pursue school or further training from a home base.
10. Celebrate all your teen's successes and encourage them in areas of needed growth.

The Teen Years (13-17)

Continued



Developmental Impact of Trauma

Typical Behaviors

Typical developmental behaviors are emerging in this 13 to 17+ year old stage. Physical changes are rapidly happening. Cognitively, your teen is experiencing a *"brain remodeling growth period"* which is as significant as the growth for a young child under four. What comes with that are the exciting, yet challenging, behaviors of typical adolescence. Socially, for your teen, peers are the center of their world, yet your teen remains healthily connected to family. Your teen has a hobby, sports or consistent activity.

Emotionally, they are learning to manage more challenges and to accept disappointments. Your teen is developing their own taste in clothing, music and other life interests.

Behaviors of Concern (cautions and considerations)

- Extreme behavioral changes
- Extreme emotional swings - sadness/anger/hopeless
- Obsessive behaviors
- Extreme power struggles
- Lying, stealing
- Engaging in substance abuse
- Risky sexual behavior
- Self-harming - cutting, eating disorders
- Inability to concentrate
- Expressing an extremely negative self image
- Hanging out with peers engaged in delinquent behaviors

Behaviors Indicating Action

- All the behaviors in the Behaviors of Concern section that do not respond to parent intervention over a period of time. (Different for every teen.)

The Teen Years (13-17)

Continued



Strategies for Parenting a Teen with a History of Trauma

Remain Diligent

Avoid minimizing or excusing concerns.

Be Your Teen's Biggest Advocate

Be an advocate for your teen's academic needs. Ask the school for a professional assessment if risk behaviors are noted.

Be Proactive

Seek proactive intervention when the behavioral changes first emerge.

Nurture Trust

Continue to nurture your teen's trust and growing independence by providing care with warmth, consistency, and setting appropriate boundaries. Bridge over negative behaviors to the relationship and then deal with the behaviors.



Give Choices

When practical and appropriate, give your teen choices.

Seek Support

Surround yourself with friends and family members who are supportive and have experienced raising a teen with a traumatic history. Seek out a support group of people who share your same challenges.

Participate in Training

Seek out training opportunities on parenting a teen with a traumatic history. CORE Teen Right Time Training videos can be viewed at <https://okfosters.org/post-adoption/>.

Study Your Teen's Needs

Continue to be a student of your teen's growing needs, often expressed through difficult behaviors.

Don't Take Things Personally

Learn and practice the art of not "taking things personally." Remain emotionally connected, but avoid personalizing.

Seek out a Mentor or Life Coach for Your Teen

Consider engaging a mentor or life coach for your teen that understands their needs and behaviors.

NOTE: For a more complete understanding of the physical and emotional impact of sexual abuse, visit www.childwelfare.gov/pubPDFs/f_abused.pdf

Working With Students Exposed to Trauma

WHAT TRAUMA CAN LOOK LIKE IN THE CLASSROOM (AND SCHOOL)

ADAPTED FROM: HELPING TRAUMATIZED CHILDREN LEARN

CHILDREN EXPOSED TO TRAUMA STRUGGLE TO:

- Accurately perceive-safety (over perceive danger)
- Self-regulate (attention, behavior, emotion)
- Hold a self image that includes the belief that they matter
- Succeed academically and or socially at school

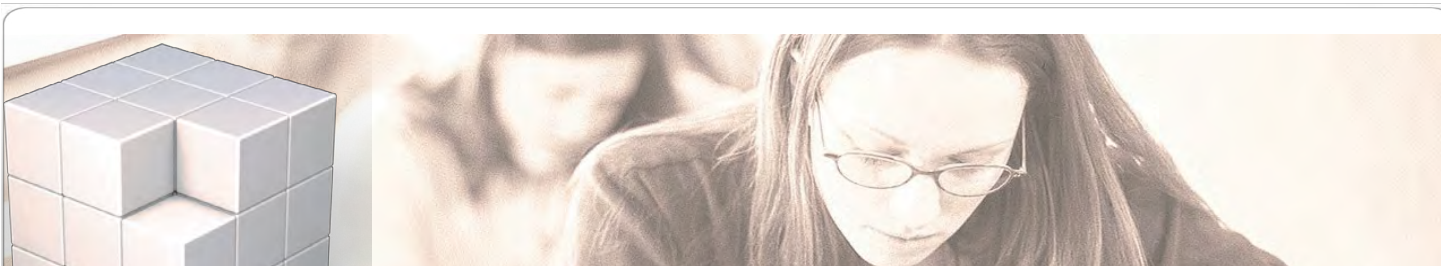
TRAUMA MAY:

- Disrupt the ability to process verbal information and use language to communicate. (May make it difficult to follow instructions)
- Be less skilled in using language to forge social relationships and more skilled using language to build walls between themselves and those perceived to be dangerous or threatening
- Have limited problem solving skills
- Struggle with sequential ordering and therefore not be able to organize (thoughts, feelings, if-then events, multi-step tasks) which in turn results in difficulty reading, writing and with critical thinking. Interfere with a student's understanding of behavior and consequences
- Not have internalized cause and effect relationships. This means that they cannot easily predict events, sense their power over events or make meaning of "consequences"
- Struggle to see the world from the point of view of another
- Struggle to focus and attend to what is happening in the classroom because their brains are preoccupied with ensuring safety /warding off danger
- Struggle to self regulate their own attention
- Struggle to self regulate and recognize emotions. This results in poor impulse control, trouble reading social cues, and lack of a predictable sense of self (Self regulation is a predictor of academic success)
- Have low executive functions
- Be slow to trust adults or peers
- Struggle to engage with academic material effectively

"Students often exhibit behaviors that are a result of trauma but that can be *misinterpreted* by a teacher as willful disobedience, or that the child has greater controls over his/her behavior than he/she does.

Potentially further complicating interpretation of behavior are cultural factors which may be difficult for the teacher to identify and understand."

-Teachers' Strategies Guide for Working with Children Exposed to Trauma



Working With Students Exposed to Trauma *Continued*

STUDENTS WHO DON'T PERCEIVE SAFETY (OVER PERCEIVE DANGER) ADAPTED FROM: HELPING TRAUMATIZED CHILDREN LEARN

Our brains are hard wired to keep us safe and are continually monitoring the environment for safety (out of our awareness). Children who did not have secure attachments and/or have experienced a significant threat (trauma) devote much more of their brain energy toward ensuring safety. They tend to overreact to stimuli (which are misperceived as threats) and struggle to self regulate, modulate their attention, and/or be able to complete academic tasks.

YOU MIGHT SEE:

- Inability to focus
- Deep withdrawal
- Very wary, suspicious, not trusting
- Apparently random body movements (getting out of seat) and blurting out
- Lack of impulse control
- Inability to sit still
- Repetitive behaviors
- Appear anxious (twirls hair, sucks thumb)
- Clingy/Needy
- Lack of boundaries (hugging strangers)
- Over-reaction to peer movements
- Extremely acute awareness of any negative body language
- Misinterpretation of events, where the child feels that their actions caused the problem
- Explosive behavior that does not have clear cause
- Trouble with transitions
- Trouble with any change in schedule
- Pains, body complaints, nurse visits
- Aggressive (physical/emotional/verbal)
- Avoidant behavior (not coming/refusing to participate or go places)

YOU MIGHT TRY:

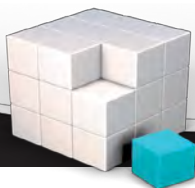
- Taking time to teach routines
- Posting schedules
- Practice transitions
- Pay attention to which parts of transitions are hard for the student and work together to create solutions. (Non verbal signals, advance warning, etc.)
- Lead classroom respectfully (Kind and Firm)
- Establish clear agreements about classroom behavior with your students
Teach the students how to follow them by regularly checking in with them about how they are doing and asking them to silently make improvements. ("How are we doing on our agreement to have quiet during reading? Thumbs up/sideways/down. Take a breath and notice if there is one thing you can quietly do to make it better. Please do it. Thank you")
- Warning the student of potential "surprises" including fire drills, guests, substitutes, schedule changes, new seating arrangements
- Connecting with the student each day in a similar fashion
- Small connection rituals (hand shake/high five)
- Give the student control where possible. (I'm changing the seating chart, do you have a place in the classroom that feels best for you?)
- Whole class activities involving patterns of motion
- (Regular motion/rhythm/music helps re-establish helpful connections in the lower brain)
- Keep your mood relatively stable. If you are having a bad day explain why to the students (or they may think you are mad at them)

THINGS TO AVOID:

- Inconsistency, irregular behavior
- Allowing bullying, name calling
- Requiring students to present from the front/read aloud to all
- Punishments or threats
- Angry outbursts in class
- Surprises (even "good" ones)
- Not keeping promises or appointments
- Not following through

CONSIDER THE CONTEXT:

- What do you know about this student's family?
- What do you know about this student's history at school?
- What do you know about his/her culture? (Unspoken rules about eye contact, personal space, gender roles, role of the individual vs. group)



Working With Students Exposed to Trauma *Continued*

STUDENTS WHO ARE NOT ABLE TO SELF-REGULATE WELL (PHYSICALLY/EMOTIONALLY)

ADAPTED FROM: HELPING TRAUMATIZED CHILDREN LEARN

Self-regulation is a learned behavior: early in life our brains grow neural pathways that allow us to self-regulate when we are with others who self-regulate with us. In the absence of adults who can teach us to self-regulate that part of the brain does not develop fully. Self-regulation can be learned later in life but it requires a lot of practice. The ability to self regulate is a better predictor of success than academic achievement. To be able to self regulate students must be able to recognize feelings in themselves and others, be able to connect those to their experience (and awareness of physical sensations.)

YOU MIGHT SEE:

- Over reactivity, hyper-sensitivity
- Aggressive/loud behavior
- Physical acting out
- Anticipatory aggression
- Tantrums
- Destruction
- Lack of impulse control
- Inability to sit still
- Sudden mood swings
- Dissociation/spacing out
- Irritability
- Belligerent, confrontational
- Picking fights
- Blaming
- Teasing, taunting, bullying
- Explosive behavior that does not have clear cause
- Trouble with transitions
- Pains, body complaints, nurse visits
- Aggressive (physical/emotional/verbal)
- Avoidant behavior (not coming/refusing to participate or go places)

YOU MIGHT TRY:

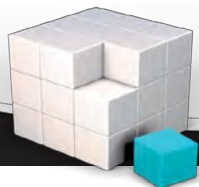
- Keep your mood relatively stable. If you are having a bad day explain why to the students (or they may think you are mad at them)
- Teach short self-regulation tools regularly. These can include deep breaths, 10 second quiet moments for reflection, listening until the chime is silent, BrainGym activities, activities that require awareness of the body in space (Moving and then asking students to close their eyes and guess something about their body like which foot is further ahead, which elbow is higher, is an example)
- Teach emotional awareness. Examples include feeling faces charts, vocabulary work to distinguish feelings, journaling, regular emotion check-ins using a consistent format
- Lead classroom respectfully (Kind and Firm)
- Establish clear agreements about classroom behavior with your students. Teach the students how to follow them by regularly checking in with them about how they are doing and asking them to silently make improvements ("How are we doing on our agreement to have quiet during reading? Thumbs up/sideways/down. Take a breath and notice if there is one thing you can quietly do to make it better. Please do it. Thank you")
- Warning the student of potential "surprises" including fire drills, guests, substitutes, schedule changes, new seating arrangements
- Connecting with the student. "It seems like you feel..."
- Give the child control where possible (I'm changing the seating chart, do you have a place in the classroom that feels best for you?)
- Whole class activities involving patterns of motion (Regular motion/rhythm/music helps re-establish helpful connections in the lower brain)

THINGS TO AVOID:

- Raising your voice
- Allowing bullying, name calling, outbursts
- Punishments, threats and put-downs
- Trivializing feelings/behavior

CONSIDER THE CONTEXT:

- What do you know about this student's family?
- What do you know about his/her culture? (Unspoken rules about eye contact, personal space, gender roles, role of the individual vs. group)



Working With Students Exposed to Trauma *Continued*

STUDENTS WHO DON'T BELIEVE THEY MATTER

ADAPTED FROM: HELPING TRAUMATIZED CHILDREN LEARN

The belief that you matter to another human being is one of the most powerful foundations for resilience. Our beliefs about ourselves shape the way we interpret and respond to the world around us. You cannot talk a student out of their beliefs, however beliefs can change based on regular consistent behavior of the people around us. "The body changes its mind, one experience at a time." stimuli (which are misperceived as threats) and struggle to self regulate, modulate their attention, and/or be able to complete academic tasks.

YOU MIGHT SEE:

- Giving up
- Acting out when work feels hard or the student doesn't believe he/she can do it
- Deep withdrawal
- Very wary, suspicious, not trusting
- Appear anxious (twirls hair, sucks thumb)
- Clingy/Needy
- Lack of boundaries (hugging strangers)
- Misinterpretation of events, where the child feels that their actions caused the problem
- Explosive behavior that does not have clear cause
- Trouble with transitions
- Trouble with any change in schedule
- Pains, body complaints, nurse visits
- Aggressive (physical/emotional/verbal)
- Avoidant behavior (not coming/refusing to participate or go places)

YOU MIGHT TRY:

- Encouragement
- Teach the class encouragement skills
- Have appreciation circles
- Notice strengths
- Small connections regularly 2x10 rule
- Writing post it notes — that are honest
- Learning about the student. What are his/her likes/dislikes?
- Not giving up
- Saying hello, using his/her name whenever you see him/her in the hall
- Teach to make amends
- Make amends
- Use solutions instead of consequences
- If you have to call home, call home after the problem has been fixed so parents are not put in a position that they do not know how to handle
- Get to know family
- Be the magic fairy mirror
- Continue to acknowledge student even when no longer in your class
- Let the student teach you and or class something that they are skilled at
- Share appreciations (in private or with post -it note is best)
- Use teacher tools to elevate student's academic and social status with peers

THINGS TO AVOID:

- Shaming, blaming, humiliating
- Embarrassing student
- Posting grades
- Displaying poor work as "bad example"
- Requiring students to present from the front/read aloud to all
- Punishments or threats
- Not keeping promises or appointments

CONSIDER THE CONTEXT:

- What do you know about this student's family?
- What do you know about this student's history at school?
- What do you know about his/her culture? (Unspoken rules about eye contact, personal space, gender roles, role of the individual vs. group)



Working With Students Exposed to Trauma *Continued*

STUDENTS WHO DON'T SUCCEED ACADEMICALLY OR SOCIALLY ADAPTED FROM: HELPING TRAUMATIZED CHILDREN LEARN

When students misperceive safety, can't self-regulate and/or don't believe that they matter it is easy to understand why it is hard to succeed academically.

YOU MIGHT SEE:

- Inability to focus
- Lots of excuses
- Attention getting behavior
- Disruptive behavior
- Acting out in front of peers
- Withdrawal
- Lots of absences/ skipping class
- No class participation
- Inappropriate class participation
- No homework
- Low or absent organization skills
- Lack of supplies
- Sleeping in class
- Not working well alone or in group
- Not able to follow a series of instructions
- Frequent repetitive requests for help but without follow through
- Lack of ability to remember previous work/skills
- Lack of ability to make connections between linked concepts
- Making "creative" or inappropriate links between concepts
- Shame and embarrassment with special help Refusal to accept special help
- Claims of abilities that are not present (I can read this)
- Claims that work has been done and turned in (You lost it)
- Drug or alcohol use
- Gang involvement

YOU MIGHT TRY:

- Assess ability to self-regulate/ perception of safety/self image
- Assess student's "prerequisite" skills. eg. Cannot succeed at algebra without number fluency
- Develop system to augment "prerequisite" skills
- Post schedule and homework where it is easily visible
- Use written and verbal instructions (show the instructions on the white board and give them verbally)
- Help student set achievable goals for short term (week, every other week) learning and follow up
- Help student notice successes. Differentiate instruction. Assist student in using other resources: including after school tutoring, local library tutoring
- Problem solve with student
- Learn about the student's life. Many older students are working or caring for siblings and school work cannot be a priority if the family is to survive
- Ask your support team for help. What other interventions are available at your school. (Friendship groups, grief groups, social skills groups)
- Communicate regularly with family sharing successes as well as concerns
- Support the student in creating systems that will be helpful (organizing notebooks, homework tracking)
- Empower instead of enable
- Make agreements and follow through
- Listen deeply. "What is your plan?"

THINGS TO AVOID:

- Embarrassing/shaming/blaming student
- Not following through with student
- Threats
- Comparing with others
- Giving up on student
- Pointing out faults publicly

CONSIDER THE CONTEXT:

- What do you know about this student's family?
- What do you know about this student's history at school?
- What are the families ideas/experiences/values around education?
- What constitutes "success" in this student's family or culture?
- What do you know about his/her culture? (Unspoken rules about eye contact, personal space, gender roles, role of the individual vs. group)



Working With Students Exposed to Trauma *Continued*

SUMMING IT UP

THE PROBLEM IS A SOLUTION TO ANOTHER PROBLEM (Find the Belief Behind the Behavior)

STUDENTS EXPOSED TO TRAUMA MAY HAVE ALTERED BRAIN GROWTH:

- They may be missing a sense of: **Basic Trust**
 - ◆ Self-regulation
 - ◆ Ability to delay gratification
 - ◆ Causal thinking (poor if/then thinking)
 - ◆ Ability to focus or concentrate
 - ◆ Relationship skills
- Often have altered stress response

MANY CHILDREN EXPOSED TO TRAUMA HAVE:

- Decreased perception of safety (misperceive threats)
- Poor impulse control
- Decreased self regulation
- Decreased self concept
- Are withdrawn or aggressive
- Struggle with transitions

REBUILDING THE FOUNDATION OF THESE SKILLS CREATES A STABLE PLATFORM FOR ACADEMIC GROWTH:

SAFETY

- Routines
- Consistency (of routines, mood of class leader)
- Posted schedules
- Solutions instead of consequences
- Brain in the Palm of the Hand
- Self-regulation

BELONGING

- Connect before correct
- 2x10 rule
- Mirror neurons
- I messages
- Relationship/relationship/relationship

SIGNIFICANCE

- Focus on strengths
- Remember the student's story
- Understanding the brain (teach mirror neurons, Brain in the Palm of the Hand)
- "I made a mistake" vs. "I am a mistake"
- Teaching repairs, how to make amends
- Find way for student to contribute (jobs, helping)





Attachment

Developing Attachment

Building attachment is a process that takes time and purposeful connection. It is important to intentionally engage your child in activities and conversations to support the developing attachment between you and your child. It is normal for you to feel the level of attachment go up and down as you learn what it is like to live together. If there have been challenges recently, the responses to these questions will likely reflect those challenges. This is okay and a normal part of developing attachment.

The questions below may help you gauge how connected you feel in the developing relationship. Find time on a regular basis to sit down and think through your responses to the questions. You will also see some questions you can ask your child about their developing attachment. If you wonder whether you or your child are on the right track to developing secure attachment, we encourage you to reach out to an adoption competent mental health provider to help you more deeply process the relationship.

QUESTIONS TO ASK YOURSELF

- ❖ How comfortable do I feel sharing my feelings with my child?
- ❖ Do I feel that my child is comfortable sharing their feelings with me?
- ❖ On a scale of 1 to 10, how connected do I feel with my child (1 indicates “not at all connected” and 10 indicates “extremely connected”)?
- ❖ Do I feel more connected to my child than the last time I thought through these questions?
- ❖ Do I talk to my child about their biological family? Their past experiences? Their adoption?
- ❖ Do I feel comfortable giving my child a hug?
- ❖ On a scale of 1 to 10, how secure do I feel in my decision to adopt (1 indicates “not at all secure” and 10 indicates “extremely secure”)?

Developing Attachment

Continued

QUESTIONS TO ASK YOUR CHILD(REN)

- ❖ How comfortable do you feel sharing your feelings with me (or another parent)?
- ❖ Do I share my feelings with you?
- ❖ On a scale of 1 to 10, how connected do you feel to me (or another parent) (1 indicates “not at all connected” and 10 indicates “extremely connected”)?
- ❖ Do you feel more connected to me (or another parent) than the last time we talked about attachment?
- ❖ Do you feel comfortable talking to me (or another parent) about your biological family? Your past experiences and memories? Your adoption?
- ❖ Do you feel comfortable giving me (or another parent) a hug?
- ❖ On a scale of 1 to 10, how secure do you feel about your adoption (1 indicates “not at all secure” and 10 indicates “extremely secure”)?
 - o Explain what “secure” means to the child depending on their age/development



Anxious Attachment

- ❖ Can be very sensitive to outside threats
- ❖ Has a strong fear of being abandoned
- ❖ Desires consistency and stability
- ❖ Values closeness/intimacy in relationships
- ❖ Can act out when they feel threatened
- ❖ Is often incredibly generous, sensitive, and attuned to others
- ❖ Often struggles to communicate their needs and desires clearly

SOME TOOLS FOR PEOPLE WITH STRONG ANXIOUS ATTACHMENT TENDENCIES

- ❖ Be willing to acknowledge your childhood pain
- ❖ Bring compassion towards the parts of yourself that feel abandoned
- ❖ Begin to gently question/challenge your fears when you become triggered
- ❖ Practice expressing your needs more directly
- ❖ Learn to slowly share your abandonment fears with people who earn your trust
- ❖ Work with a therapist/guide consistently to build a healthy relational template
- ❖ Take responsibility when you protect or act out on your fears in hurtful ways



Anxious Attachment

Continued

SOME WAYS TO COMMUNICATE YOUR NEEDS (IF YOU HAVE STRONG ANXIOUS TENDENCIES)

“ I really understand your heightened need for space & alone time right now. It would really help me if you can just try to communicate when you are needing a break so I don't think something is “wrong” between us.”

“Having consistency is really important to me. If you can please not make me wait too long when I reach out to you, that would mean so much to me.”

“Your positive reassurance means more to me than you can imagine right now. It helps me know that things are okay between us. Sometimes it's hard for me to know this on my own.”

“What are some things you need” What makes you feel safe and loved?”

HOW TO APPROACH SOMEONE WHO HAS STRONG ANXIOUS ATTACHMENT TENDENCIES

- ❖ Try to understand that they sometimes have trouble directly communicating their needs and concerns
- ❖ Know that positive reassurance can help them tremendously when they are upset
- ❖ Lovingly set limits/boundaries when they show “protest behavior”
- ❖ Try to accept that their fear of abandonment that may never make “sense” to you
- ❖ When they “project” on you, gently redirect the focus back to them & become curious about their experience

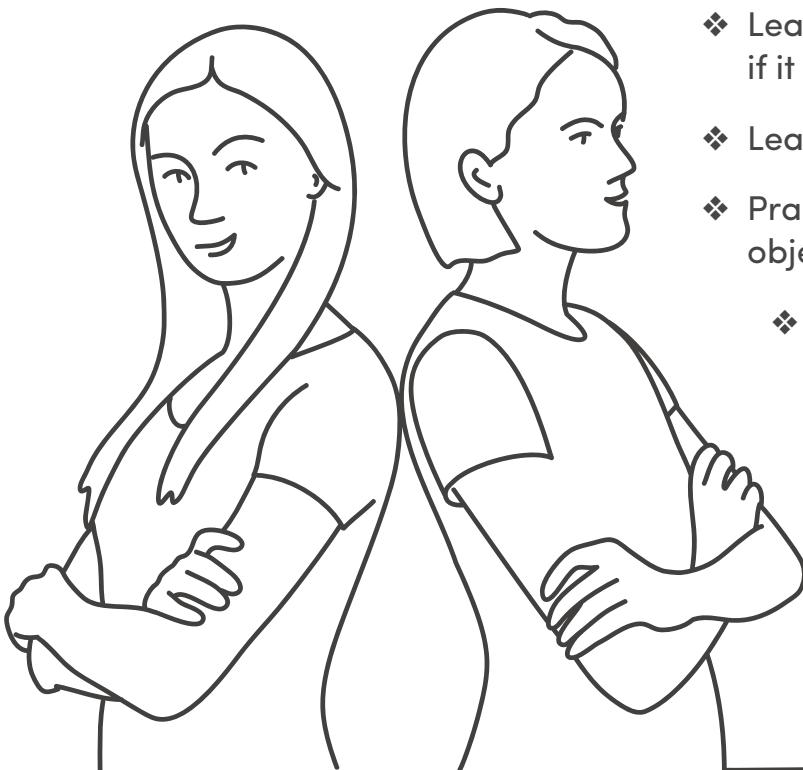


Dismissive Avoidant Attachment

- ❖ Can appear very “well put together” and have an inflated sense of self
- ❖ Had to learn to rely on themselves for their own soothing and comfort
- ❖ Can get in touch with their emotions more easily when there is a shared experience
- ❖ Is often very respectful of other people’s need for privacy & space
- ❖ Often struggles to be vulnerable and intimate with others
- ❖ Tends to dismiss “needs” in a relationship
- ❖ Can focus on other people’s “flaws” as a way to maintain emotional distance

SOME TOOLS FOR PEOPLE WITH STRONG DISMISSIVE AVOIDANT TENDENCIES

- ❖ Be willing to acknowledge your childhood pain
- ❖ Begin to bring some compassion to the parts of yourself that had to shut down
- ❖ Start paying attention and scanning your subtle feelings a few times a day



- ❖ Lean towards connection in small doses even if it feels counterintuitive
- ❖ Learn to compromise in your relationships
- ❖ Practice sharing small vulnerabilities & objectively observe people’s reaction
- ❖ Practice acknowledging & owning when you dismiss the needs of others

Dismissive Avoidant Attachment

Continued

SOME WAYS TO COMMUNICATE YOUR NEEDS (IF YOU HAVE STRONG DISMISSIVE AVOIDANT TENDENCIES)

“I really need some time alone after working to relax and reconnect with you after X amount of time. Your support around this and having you not take this personally would mean a lot to me.”

“ I can get easily flooded and overwhelmed during arguments. Can you please be sensitive about not criticizing me or probing me too much so that I can stay present and work through things with you? I don't expect you to do this perfectly. But knowing that you're willing to try would mean a lot to me.”

“ It really takes a lot for me to share vulnerable things with you. It would be helpful if you can give me positive feedback or be loving/gentle with me when I do share so that I can feel safer/more comfortable to do this more in the future with you.”

HOW TO APPROACH SOMEONE WHO HAS STRONG DISMISSIVE AVOIDANT ATTACHMENT TENDENCIES

- ❖ Understand that their need for more space is (often) not personal, and it isn't about not wanting to be with you
- ❖ Make sure to own your desires and needs, but frame them without blaming them or making it seem like what they are already doing isn't “enough”
- ❖ Don't lead with controlling/crowding behavior, and acknowledge it quickly when you do
- ❖ Understand that they have a high sensitivity to feeling shamed, exposed, and criticized
- ❖ Acknowledge and praise them for their progress and when they take small risks of vulnerability

Fearful Avoidant Attachment

- ❖ Can tend to feel used or exploited in relationships
- ❖ Can prematurely “pull away” from relationships when they feel rejected or overwhelmed
- ❖ Can feel anxiety/helplessness when they begin to fall in love or depend on someone
- ❖ Tends to crave emotional intimacy but often feels mistrustful of others
- ❖ Often has low a self-image or some form of low self-esteem
- ❖ Often has a combination of “avoidant” and “anxious” tendencies

SOME TOOLS FOR PEOPLE WITH STRONG FEARFUL AVOIDANT TENDENCIES

- ❖ Be willing to slowly acknowledge your childhood pain
- ❖ Practice bringing compassion to the parts of yourself that can sometimes feel used or exploited by people
- ❖ Work with a professional to help you manage your anxiety & to help you slowly build a “safe” relational template
- ❖ Practice setting firmer boundaries when you begin to over-give to better manage your resentment
- ❖ Learn to pay attention to people who authentically want to give & support you
- ❖ Acknowledge/own when you act out or withdraw when you feel rejected or afraid



Fearful Avoidant Attachment

Continued

SOME WAYS TO COMMUNICATE YOUR NEEDS (IF YOU HAVE STRONG FEARFUL AVOIDANT TENDENCIES)

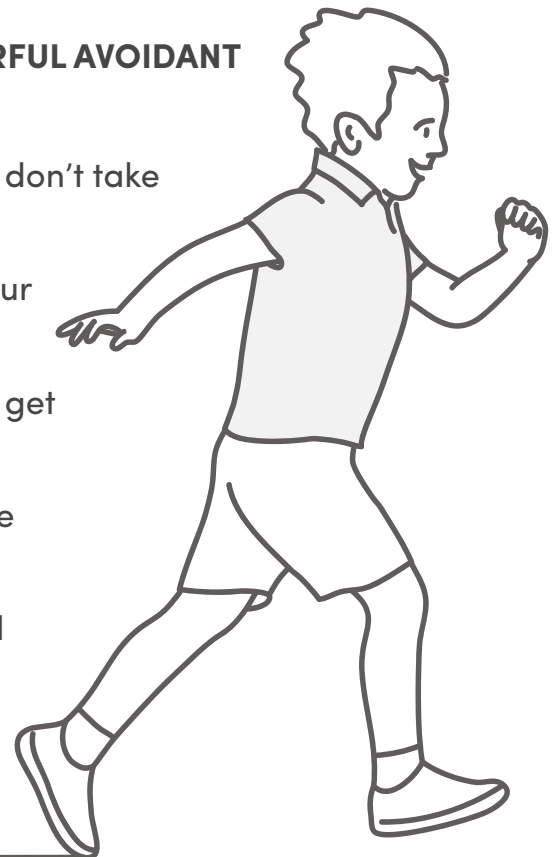
“I’d love for you to know that expressing my boundaries can feel very scary. I am used to being there for others at my expense. Please forgive me if I express my boundaries in messy ways sometimes. I’m learning to own them better and I could really use your support with this.”

“Sometimes I get hyper fixated on you and your needs because I’m desperately trying to feel safe and to read between the lines. It would be so helpful if you could ask me what I need sometimes in a gentle and nonpressuring way.”

“I tend to get scared when I don’t have clarity around important topics. I also have a tendency of misreading people’s intentions. Having your willingness to (clarify your intentions around certain behaviors) without getting offended by that request can really help me feel safer with you.”

HOW TO APPROACH SOMEONE WHO HAS STRONG FEARFUL AVOIDANT ATTACHMENT TENDENCIES

- ❖ Educate yourself about this attachment style so you don’t take certain triggers (as) personally
- ❖ Make a genuine effort to (heartfully) understand your adoptive child’s fears and concerns
- ❖ Understand that your adoptive child’s “anxiety” can get triggered as you get closer to them
- ❖ Gently support your adoptive child to get one on one therapeutic support if possible
- ❖ Set loving but firm boundaries if your adoptive child makes “threats” to leave the relationship
- ❖ Reassure your adoptive child that you love them for who they are



Securely Attached and My Attachment Style

- ❖ Focuses on creating “win-win” situations
- ❖ Is able to ask for repairs more directly from their loved ones
- ❖ Has a strong capacity to self-soothe and co-regulate with others
- ❖ Tends to be highly attuned and sensitive to the emotions of others
- ❖ Is generally responsive/available when loved ones express needs
- ❖ Tends to have a strong (yet flexible) sense of their own boundaries

After reading the four attachment styles, which one most resonates with you? _____

Why does this resonate with you? _____

What characteristics or behaviors seem to hit home with your own thoughts and experiences? _____

How do you think your own attachment style may impact your current relationships?
Or parenting a child or children?

Do you recognize any behaviors or characteristics of the different attachment styles for other people in your home? _____

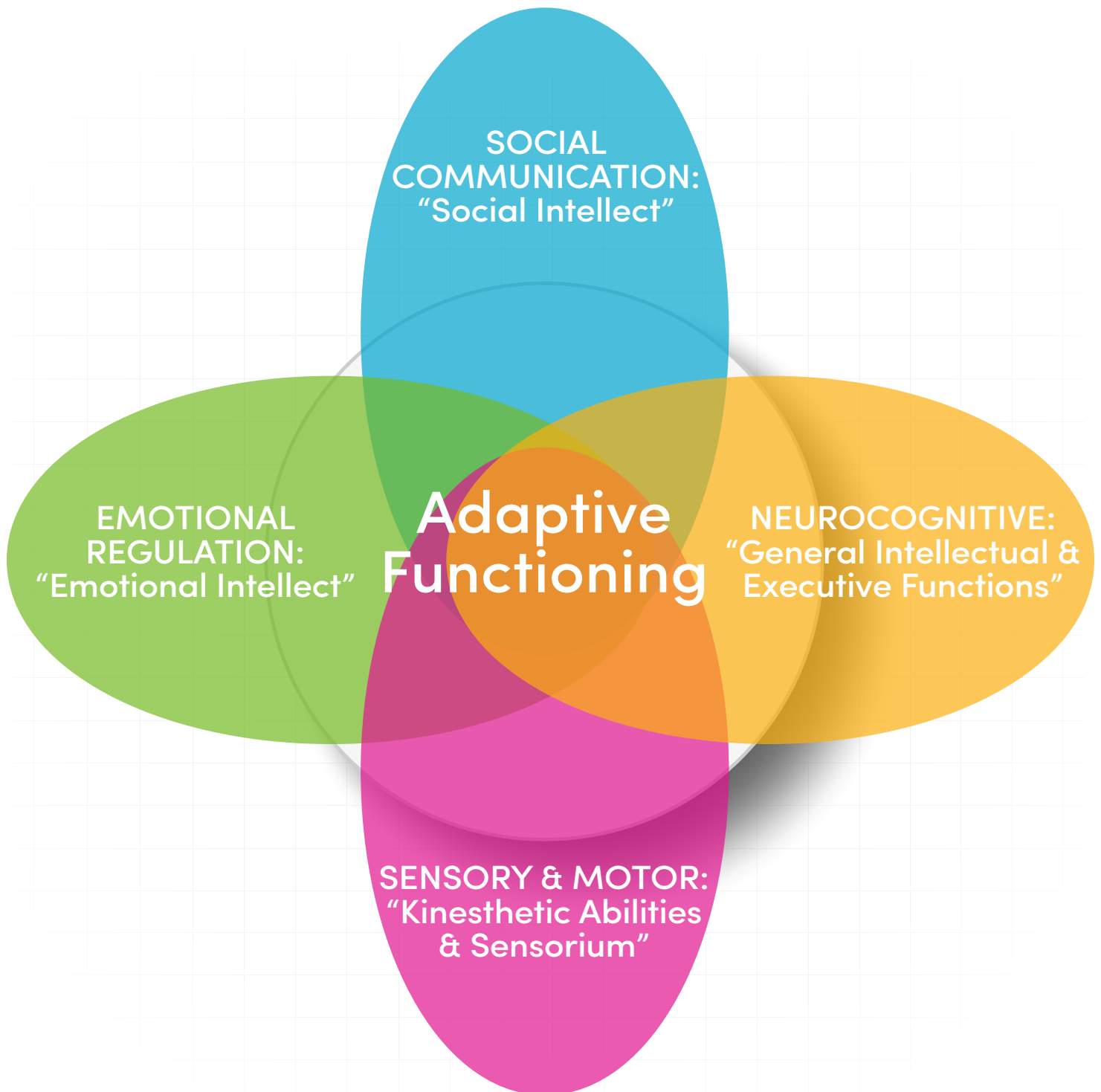
What does this mean for you and your family members? What are some benefits or challenges in communication with each other? _____

What is your most notable takeaway from this section on attachment styles? _____

Is there a next step to move on, such as finding a time to meet with an adoption competent mental health provider to discuss attachment styles and how they impact your family?



Adaptive functioning



Adaptive functioning refers to those skills that are necessary for us to navigate through the demands that are placed on us by our environments in a way that is effective.



Finding Support

Adoption Competent Mental Health

What is it?

- ❖ Adoption competent mental health professionals are skilled in using a range of therapies with birth, kinship, and adoptive families to meet certain goals.
- ❖ They are trained in specific mental health competencies to improve outcomes in adoptive families, including child well-being, improved family well-being, and enhanced family stability and permanency for children.
- ❖ Adoption competent professionals work to improve collaboration with child welfare systems to assure a skilled and competent workforce and appropriate, adoption competent services are available where families live.

Why is it needed?

- ❖ Adopted children are disproportionately represented in the psychiatric population (Ingersoll, 1997).
- ❖ American Academy of Pediatrics (2015) estimates up to 80% of children come into foster care with a significant mental health need.
- ❖ Adoptive families utilize clinical services at triple the rate reported by families formed by birth (Howard et al., 2004; Vandivere et al., 2009).
- ❖ Most mental health professionals lack the training to meet the diverse, complex, clinical needs of adoptive families (Sass & Henderson, 2002).
- ❖ The youngest and least experienced professionals are often the ones serving youth with the greatest needs (Wilson et al., 2019).
- ❖ When families receive services from professionals who don't understand their unique needs, the results can be more harmful than helpful, including recommendations to "give their children back" to the child welfare system (Wilson et al., 2019).

What trainings are available in Oklahoma?

- ❖ National Training in Adoption Competent Mental Health Initiative (NTI) – an online training that has two distinct trainings. One training is for child welfare professionals and the other is specific to mental health professionals.
- ❖ Training in Adoption Competency (TAC) – an in-person, in-depth training that is taught by Family Hope House in Tulsa, OK.

Handout: Finding the Right Therapist

Parents can call prospective therapists or schedule an initial interview to find out basic information. Some therapists offer an initial brief consultation that is free of charge. Parents should start by giving the clinician a brief description of the concern or problem for which they need help. The following are some suggested questions to determine the level of adoption competency:

What is your experience with adoption/guardianship and adoption/guardianship issues? (Parents should be specific about the issues that impact their problems, such as open adoption, transracial adoption, search for or strained relationships with birth family, attachment difficulties, etc.)

How long have you been in practice and what degrees, licenses or certifications do you have?

Have you worked with other children who are adopted/in guardianship?

What continuing clinical training have you had on adoption issues?

Do you include parents and other family members in the therapeutic process?

Do you prefer to work with the entire family or only with children?

Do you give parents regular reports on a child's progress?

Can you estimate the timeframe for the course of therapy?

What approach to therapy or clinical models do you use?

What changes in the daily life of the child and family might we expect to see as a result of the therapy?

Do you work with teachers, juvenile justice personnel, daycare providers, and other adults in the child's life, when appropriate?

Screening Questions When Seeking an Adoption-Competent Therapist

Adoption is beyond complex – the language, the losses, the expectations, the norms, the family dynamics, the feelings...the list is long, in-depth, and specific. When you're searching for an adoption-competent mental health professional for your child, you may assume that adoption is well understood within the mental health field, and that any licensed professional is able to provide your child with effective services.

I had this assumption, before adopting my son. I figured, as an adoptee, most of what I know about adoption seems like common sense, and fits with what I know about mental health. So shouldn't all professionals be competent enough to work with adoptees effectively? Nope. I'll never forget the conversation I had with a fellow psychologist who is a dear friend and respected colleague, a few weeks after my Ethiopian-born son arrived to our home in the U.S. She asked whether I was going to attend an upcoming gathering with friends. I said that I didn't think it would be a good idea, because my husband and I were still focusing on building a healthy attachment with our son, and therefore we weren't leaving him with any other caregivers or taking him out to social gatherings for at least a few months. Her response: "Well, if you bring him with you, I don't think it'll affect his attachment for him to meet everyone." The shock, irritation, and deflated feeling in my stomach were visceral. I was so in awe of her as a psychologist who specializes in trauma work – but she clearly did not understand attachment or adoption-related issues. A genuine understanding of adoption doesn't transfer from knowledge of other mental health struggles.

A poor therapy experience can be an unhelpful waste of money at best, and fatally harmful to your child at worst, especially if it dismisses or incorrectly labels common adoption struggles. With that in mind, I believe it is important for adoptive parents to know how to screen effectively for an adoption-competent mental health professional for their child. I've gathered a list of questions, basic knowledge, and red flags as a guide.

PROFESSIONAL SHOULD HAVE BASIC KNOWLEDGE IN:

- ❖ The 7 core issues/struggles in adoption (Silverstein)
- ❖ Trust-Based Relational Intervention (TBRI) (also often known by the book, "The Connected Child" by Dr. Karyn Purvis & Dr. David Cross)
- ❖ Trauma-specific therapy approaches (Examples: Eye Movement Desensitization Reprocessing (EMDR), Somatic Experiencing (SE), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and/or Play Therapy)
- ❖ Child development
- ❖ Attachment theories (founding theorists such as Bowlby, Ainsworth and techniques such as Theraplay or Circle of Security)
- ❖ Attachment-friendly discipline (experts such as Siegel, Hughes, Forbes, Post)
- ❖ Grief and loss
- ❖ Implicit/Pre-verbal/Sensory memories
- ❖ Racial Identity Models, if your family is transracially adoptive (experts such as Sue & Sue, Helms, Susan Harris O'Connor)

Screening Questions When Seeking an Adoption-Competent Therapist *Continued*

QUESTIONS TO ASK THE PROFESSIONAL:

- ❖ Does at least 50% of your caseload include adoptees/adoptive families? (The answer should be YES)
- ❖ How do you help families to build/reinforce attachment through treatment? (The answer should include some of the following: family sessions, play/filial/parent-child interaction therapy, Theraplay, TBRI, interactive exercises, parent education)
- ❖ How do you distinguish between typical developmental struggles and adoption- or race-related struggles? (The answer should include specific examples of the language or behavior the professional identifies – example: “I wish I had a different family!” vs. “I want to live with my real family!”)
- ❖ How do you incorporate birth families/culture into treatment? (This may be a difficult one to answer because it is likely to look different for each adoptee, but the professional should not look surprised by the question)
- ❖ If in an open adoption: Are you willing to include my child’s first family in treatment when appropriate? (The answer should be YES)
- ❖ How would you respond if my child said _____? (Choose examples of things your child has said about adoption or race that bother you, and decide if you like the professional’s approach, and if they seem calm and confident in their response)
- ❖ How do you talk about adoption/race with kids? (Make sure the language seems appropriate and very open and honest)

RED FLAGS:

- ❖ You state that your child was adopted and the professional does not ask any further questions about it
- ❖ Assumes that if your child was adopted at birth or early in life, they do not experience adoption struggles
- ❖ Believes you should raise your adoptive child exactly the same as your biological child
- ❖ Refuses to collaborate or engage with parents, wanting to only focus on the adoptee (Some treatment may include individual sessions with an adoptee who is a child/teen, but parents should regularly be kept in the loop on progress and feedback, and eventually integrated into sessions. *Note that this may look different if your child is old enough to consent to their own treatment and does not want parents involved, as it may take more time for parents to be integrated into sessions.)
- ❖ Speaks about adoption as all positive, views adoptive parents as saviors, views adoptees as lucky, believes adoptees should feel grateful, or speaks negatively about birth/first parents or birth countries
- ❖ Labels your child with multiple diagnoses (especially Reactive Attachment Disorder (RAD), Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, Conduct Disorder)

Screening Questions When Seeking an Adoption-Competent Therapist *Continued*

- ❖ Encourages isolation (i.e. time outs in separate room) or punishment (different than natural consequences or attachment-friendly discipline) to address behavioral concerns
- ❖ Doesn't believe in pre-verbal trauma or implicit memories
- ❖ If you are a transracial/cultural family:
 - o Promotes the idea of "colorblindness" as a way of raising a child of a different race
 - o Encourages only that you assimilate your child to U.S. culture, ignoring birth culture integration
 - o Doesn't believe in systemic racism or "othering"

While this list is by no means exhaustive, it offers a brief guide to screening for an adoption-competent professional. Keep in mind that even if you find someone who meets all of the criteria above, the personality fit between your child and the professional is also extremely important – your child must feel safe, comfortable, and trust the professional if treatment is going to be beneficial. Best of luck to you and your family!

Adoption - <https://www.growbeyondwords.com/category/adoption/>

Communication - <https://growbeyondwords.com/category/communication/>

Grief and Loss - <https://www.growbeyondwords.com/category/grief-and-loss/>

Mental Health - <https://www.growbeyondwords.com/category/mental-health/>

Parenting - <https://www.growbeyondwords.com/category/parenting/>

Racism - <https://www.growbeyondwords.com/category/racism/>

Trauma - <https://www.growbeyondwords.com/category/trauma/>

Adoption-Competent - <https://growbeyondwords.com/2015/08/screening-questions-when-seeking-an-adoption-competent-therapist/>

QUESTIONS TO

Screening/Ask Adoption Professionals - <https://growbeyondwords.com/2015/08/screening-questions-when-seeking-an-adoption-competent-therapist/>

Finding and Using Post-Adoption Services



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

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It is common for adoptive families to need support and services after adoption. Postadoption services can help families with a wide range of issues. They are available for everything from learning how to explain adoption to a preschooler, to helping a child who experienced early childhood abuse, to supporting an adopted teen's search for identity. Experience with adoptive families has shown that all family members can benefit from some type of postadoption support. Families of children who have experienced trauma, neglect, abuse, out-of-home care, or institutionalization may require more intensive services.

What's Inside:

- Postadoption issues that adoptive families often encounter
- Changing needs for support at different ages and developmental stages
- Types of postadoption services
- Organizations that provide services
- Finding postadoption services
- Paying for postadoption services
- Advocating for postadoption services
- Conclusion
- Additional resources



Use your smartphone to access this factsheet online.



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
<http://www.childwelfare.gov>

Finding and Using Post-Adoption Services *Continued*

Postadoption Issues That Adoptive Families Often Encounter

Adoption affects adopted persons and families in many different ways over the course of their lifetime. In response, members of adoptive families may need information, support, and other services. The following are some issues for which families typically seek postadoption support. Several issues—such as loss and identity development—affect all adoptive families, while others may differ depending on the child’s and family’s background and the type of adoption.

Loss and grief. All adopted children and youth, even those adopted as infants, experience some level of separation and loss. They may grieve as they come to understand the role that adoption has played in their lives. They also may struggle with feelings of abandonment as they try to understand why they were placed for adoption and how that affects who they are. These feelings may appear and reappear at different stages of life, even when their adoption is a positive experience. Adopted children and youth may need support in working through conflicting feelings, mourning their losses, and coming to terms with their experiences.

Trust and attachment. Any child or youth separated from birth parents has experienced a break in attachment. Adoption requires the development of new attachments and bonds. Children who have experienced abuse, neglect, out-of-home

care, or institutionalization often have not known consistent love and affection and may have difficulty trusting and attaching to their new family. These children or youth may need help building healthy relationships.

Identity formation. The process of identity development can be more complex for adopted children and teenagers, regardless of when they were adopted. This process may be further complicated if the child’s race or birth culture differs from that of the adoptive family. Teens, in particular, may experience identity confusion as they confront the primary questions of adolescence—“Who am I? How am I different from my parents? Which of their values will I take as my own?” Adopted youth also must try to determine how these questions relate to their birth parents.

Family dynamics and adoption adjustment. Adoptive parents may experience loss and grief issues of their own, which may relate to infertility. Some adoptive parents also wrestle with identity issues as they adjust to their new role as parents. Emotions can be intensified by the stresses of the adoption experience, particularly when the reality of adoption doesn’t match what was expected. For some adoptive parents, these issues may cause strains in their marriages or partnerships. For others, it may lead to postadoption depression. Counseling services can help family members work through concerns with a trained therapist, while support groups allow members to talk and share with others in similar situations.

Birth family connections. At some point in their lives, many adopted people want

Finding and Using Post-Adoption Services *Continued*

information about their birth family and/or to reconnect with birth relatives. Today's technology, including the Internet, can provide easier and faster access to relevant information, while social networking sites (e.g., Facebook) connect people in new ways. While new media can help accelerate a birth relative search, this faster pace of contact can sometimes be emotionally overwhelming to participants if they are not prepared.

Difficulties that result from early experiences. Children who have been abused, neglected, placed in out-of-home care, institutionalized, or exposed prenatally to drugs and alcohol may have ongoing emotional, developmental, physical, or behavioral difficulties. Some of these difficulties are reflected in:

- **Effects of early childhood trauma.** Research shows that early traumatic experiences (such as abuse or neglect) can affect a child's early brain development, which can have later consequences for how a child behaves, expresses emotions, forms relationships, and copes with stress. (See <http://www.childwelfare.gov/pubs/issue-briefs/brain-development/>) The effects of trauma on development vary from child to child and may not appear until years later. Counseling/therapy services can help a child or teen learn to address these issues. They also can help adoptive parents understand their child's behavior as it relates to early trauma and identify strategies to meet their child's needs and allow healing to occur.
- **Health issues and developmental delays.** Children who have been neglected or have spent more than a

few months in an institutional setting may have missed out on important developmental activities due to a lack of stimulation and proper nutrition. They may have difficulties with feeding, sleeping, speech, and forming healthy attachments. In addition, adopted children may have special health care needs as a result of their early experiences. Medical records may be incomplete. Adoptive parents are encouraged to seek an assessment by an adoption-knowledgeable physician and may need ongoing health services to support children or youth with developmental delays and health-related needs.

- **School issues.** Some adopted children and youth experience learning delays or behavioral problems that affect how they do in school. An adopted child, like any child who has experienced many moves and attended multiple schools, may have additional difficulties. If adoptive parents see their child struggling in school, they are encouraged to work with their child's teacher and other school personnel to help their child. They have the right to request that their child be evaluated for a disability and eligibility for special education services (see <https://www.parentcenterhub.org/evaluation/>). Parents can support their child by learning about educational rights and advocating for appropriate services. For example, if a child is determined to have a learning disability and is eligible for special education, school staff must work with parents to develop an Individualized Education Program (IEP), which identifies services that will be provided to help

Finding and Using Post-Adoption Services *Continued*

the child meet educational goals (see <http://nichcy.org/schoolage/iep>). In navigating school issues, parents may seek assistance from an educational consultant, a child psychologist, or a lawyer (in extreme cases where services are not being provided). (For more information on adoption and school, see <https://www.childwelfare.gov/topics/adoption/adopt-parenting/school/>)

Other issues related to types of adoption and child's needs. Different types of adoptions may raise additional issues and service needs. For example:

- **Open adoption.** Increasingly, families are participating in a range of openness in adoption in which a birth parent or other birth relative continues to have some contact with the adoptive family after the adoption. Adoptive families, birth families, and adopted children or youth may need agency support in building relationships among family members, navigating appropriate roles, and setting boundaries. (For more information, visit <https://www.childwelfare.gov/topics/adoption/postplacement/connections/openness/>)
- **Adoption from foster care.** Families adopting children and youth from foster care need information on parenting a child who has been abused and neglected, adopting an older child, or if they were foster parents, on making the transition from foster to adoptive families. (See Information Gateway's *Helping Your Foster Child Transition to Your Adopted Child* at <https://www.childwelfare.gov/pubs/f-transition/>) In addition, relatives and kin who adopt their relative children may need information and support around their changing relationships. (Find

out more at <https://www.childwelfare.gov/topics/permanency/relatives/adoption/>)

- **Transracial/transcultural adoption.** Many families adopt children from racial or cultural backgrounds that differ from their own. Given the importance of promoting their child's heritage and supporting their child's racial or cultural identity, parents may seek related educational resources, learning opportunities, or special events. They also may need assistance with building skills to cope with public scrutiny or racism. (For more information, visit <https://www.childwelfare.gov/topics/adoption/postplacement/diverse-adoptive-families/>)

RELATED RESOURCES ON THE IMPACT OF ADOPTION

Information Gateway has a publication series and a specialized website section on the impact of adoption and common postadoption issues:

- *Impact of Adoption on Adopted Persons* <https://www.childwelfare.gov/news-events/adoptiontriad/editions/jul2020/>
- *Impact of Adoption on Adoptive Parents* <https://www.childwelfare.gov/topics/adoption/adopt-people/impact/>
- *Impact of Adoption on Birth Parents* <https://www.childwelfare.gov/topics/adoption/preplacement/working-parents-families/impacts/>
- Child Welfare Information Gateway, specialized website section <https://www.childwelfare.gov/news-events/adoptiontriad/editions/aug2021/>

Finding and Using Post-Adoption Services *Continued*

Changing Needs for Support at Different Ages and Developmental Stages

Most of the time, adopted children and youth are not thinking about adoption and its complexities. Like other children and youth, they are busy with schoolwork, sports, and social events. But there are developmental stages as well as milestones and events that often trigger adoption issues.

Developmental stages. Children and youth understand and feel differently about their adoption at different points in their life. For example, children adopted as infants may first learn about their adoption story as toddlers or young children. When entering school, a child may become aware that most children were not adopted and may be challenged to respond to questions and comments from peers. During adolescence, as youth grapple with identity issues and independence, they may have new questions about their birth families and their relationships. Additionally, as adopted people become parents or become old enough to consider parenting, they may find themselves wanting to reconnect with birth relatives or know more about their genetic history. Consequently, an adopted person's questions, concerns, and needs often change over time.

Milestones and events that may trigger a need for postadoption support. In addition to developmental stages, the following milestones and events

can trigger adoption issues and tap into powerful emotions:

- Birthdays of the adopted child, siblings, parents, or birth parents
- Anniversaries of placement into foster care, an orphanage, or the adoptive family; or the date of adoption finalization
- Holidays (especially Mother's and Father's Days, but any holiday that involves family gatherings and sentiment, such as Christmas, Passover, or Thanksgiving)
- School projects in which a child is asked to talk about his/her family, such as "family tree" assignments or identifying inherited family traits
- A doctor's visit in which an adopted person is asked to supply medical history information
- Adopted mother's pregnancy, birth of a child, or adoption of a sibling, which may upset the adopted child's sense of security in a family
- Divorce of adopted parents
- Deployment of a military family member
- Death of a family member

During these times, parents should watch for signs indicating that their adopted child, or they themselves, need special support. Signs might include changes in mood, eating habits, or sleeping habits. Parents can prepare children and youth by discussing the possibility that these triggers may cause a reaction. Parents should let their children know that they understand what is happening and will be there to help and find other resources as needed.

Finding and Using Post-Adoption Services *Continued*

Types of Postadoption Services

The wide range of issues that can be addressed with postadoption services means that the services themselves must be diverse. The following are the most common types of postadoption services, including those that families have identified as most helpful. The table on page 10 provides resources to help parents find these services in their local areas.

Support groups. Support groups can offer adoptive parents and youth valuable opportunities to interact and share with others who have had similar experiences. Groups provide members with support systems, social interaction, and information resources. Groups may restrict their focus to families or children who share certain characteristics (such as having been adopted from a specific country or having same-sex parents), or they may include all adoptive families in their programming.

- **Adoptive parent support groups.** Often organized by adoptive parent volunteers, support groups bring together experienced and new adoptive parents to share experiences in a nonjudgmental atmosphere. Parent groups offer a variety of services—discussion groups, social activities, family events, workshops, newsletters, websites, community referrals, and more. Groups exist throughout the country and vary extensively, from small community playgroups for parents of toddlers to large regional groups.

- **Children and youth support groups.**

For many adopted children and youth, a peer support group is their first chance to interact with other children and youth who were adopted and to see that their experiences and feelings related to adoption are normal. Groups provide a safe environment where children and youth can talk about their birth and adoptive families and share their fears and concerns. Some groups pair older adopted youth as mentors for younger children.

- **Online support groups.** Available 24 hours a day and bridging geographical distances, Internet support groups, blogs, and Facebook pages are increasingly popular. Participating in these groups, parents and adopted youth will likely find families and other youth who can relate to what they are going through and may be able to provide helpful suggestions. As with any Internet activity, precautions should be taken to protect safety and privacy.

Camps, social events, and heritage activities. Overnight camps or retreats are a way for members of adoptive families to connect not only with others like themselves, but also with their own family members. Such events, which may take place over a weekend or a full week, often combine adoption and ethnic heritage support with traditional camping activities. Attendees frequently form powerful friendships with other adopted children and youth, and they provide each other ongoing support all year long. Other adoptive family activities may include picnics, group outings, recreational activities, and

Finding and Using Post-Adoption Services *Continued*

celebrations of cultural events as well as heritage tours of home countries.

Therapy/counseling. As discussed above, members of adoptive families may need professional help as concerns or problems arise. Needs will differ from family to family and may include:

- Guidance on children's attachment, trust, emotional, or behavioral issues
- Assistance in working through the impact of adoption on the family and strains in marriages or partnerships and other relationships
- Support in working through feelings when the reality of adoption does not match expectations

Timely intervention by a skilled professional often can prevent concerns from becoming more serious problems. The type and duration of therapy will vary. Some families need a therapist's help only for a short period; others build a relationship over years, "checking in" for help as needed. There are many different types of treatment approaches and professionals offering adoption therapy. It is critical to work with a therapist familiar with the unique issues of adoptive families and one that involves parents in the process.

For information about adoption therapy, the kinds of issues that it can address, and how to find the right mental health professional, see Child Welfare Information Gateway's *Selecting and Working With a Therapist Skilled in Adoption* (<https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/therapy/>).

Respite care. All parents need some time for themselves. This may be especially true for parents of children who require high levels of attention. Respite care offers parents a temporary break by a carefully selected and trained provider. It is meant for families with children who require more skilled care than babysitters can provide, foster parents whose program requires a licensed provider, and parents going through a crisis of their own. Respite care may be provided in the family's home or another selected site. Respite may be available on a scheduled or crisis basis from a state postadoption unit or local adoption agency, or through a local adoptive parent group.

Educational and information resources. Postadoption service providers may offer, or provide referrals to, useful information and resources that respond to adoptive family members' questions and help them understand what to expect.

- **Books, magazines, websites, and other resources.** There are many helpful books, magazines, and websites on adoption for children, youth, and adults. Many of the children's books explain the "whys" and experiences of adoption. Some may help as children begin to discuss their own adoption story. Some resources help parents look at the unique aspects of adoptive parenting. Others are written specifically for those who have adopted children with particular needs or who are parenting children from other cultures.
- **Workshops, seminars, and conferences.** Many adoptive parent support groups, adoption agencies,

Finding and Using Post-Adoption Services *Continued*

and postadoption service organizations offer education in adoption issues. At an adoption workshop or conference, parents can learn about the adoption topics that are important to them, have questions answered by experts, socialize with other adoptive family members, and access adoption-related materials. Online webinars allow parents to listen to experts from the convenience of their own home.

- **Information and referral.** Since family needs will emerge and change over time, parents need to know where to go when they have questions or want services. Information and referral services may be offered through telephone hotlines, websites, directories, or one-on-one assistance.

Openness, search, and reunion. State agencies and other organizations may help adoptive parents, birth parents, and people who have been adopted negotiate postadoption contact agreements or access information and adoption records, in accordance with state laws.

(See <https://www.childwelfare.gov/topics/systemwide/laws-policies/> and <https://www.childwelfare.gov/topics/systemwide/>) Some will provide additional services to arrange and prepare for reunions and mediate the relationships that may form. They also can answer questions and help adopted children and youth, adoptive family members, and birth family members deal with the powerful emotions related to search and reunion.

Organizations that Provide Services

Postadoption services are provided through various organizations, such as the following:

- Public adoption agencies (county or state offices)
- Private adoption agencies
- Specialized postadoption service organizations (these organizations offer services after an adoption, but do not place children for adoption)
- Adoptive parent support groups
- Community health and mental health organizations and service providers

The types of services offered will vary across organizations. In addition, some organizations may offer services only to certain groups (e.g., families who have adopted children through foster care), while other organizations may have no restrictions.

Finding and Using Post-Adoption Services *Continued*

Finding Postadoption Services

Details about postadoption services in a particular area are available from local, state, and national information resources. In general, to find information about postadoption services, parents can do the following:

- Contact their state's Postadoption Services Contact. This is a staff member of the state's department of human services¹ and an expert on postadoption services and programs in a particular State or territory. Each state's Postadoption Services Contact, as well as the state's Adoption Manager (sometimes the same person), are listed in the National Foster Care & Adoption Directory. (Search <https://www.childwelfare.gov/nfcad/> by selecting a State and checking State Foster Care and Adoption Officials as the search category.)
- Call the adoption service provider that arranged their child's adoption and ask for referrals. Parents also may call other public and private adoption agencies in their area and ask to receive information on their postadoption events and services. (While some services may be restricted to families who adopted through the agency, many will be open to all adoptive families.)
- Contact parent support groups for information about their events and about local organizations that provide services.
- Find out if their employer offers workplace support groups, online networks, or referral services for adoptive parents.
- Search online national and regional postadoption databases and provider listings.
- Ask family doctors, other adoptive families, or parent support groups for recommendations.

¹ The state agency also may be known as the department of social services, department of children and family services, or other, depending on the State.

Finding and Using Post-Adoption Services *Continued*

The following table presents useful online resources related to different types of postadoption services.

Finding Postadoption Services and Additional Resources

Service	Databases/Resources to Find Services	Additional Information
General Postadoption Services		
General information and referrals	Adoption Assistance by state (Question 7) https://www.childwelfare.gov/topics/adoption/adopt-assistance/	Child Welfare Information Gateway https://www.childwelfare.gov/topics/supporting/support-services/
Peer Support and Activities		
Support groups for adopted parents or adopted children and youth	National Foster Care & Adoption Directory (Check Foster Care & Adoption Support Groups) http://www.childwelfare.gov/nfcad Adoptive Families, Locate a Parent Support Group https://www.adoptivefamilies.com/ North American Council on Adoptable Children (NACAC), Database of Parent Groups https://nacac.org/connect/parent-group/	AdoptUSKids, Respite Care and Adoption Support Groups https://www.adoptuskids.org/adoption-and-foster-care/parenting-support/for-adoptive-parents#respite-care NACAC, <i>Developing a Parent-to-Parent Support Network</i> https://nacac.org/resource/developing-a-parent-to-parent-support-network/
Adoptive family and child events, camps, and heritage activities	Adoptive Families, Post-Adoption Family Events https://www.adoptivefamilies.com/events/ Rainbow Kids, Adoption Calendar https://www.rainbowkids.com/adoption-events/	PACT https://pactadopt.org
Respite care	ARCH, National Respite Locator http://archrespite.org/respitelocator	Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/respite/
Health and Mental Health Services		
Therapy/counseling	American Psychological Association (APA) Psychologist Locator http://locator.apa.org/	Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/therapy/ <i>Selecting and Working With A Therapist Skilled in Adoption</i> https://www.childwelfare.gov/pubs/f-therapist/
Health care support	Child Welfare Information Gateway, Health Services Locators https://www.childwelfare.gov/topics/systemwide/service-array/health/locators/	Child Welfare Information Gateway, Developmental and Physical Disabilities Resources https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/disability/ American Academy of Pediatrics (AAP), Healthy Children http://www.healthychildren.org

Finding and Using Post-Adoption Services *Continued*

Service	Databases/Resources to Find Services	Additional Information
Education and Information		
Training, workshops, & conferences	Child Welfare Information Gateway, Conference Calendar (Select Adoption under Step 3) http://www.childwelfare.gov/calendar/	Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/adoptive/before-adoption/preadoption/ Adoption Learning Partners http://adoptionlearningpartners.org
Books, magazines, websites, & other resources	Child Welfare Information Gateway, Parenting After Adoption https://www.childwelfare.gov/topics/adoption/adopt-parenting/?hasBeenRedirected=1	<i>Adoptive Families</i> http://www.adoptivefamilies.com <i>Adoption Today</i> http://www.adoptinfo.net The Center for Adoption Support and Education (C.A.S.E), Resources https://adoptionssupport.org/
Adoptive child background information	National Foster Care & Adoption Directory Search (Check Accessing Adoption Records) http://www.childwelfare.gov/nfcad	Child Welfare Information Gateway, <i>Obtaining Background Information About Your Prospective Adopted Child</i> https://www.childwelfare.gov/pubs/f-background/
Search and reunion	National Foster Care & Adoption Directory Search (Check Support Groups for Adopted Adults and Those Searching for Birth Relatives) http://www.childwelfare.gov/nfcad	Child Welfare Information Gateway https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=50
Openness		Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/postplacement/adoption-openness/
Material Assistance		
Financial assistance	Adoption Assistance by State Database (Questions 1–6, 12) https://www.childwelfare.gov/topics/adoption/adoptive/assistance/?hasBeenRedirected=1	Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/postplacement/finassistance/ <i>Adoption Assistance for Children Adopted from Foster Care</i> http://www.childwelfare.gov/pubs/f_subsid.pdf
Medical assistance	Adoption Assistance by State Database (Questions 8,9,13) https://www.childwelfare.gov/topics/adoption/adoptive/expenses/adoption-assistance/	
Educational support (college)		Child Welfare Information Gateway https://www.childwelfare.gov/topics/adoption/adopt-people/assistance/

Finding and Using Post-Adoption Services *Continued*

Paying for Postadoption Services

While many postadoption services are not free of charge, there may be some assistance available for some adoptive families.

Federal and State adoption assistance for children adopted from a public agency. Many children adopted from public agencies qualify for adoption assistance (subsidies), which can often be used to purchase postadoption services. An adoption assistance agreement should spell out the types of postadoption services (such as respite care or counseling) that will be reimbursed. State assistance may cover expenses not covered by Federal programs, particularly medical assistance (Medicaid); direct payments to meet a child's special physical, mental, or emotional needs; and emergency assistance. Eligibility requirements vary by state. For more information, visit <https://www.childwelfare.gov/topics/adoption/preplacement/adoption-assistance/>

Health and mental health care benefits. Families with an adoption assistance agreement may be able to access Medicaid to cover certain health and mental health needs. In addition, some health insurance companies and health

maintenance organizations (HMOs) also may offer benefits that can be used for postadoption health or mental health services. Adoptive parents can check on their particular coverage with their insurance provider. Families must choose to use either Medicaid or their private health insurance, but not both. For more information, see <https://www.childwelfare.gov/topics/systemwide/service-array/health/insurance/>

Employer-supported benefits. Some companies may provide employer benefits, such as information resources or referrals, and financial reimbursement for adoption-related activities. For more information, see Employer-Provided Adoption Benefits at http://www.childwelfare.gov/pubs/f_benefi.pdf

Conference, seminar, and educational event fees. Scholarships are sometimes available to help with the cost of attending adoption conferences and seminars. States may offer postadoption funding, particularly for families who adopted through public agencies. To find out about available support, parents can check with organizers about scholarship opportunities or contact their state Postadoption Services Contact. For contact information, search the National Foster Care & Adoption Directory, <http://www.childwelfare.gov/nfcad>, and check state Foster Care and Adoption Officials.

Finding and Using Post-Adoption Services *Continued*

Advocating for Postadoption Services

If quality postadoption services are not already available, parents can advocate for them or start their own. Many postadoption services were founded by concerned adoptive parents. Parents might want to:

- Connect with a state or regional adoption advisory council. Adoptive parents who advocate for postadoption services are frequently represented on these councils. State Adoption Program Managers or Postadoption Services Contacts may be able to link parents with councils in their state. (For contact information, search the National Foster Care & Adoption Directory at <http://www.childwelfare.gov/nfcad> and check state Foster Care and Adoption Officials.)
- Join together with other adoptive parents and start a parent support group or organize special events. (For more information and tips, visit the website of the North American Council on Adoptable Children at <https://nacac.org/>)
- Talk to local school personnel, mental health providers, and health care professionals about how they can build their skills for meeting the specific needs of adopted children, youth, and their families. Some materials and trainings have been developed for community professionals, such as the following:
 - C.A.S.E. Adoption-Competence Training resources
<https://adoptionssupport.org/education-resources/for-professionals/c-s-e-publications/>
 - Child Welfare Information Gateway's Training to Provide Postplacement Adoption Services
<https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/postadoption/>

Finding and Using Post-Adoption Services *Continued*

Conclusion

Adoption is a lifelong experience for a child and a family. It is normal to face challenges; some challenges may even appear long after the adoption has been finalized. Postadoption services are a valuable way for adoptive families to get guidance and needed support and also to find others who understand, and perhaps share, their experiences. These services bring positive results by helping address issues common to adoptive families and by promoting healthy family relationships.

Additional Resources

Child Welfare Information Gateway
Parenting After Adoption website section
<https://www.childwelfare.gov/topics/adoption/adopt-parenting/?hasBeenRedirected=1>

Dave Thomas Foundation for Adoption
Strengthening Your Forever Family: A Step-by-Step Guide for Post-Adoption
<https://www.davethomasfoundation.org/library/strengthen-your-forever-family-a-step-by-step-guide-to-post-adoption/>

Evan B. Donaldson Adoption Institute *Keeping the Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed*

<https://www.nationalcenteronadoptionandpermanency.net/post/keeping-the-promise>

The National Resource Center for Adoption
Adoption Support and Preservation Services: A Continuing Public Interest

<https://www.childwelfare.gov/topics/adoption/postplacement/services/>

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Seeking Meaningful Therapy: Thoughts from an Adoptive Mom

by Debbie Schugg



Kinship Center Education Institute™



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The **Kinship Center Education Institute™** provides exceptional education to professionals and families. The EI offers traditional classroom training, video products, e-learning, custom course development, consultation services, and speakers for events and national conferences.

Seeking Meaningful Therapy: Thoughts from an Adoptive Mom *Continued*

I sit in the therapist's waiting room, surrounded by parenting magazines. The covers promise fun-filled rainy day activities, crowd-pleasing cupcakes, and surefire ways to beat the homework blues. It is painfully clear that these magazines are not meant for me or my family. I am the adoptive mother of a child who experienced early trauma. My daughter is every bit as beautiful as the squeaky clean cherubs on these glossy pages, but where are the articles for *our* family? Where are the cover stories that speak to the storm of loss that rages in my child's soul, to her insatiable appetite for both food and validation, and to the hours of headache and heartache brought on by each page of homework as she struggles to re-learn what she learned the day before... and the day before that?

Before I can reflect further on the vast differences between the path my family has chosen and the path traveled by most other families, I am interrupted by my own thoughts. They are the same thoughts which plague me week after week. What will be the fallout of today's session? How long will it take to pick up the pieces from whatever hurt

Sitting out here, how will I
What is she telling him this
What twisted perception of
fact? Bless her heart. I know it's
the way she does because of
endured in such a vulnerable
try to provide context for her
with truth, I run the risk of
controlling, or insensitive –
her problems. I've asked to sit

“Without specialized training in the complexities of adoption and attachment...he may be no better suited to our family than the magazines in his waiting room.”

is brought to the surface?
even know what the hurt is?
time? Does he believe her?
the truth is she presenting as
not her fault. She sees things
the unspeakable suffering she
period of her life. Yet, when I
comments or balance her tales
being perceived as defensive,
possibly even the source of
in on her sessions, only to be

told that it may interfere with the establishment of trust in her therapist. What about her trust in me? I've asked for some specifics of what they've discussed. Apparently that's confidential. Confidential? She is a *child*. I am her *mother* – the mother she so desperately needs. I'm not asking for every detail of their conversation; I'm asking for the tools I need to parent her in the very best way I can. How am I to comfort her, nurture her, sit with her in her pain and support her through it when I am shut out here with these magazines every Thursday from 4:00 to 4:50?

The therapist is a kind, competent man. He has a warm smile, a kid-friendly office, and the respect of his colleagues and clients. Without specialized training in the complexities of adoption and attachment, however, he may be no better suited to our family than the magazines in his waiting room.

As foster and adoptive parents, we are told repeatedly that it is crucial for our children to go to therapy. It can, indeed, be an incredibly helpful tool...*if it is guided by an adoption-competent therapist in a model which includes the parents*. The attachment-savvy therapist understands that the family is the healing agent and the parent-child relationship is a priority. The field of attachment is gaining new knowledge at an


Seeking Meaningful Therapy: Thoughts from an Adoptive Mom *Continued*

There are many excellent therapists in communities across the country who, either by chance or by choice, do not have training in this specialty. However, it is important and well worth the effort to seek out those who do. If I wanted to learn how to nurture a garden—to acquire the tools, knowledge, and skills to help it flourish—I would not seek the expertise of an artist, regardless of her talent, her commitment, or the beauty of her paintings. I would invest in the guidance of a local gardener who could share with me her keen understanding of my climate, of my plants, of their needs and vulnerabilities. I would want her to show me how to tend my garden, so that I could continue to do so on my own for years to come. So often, we are assigned a therapist based on the needs of a system or funding stream, not the needs of our family. As parents, we must learn to advocate for our children in this area as we do in so many others. Otherwise, we're left painting the wilting flowers in our garden.



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Find the Support You Need



Contact your local faith organizations or your local Oklahoma Human Services county office to learn about adoption support groups on social media.

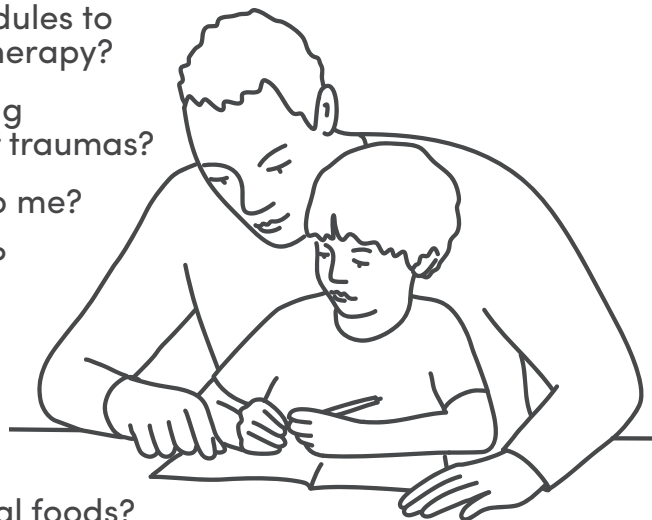
Click the Resource Family Training page on www.NRCYS.OU.edu for more online resources

Find more support groups on the OK Fosters website: <https://okfosters.org/>

Expectations and Norms are Important. Respond not React. Every behavior is responding to a need.

Think about asking yourself questions like the ones listed below:

- How will important issues with our family be addressed?
 - How do we make house rules?
- What should personal cleanliness look like?
 - Has the child been taught about personal cleanliness?
- What does appropriate electronic time look like?
 - TV?
 - Cell phone?
 - Wi-Fi?
 - Do I need to use parental controls on their TV?
- What kind of things should a youth get disciplined for?
 - What has been expected in the past?
- How do I feel about my youth's sexual activity?
- How am I going to feel about adjusting our schedules to accommodate long term individual and family therapy?
- How would I feel about a youth in my home taking medications for anxiety and depression from past traumas?
- What does unconditional love for a child mean to me?
- What are reasonable chores for this child/youth?
 - Are they developmentally appropriate?
- How important is it to have a clean room?
 - What should I let slide?
 - Is this a battle that we should fight?
- What should snacks and meals look like?
 - Are we willing to learn to make specific cultural foods?
- What should grades look like?
 - Are the expectations in line with the child's development and past opportunities?
 - Do we need to reassess the Individualized Education Plan (IEP)?
- What should bonding and affection look like?
 - Is the youth still too scared to attach?
 - Do they know what a healthy bond looks like?
- How am I going to keep this youth connected to their past connections, bio family and culture?
- How am I going to integrate the youth into ours?
- Am I self-aware enough not allow a child's behaviors to compromise my own self-esteem?





Post-Adoptions Information

Team Work



Post-Adoption Services

Building a family through adoption is the beginning step of a new journey. Adoption is a lifelong process. Families and children are often impacted by the issues of adoption in many ways, across many developmental stages, over the course of their entire lifetimes. Needing help at various stages is a normal part of forming a family through adoption. We hope that you will see Post-Adoption Services (PAS) as a resource for information and continuation of benefits to support your family now and in the future.

Adoption payment assistance

You may not receive a full adoption assistance payment in your first payment. There may be a short delay because the case is transitioning from foster care to post-adoption services. You will eventually receive all assistance monies due to you after PAS receives the case from the adoption specialist. Approval of each case may vary. You will not lose any money, but there may be a short gap in receiving the funds.

Foster Care payments

If you were receiving foster care assistance, your last foster care payment will likely be a partial payment that includes the days of the month leading up to the adoption finalization date. If you are approved for monthly adoption assistance payments, you will receive a partial payment from the date of finalization to the last day of the month. The full adoption assistance payment will resume the following month.

Adoption assistance amounts

Payments are a negotiation up to the maximum amount listed below:

- \$0 to \$531.60 for ages 0-5
- \$0 to \$612.60 for ages 6-12
- \$0 to \$678.60 for ages 13-18

Team Work *Continued*

Children are eligible for an age increase at age 6 and age 13. As the adoptive parent, you must request the increased amount when your child reaches age 6 or age 13. The request should be submitted in writing or emailed to your PAS worker prior to the child's birthday month. The increase in assistance is not retroactive. You must request the increase before the month in which the child reaches the next age bracket. If your child is still in high school or working on their General Educational Development (GED) when the child reaches age 18, a request can be made to continue the adoption assistance payment until graduation or the day of the youth's 19th birthday, whichever comes first. If eligible for a monthly payment, the adoption assistance payment date is the 15th of the month. The payment is often sent earlier in the month, but payments are not due until the 15th. Payments are not considered late until the 25th of the month.

Medical cards

If a medical event occurs prior to receiving your child's new medical card with the adoptive name, offer the service provider your child's social security number. This will ensure the child can be confirmed as an active Medicaid/SoonerCare case. Your assigned Post-Adoption Services (PAS) worker will provide your family's case number and medical identification for each child after adoption finalization. This transition can take a few weeks and it is recommended that you use the child's social security number for services rendered until you receive your child's medical card. To request an electronic copy of your child's new medical card, or if you have additional questions, please email your PAS worker and include a copy of the child's foster care medical card until you receive the new card in the mail.

Medical benefits

Medical benefits through Post-Adoption Services remain open for as long as the Adoption Assistance Agreement is in effect. There is no yearly review for medical. Post-Adoption Medical does not require families to choose a Primary Care Physician. The Post-Adoption Service worker will contact you after adoption finalization and will mail the card by U.S. Mail or send it to you in an email.

Child care assistance

Please remember that even if you were approved to receive childcare benefits as part of your Adoption Assistance Agreement, you must still apply for child care online at OKDHS.org or at your local Oklahoma Human Services office. Families can make application up to 30 days prior to the adoption finalization. Child care will be approved for eligible child/ren only from the date of the application and after all required documents are received by Oklahoma Human Services. Please remember that submitting the application does not automatically approve child care assistance. You must submit the Child Care Referral form and all documents listed on the form including the Adoption Assistance Agreement, Final Decree of Adoption, ID, work schedule or pay stub.

Team Work *Continued*

For more information about child care assistance

For more information, please view the Oklahoma Human Services Child Care Services webpage. If you cannot locate the child care referral form, please contact Post Adoption Services (PAS) for another copy. Family income was not counted when child care was approved as part of the Adoption Assistance Agreement. Child care ends once the child reaches age 6. If you need continued child care after your child's 6th birthday, you must make a new application online or at your local Oklahoma Human Services office and your income will be considered at that time. Whether or not you receive adoption assistance, you must complete and submit the Benefit Review Form each year and include all requested documents in order to receive childcare benefits. The form will be sent to your family by Oklahoma Human Services Adult and Family Services (AFS).

Important items to remember during transition after adoption finalization

1. Ask your attorney about your child's new birth certificate and how to obtain it.
2. If you are approved for child care, you are eligible to set up child care 30 days prior to adoption finalization.
3. There will be a delay and partial payment during the transition from foster care payments to adoption assistance payments.
4. Children adopted on their 13th birthday are eligible for independent status for Pell grants through Oklahoma Promise to help them pay for college tuition. Youth adopted on or after their 16th birthday are eligible for the federal Education and Training Voucher (ETV) program and the Oklahoma Foster Tuition Waiver.
5. Use your child's social security number until a post-adoption medical card is sent via U.S. Postal Service or by email from Post-Adoption Services.
6. Your adoption specialist will provide the name, phone number and email information of your assigned PAS worker. Please contact your PAS worker for more information about resources, medical benefits and adoption assistance eligibility.
7. Ask your PAS worker about adoption competent therapists prior to the finalization of the adoption.

Applying for Child Care OKDHS.org



It is IMPORTANT to begin this before finalization
Foster Care related child care ends the date the adoption finalizes
Post Adoptions benefits will not back pay for child care



How do I apply for Child Care Subsidy benefits?

If you qualify for benefits from Oklahoma Human Services after finalization, you may apply by clicking on the Apply for Benefits hyperlink. If you are a first time user, you will first need to create a user name and password. You may click on the Create User ID hyperlink to do so. You may also apply for Child Care Subsidy benefits by printing and completing the Request for Benefits form. You can then mail, fax, email, or take it to your local Oklahoma Human Services office during business hours. Click on Get Adobe Reader if you have trouble viewing the Request for Benefits form.

Interview Requirement

After you submit the online application or the Request for Benefits form, you must complete an interview with a Oklahoma Human Services worker and answer some additional eligibility questions. If you bring the form to the Oklahoma Human Services office, come prepared to be interviewed the same day. If you apply online or mail the form to the Oklahoma Human Services office and provide a telephone number, the worker will try to contact you to complete the interview by telephone or to arrange an appointment. If the worker is unable to reach you at this number, you will receive a letter scheduling an interview.

What verification documents will I need to provide for Child Care Subsidy benefits?

- Final Decree of Adoption from the court
- Child Care referral form from Post Adoptions
- You must show at least ONE document for each type of verification listed below:

Category	Document
Identity of Applicant	<ul style="list-style-type: none"> • Birth Certificate; • Driver's License; • Paycheck showing your Name; • Voter Registration Card; • School Record; or • US Passport
Immigration status of child if child is a non-citizen	<ul style="list-style-type: none"> • I-94; or • Other immigrant registration card, passport, or T visa
Earned Income	<ul style="list-style-type: none"> • Check stubs for the last 30 days showing your name or social security number, date of pay, and income before deductions; • Statement from your employer; or • Copy of last year's tax return only if self-employed
Other Income	<ul style="list-style-type: none"> • A current benefit check or award letter; • Copies of child support or alimony checks; or • Court order showing benefit amount
Need for Child Care	<ul style="list-style-type: none"> • Work, training and/or school schedule for the child's parent(s) or caretaker (s) living in the home. If it varies, the schedule must reflect this.

You must also provide the name of the child care provider you wish to use. If you choose a child care center, that center must be at one plus, two or three star status unless certain exception criteria is met. Find a provider by using the (Child Care Locator) <http://childcarefind.okdhs.org/childcarefind/>.

Oklahoma Human Services Post-Adoption Services

Post-Adoption Services

- Adoption assistance benefits
- Post-adoption supportive services
- Interstate Compact on Adoption and Medical Assistance (ICAMA)
- Frequently asked questions (FAQs)

Adoption Assistance benefits

- Medicaid coverage
- Monthly assistance payment
- Reimbursement of non-recurring expenses
- Special services (services related to children who require higher levels of care)
- Employment-related childcare assistance

Adoption assistance benefits are designed to supplement the resources of an adoptive family. Unlike foster families, adoptive families assume primary responsibility for the child's physical, behavioral, mental and financial support.

Post-Adoption supportive services:

For more information about the items listed below, please call Post-Adoption Services (PAS) at **405-521-2475** or send an email to CWS.PostAdoptionHelp@okdhs.org

- Respite care assistance
- Oklahoma children's services including Comprehensive Home-Based Services (CHBS) and Youth Villages Intercept program.
- College tuition waivers: <https://oksa.ou.edu/education/university-liaisons#overlay-context=education>
- Critical Ongoing Resource Family Education (CORE): Teen Right Time Training: <https://okfosters.org/core-teen-right-time-training/>
- Books for adoptive families: <https://okfosters.org/post-adoption-resources/>
- Mutual Consent Voluntary Registry: <https://okfosters.org/mutual-consent-voluntary-registry/>
- Confidential Intermediary Search: <https://oklahoma.gov/content/dam/ok/en/okdhs/documents/okdhs-publication-library/18-02.pdf>
- Information and Referral: Director's Helpline at 1-877-751-2972 or email the Oklahoma Human Services Office of information and Referral.
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for all children under age 21 who are eligible for Medicaid: <https://www.medicare.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>.

Oklahoma Human Services Post-Adoption Services *Continued*

- Monthly assistance payments
 - Medical adoption assistance
- Reimbursement of non-recurring expenses
 - Special services adoption assistance
 - Child Care subsidy for adopted children
- Negotiation of adoption assistance agreement including modification/s and duration of the agreement
- Annual review of adoption assistance agreement and notification of change/s in the agreement
- Education, health and career planning for your child
 - Referrals to available community resources



Oklahoma Human Services

Post-Adoption Services *Continued*

Part 1: Adoption Assistance Benefits

Adoption Assistance funds come from either:

- The Federal Government (often referred to as IV-E funding) or
- The State of Oklahoma

Both funding programs can provide eligible children with a monthly assistance payment, Medicaid, reimbursement of nonrecurring adoption expenses, and certain special services not covered by any other program. On occasion, there may be a difference in services due to the source of funding (federal vs. state).

If you have questions regarding benefits, contact your post-adoption assistance worker. You should receive the name and phone number of your assigned worker when you finalize your adoption. If not, the current staff for Oklahoma Human Services Post Adoption Services can be found at www.okdhs.org. You can determine your assigned post adoption assistance worker by the first letter of your last name.

Eligibility for Adoption Assistance Benefits

A child must be determined to have special needs to be eligible for federally-funded adoption assistance, state-funded adoption assistance, or reimbursement of non-recurring adoption expenses. In order to receive these benefits, a child must meet each of following criteria:

- 1 The child cannot return home:** Oklahoma Human Services has recommended that the child must not return to the home of his or her parent(s), and the court has determined that the child is legally free to be adopted.
- 2 Special factors or conditions:** Oklahoma Human Services has determined that due to one or more factors or conditions listed below (A-G), the child may not be placed with the adoptive parent(s) without providing adoption assistance.
 - A Physical disorder:** The child has a physical disability that requires regular treatment with a specific diagnosis given by the child's physician.
 - B Mental disorder:** The child meets the eligibility criteria for educable multi-handicapped (EMH) or trainable multi-handicapped (TMH) classes, and has been evaluated by a licensed psychologist, psychometrist, school or recognized diagnostic center for this evaluation. The child exhibits a demonstrable need for intensive adult supervision beyond that required by other children of the same age.
 - C Age:** Eligibility based on the child's age is determined by (i) and (ii):
 - i Kinship placement.** There is no age requirement for a child placed with a relative who provides paid or nonpaid kinship care and who meets the specified degree of relationship.

Oklahoma Human Services

Post-Adoption Services *Continued*

ii Nonrelated and other relative placements. The child is 8 years of age or older. This includes adoption by a relative who was not the child's caregiver at the time of adoptive placement.

D Sibling relationship: The child is part of a sibling group as specified in (i) and (ii)

i A child of any age and at least one sibling are adopted by the same family at the same time or within one year.

ii A child younger than 3 years of age, previously determined ineligible to receive an adoption assistance payment at the time of the adoption assistance application, becomes eligible due to a sibling relationship.

E Emotional disturbance: This requires determination by a physician, clinical psychologist, or psychiatrist and should include documentation of a specific diagnosis, treatment and prognosis. This should be corroborated by the social worker, caregiver or child care personnel.

F Racial or ethnic factor: Pacific Islander, Native American, Hispanic, Asian and African-American children 3 years of age or older. Some families request a money payment based on their child turning 3 years old. Families should make the request at the time of their application to adopt the child.

G High risk of physical or mental disease: The child who exhibits high risk of physical or mental disease from conditions which are not presently being treated may qualify. If no other special factors or conditions are met, no monthly payment is made until there are documented symptoms of physical or mental disease.

3 Unsuccessful efforts to place the child without assistance: A reasonable but unsuccessful effort has been made to place the child without providing adoption assistance. An exception can be made in cases that would be against the best interests of the child due to factors such as a strong emotional tie to a foster parent who plans to adopt the child, or placement with a relative.

Note: International adoptions are not eligible for adoption assistance.

Medical

Children who are approved for adoption assistance are eligible for services within the scope of the Oklahoma Medicaid program provided by an approved Medicaid provider. Coverage includes pre-existing conditions prior to finalization.

The Oklahoma Health Care Authority (OHCA) is the agency that administers Oklahoma's Medicaid benefits. For information about what your child's medical plan covers, contact OHCA either by phone or the website, www.ohca.state.ok.us. OHCA also issues and distributes the medical cards.



Oklahoma Human Services

Post-Adoption Services *Continued*

Monthly Assistance Payment

A child may be eligible for a monthly assistance payment to provide financial support to families who adopt children with special needs. Payments are made on behalf of eligible children. The standard monthly adoption assistance payments correspond to the child's age as well as their individual special needs.

The eligibility for monthly assistance payments for children adopted from Oklahoma Human Services, private agency or tribe requires that:

- For IV-E funding, a child must be in the legal custody of Oklahoma Human Services, a licensed private agency, or a federally recognized Indian tribe at the time of adoption
- For state funding, a child must be in the legal custody of Oklahoma Human Services or a federally recognized Indian tribe at the time of adoption
- A child must meet the special needs criteria as determined by Oklahoma Human Services; assistance payments must be approved prior to the finalization of the adoption
- A prospective adoptive parent cannot have a prohibited felony record

Reimbursement of Non-Recurring Expenses

Non-recurring adoption expenses are the reasonable and necessary adoption fees, court costs, attorney fees and other expenses that are directly related to the legal adoption of a child with special needs. Assistance is limited to documented actual expenses incurred up to a maximum of \$1,200 per child upon adoption finalization. It is not required that the child is in the custody of Oklahoma Human Services or a federally recognized Indian tribe at the time of finalization; however, the request must be approved prior to the finalization of the adoption.

Special Services

A special service is usually a one-time payment and is used to meet a child's needs that cannot be met by the adoptive parents and are not covered under any other program for which the child would qualify. These services may include corrective medical equipment, such as leg braces, prostheses and walkers. Tutoring and private school tuition are not covered as special services since the public school systems are mandated to provide all children with an appropriate public education.

Child Care

Effective Oct. 1, 2009, employment-related child care services for children age 5 and younger may be paid by Oklahoma Human Services as part of adoption assistance benefits. Also effective Oct. 1, 2009, adoption assistance payments will no longer be considered as countable income in the Oklahoma Human Services Child Care Subsidy Program. These policy changes apply to children adopted through Oklahoma Human Services or a federally recognized Indian tribe.



Oklahoma Human Services

Post-Adoption Services *Continued*

Negotiating the Adoption Assistance Agreement

When a child has been identified as being eligible for adoption assistance, it is very important that the placing agency and the prospective adoptive parents discuss the special needs of the child. This meeting should include how the needs of the child will continue to be met once he or she is placed in the adoptive home. It is also an appropriate time for the placing agency to define their role with the child and family once placement is complete. After this meeting has occurred, the family and agency will typically agree on a payment amount (not in excess of the allowable amount) that the family feels comfortable with.

The adoption assistance payment amount may be readjusted periodically when warranted by a change in circumstances and with the concurrence of the adoptive parents. The parent(s) can request a modification of the adoption assistance agreement at any time. Typical requests are for an increase due to a change in circumstances or for difficulty of care. All requests must be made in writing.

Modification of the Adoption Assistance Agreement

1 Modification Based on a Change of Circumstances

You may request an increase based on a change of circumstances, such as the age of a child. However, age increases are not automatic for adoption assistance payments. The request will need to be made in writing and may be stated as a request for the “maximum assistance allowed” for your child’s age. Requests should be sent to:

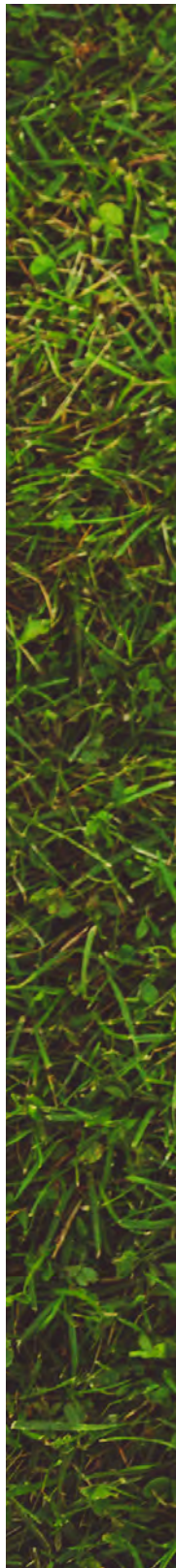
**Oklahoma Human Services
Attn: Post-Adoption Services
P.O. Box 26768
Oklahoma City, OK 73126-0768**

2 Modification Based on Difficulty of Care (DOC)

DOC payments may be requested in addition to the standard monthly adoption assistance payments. Renegotiation or modification of a child’s adoption assistance agreement may be requested when a child needs more medical, behavioral mental health or special services. For example, a child:

- Develops new behavioral issues as a result of known or unknown conditions at time the adoption was finalized
- Receives a new medical or behavioral mental health diagnosis that was not evident at the time of adoption
- Exhibits issues or behaviors that now affect the child’s physical, mental or emotional health and the parent’s ability to care for the child

A request for difficulty of care must include a written statement from the adoptive parent(s) that includes an explanation of the child’s medical condition, behavioral problems, mental illness or disability. The request must also be accompanied by a current statement (within six months of your request) signed by a licensed physician, psychiatrist or clinical psychologist describing the



Oklahoma Human Services

Post-Adoption Services *Continued*

condition, including diagnosis, prognosis and treatment.

Updated documentation may be required by Oklahoma Human Services from time-to-time to establish a child's ongoing eligibility for a particular Difficulty of Care (DOC) support rate.

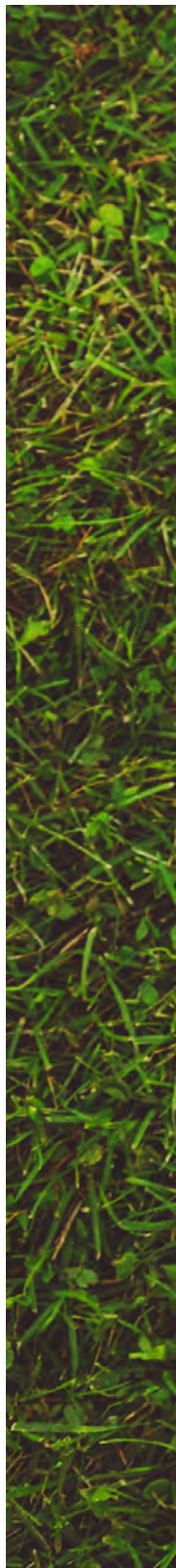
Forward requests to:

Oklahoma Human Services
Attn: Post-Adoption Services
P.O. Box 26768
Oklahoma City, OK 73126-0768

Duration of Benefits

Once an agreement is signed and in effect, it can only be terminated if one of the following conditions occurs:

- 1** The child reaches 18 years of age; however, a child may continue to receive assistance until the child turns 19 if he or she either:
 - A** Continues to attend high school
 - B** Meets the criteria for an adoption assistance DOC rate, as determined by Oklahoma Human Services
- 2** The adoptive parent(s) fails to submit, no later than 60 days prior to the child reaching age 18, a request for adoption assistance to continue beyond age 18.
- 3** Oklahoma Human Services determines that the adoptive parent(s) is no longer legally responsible for the support of the child.
- 4** Oklahoma Human Services determines that the adoptive parents are no longer providing financial support to the child. If a child is placed in out-of-home care including psychiatric, residential, therapeutic or foster family care and the adoptive parents continue to provide financial support to the child, adoption assistance may continue. The rate of payment may be renegotiated, as appropriate.
- 5** All of the child's adoptive parents are deceased. Any child, who was receiving Title IV-E adoption assistance at the time of the death of his or her adoptive parents, or at the time the adoption was dissolved, may be eligible for adoption assistance if the child is adopted again after Oct. 1, 1997. A child receiving state-funded adoption assistance is eligible if adopted after May 29, 1988. To be eligible, the child must continue to meet the special needs criteria and all of the following requirements:
 - A** The prospective adoptive parent(s) must make the application for assistance.
 - B** If requesting pre-finalization adoption assistance, the prospective adoptive parents(s) must provide a copy of a file-stamped Petition for Adoption from a district or tribal court. However, if requesting adoption assistance to begin after an adoption is finalized, a Final Decree of Adoption is required.
 - C** Oklahoma Human Services must be able to document that a child was receiving IV-E or state-funded assistance at the time of the death of the adoptive parent(s) or at the time the adoption was dissolved.
 - D** Documentation must be provided to Oklahoma Human Services that verifies the new adoptive parent(s) is/are not the biological parent(s).



Oklahoma Human Services

Post-Adoption Services *Continued*

Annual Review of the Adoption Assistance Agreement

Oklahoma Human Services is required to complete an annual review of each family each year. The primary purpose is to determine if the parent(s) remains legally responsible for the child and is providing financial support for the child. The annual review form must be returned within 30 days of receipt. **The annual review form also serves as the federally mandated re-determination claim for Medicaid eligibility.**

Notification of Change

Oklahoma Human Services should be notified within two weeks if one of the following occurs:

- Change in the family's address
- Change in the child/children's legal guardian
- Child enters military service
- Child gets married
- Child is no longer in the home
- Child is in inpatient care
- Death of a child or adoptive parent
- Adoptive parent is no longer financially supporting child
- Adoptive parent is no longer legally responsible for the child
- Child is no longer attending school

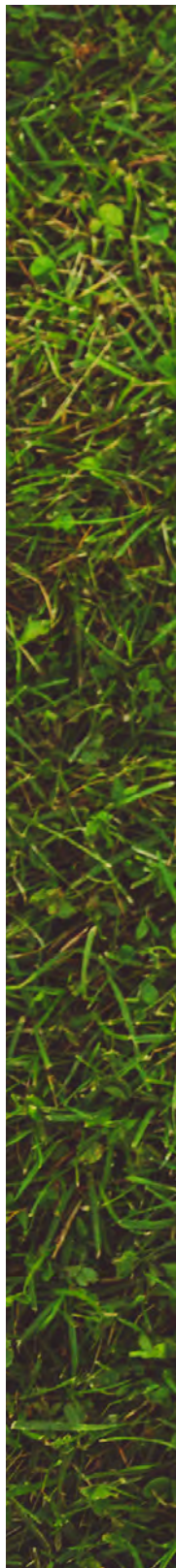
Other Considerations

Helpful Tips

- Keep the disclosure you were given in a safe place; the disclosure contains valuable medical information
- Keep your adoption assistance agreement. This is a legal document and a contract between you (the adoptive parent) and Oklahoma Human Services
- Keep a copy of anything you sign
- Keep a log of conversations and be sure to include who, what, when, where and why these conversations took place
- Notify Social Security of adoption even if there is not a name change

Arranging Future Plans for Your Child

Families are often concerned about planning for an adopted child in their care in the event something unforeseen occurs. Children who were adoption assistance eligible at the time of the adoption or guardianship will typically remain eligible in the future. It is important to remember that you will need to contact your post adoption assistance worker to assist with planning for a new adoption. The new adoption assistance agreement must be completed, signed and approved prior to the finalization of the new adoption.



Oklahoma Human Services Post-Adoption Services *Continued*

- Respite Services
 - Oklahoma Children's Services
 - College and/or Vo-Tech Tuition
 - Waivers Education and Training Voucher Program Mutual Consent
 - Voluntary Registry
 - The Confidential Intermediary Search
- Program Behavioral Mental Health Services



Oklahoma Human Services

Post-Adoption Services *Continued*

Part 2: Post Adoption Supportive Services

Respite Services

The Respite Voucher Program provides financial assistance to families who have adopted a child who was once in the custody of OKDHS or a federally recognized tribe. Vouchers are awarded based on availability of funds. Vouchers are available one per year per family. You may contact Post Adoption Services for an application.

Oklahoma Children's Services

Comprehensive Home-Based Services (CHBS) are available statewide to support and strengthen families. These services are child-focused and adoptive families can access them through SWIFT adoption staff (pre-finalization) or post-adoption staff (post-finalization).

College and/or Vo-tech Tuition Waivers

College and/or vo-tech tuition waivers are available for children placed for adoption after the age of 16 years and nine months from Oklahoma Human Services or tribal custody. The waivers are valid until the individual reaches age 26 or completes his/her degree, whichever comes first. This service is available through Independent Living Services.

Education and Training Voucher Program

The Promoting Safe and Stable Families Amendment of 2001 amended section 447 of the Social Security Act to add a new purpose to the Chafee Foster Care Independence Program. This purpose was the Education and Training Voucher Program (ETV). The ETV program provides financial assistance of up to \$5,000 per academic year (depending on the total cost of attendance) for use at any post-secondary institution that meets the definition of higher education as defined by the Higher Education Act of 1965. Eligible youth include those adopted from foster care after reaching age 16.

Youth who participate in the ETV program can receive assistance until age 21. If they are participating in the ETV program on their 21st birthday and they are making satisfactory academic progress, they can continue to receive the ETV voucher until age 23. This service is available through Independent Living Services.



Oklahoma Human Services

Post-Adoption Services *Continued*

Mutual Consent Voluntary Registry

The Mutual Consent Voluntary Registry is a service to facilitate contact between adult adoptees or adults whose birth parents parental rights were terminated and the members of their birth family. If the adoptee is under the age of 18 or mentally incompetent, his/her adoptive parent or legal guardian may register for the adoptee.

If both adoptee and a birth family member register, a “match” can result in a reunion. The adoptee may request non-identifying medical and background information exclusive of requesting a reunion. There is a nominal fee of \$20 for the registry service. For a listing of who is eligible to register, those ineligible to register, or a registry form, please contact Post-Adoption Services. If a “match” does not occur, the individual must remain on the registry for at least six months before requesting a confidential intermediary search.

This service is limited to adoption and termination of parental rights proceedings completed in Oklahoma. The registry was established by state statute in 1997 and allows individuals and their birth family to indicate a willingness to have their identity and whereabouts disclosed to one another.

The Confidential Intermediary Search Program

The Confidential Intermediary Search Program is a service established for the same population as the Mutual Consent Voluntary Registry by state statute in 1997. The program allows adoptees and biological families to search for each other.

To submit an application to the Confidential Intermediary Search Program, an individual must have been registered with the Mutual Consent Voluntary Registry for at least six months without a match having been made.

If the confidential intermediary is able to locate the subject of the search, the intermediary will make a discreet and confidential inquiry to determine whether the person who is the subject of the search will consent to share identifying information, communicate or meet with the person who initiated the search. The inquiry is made without disclosing the identifying information about the person who initiated the search.

For a listing of who is eligible to register, who is not eligible to register, or to receive a search form, please contact Post-Adoption Services.

Behavioral Mental Health Services

Medicaid in Oklahoma is provided through the adoption assistance benefits and pays for behavioral mental health services such as assessment, treatment, psychotropic medications, inpatient, outpatient and residential treatment services. The agency that administers the Oklahoma Medicaid services is the Oklahoma Health Care Authority. A listing of behavioral health providers and treatment centers in Oklahoma that accept Medicaid can be found on the website of the Oklahoma Health Care Authority at www.ohca.state.ok.us or you may contact the Sooner Care helpline at 1-800-652-2010.



Interstate Compact on Adoption and Medical Assistance (ICAMA)

Medical Benefits and Adoptive Families Who Move Out of State

Part 3: Interstate Compact on Adoption and Medical Assistance (ICAMA)

ICAMA and Adoptive Families

Families often worry about what will happen to their child's adoption assistance if they move out of state. Oklahoma is a member of the Interstate Compact on Adoption and Medical Assistance, which assists adoptive families moving in or out of Oklahoma.

If the child is Title IV-E eligible he or she will be eligible for services within the scope of the receiving state's Medicaid program. When the medical is state-funded rather than federally funded and the adoptive family moves out of state, their adopted children will be eligible for services within the scope of the receiving state's Medicaid program with the exception of the following states: District of Columbia, Hawaii, Illinois, Nebraska, Nevada, New Hampshire and New Mexico.

If you plan an out-of-state move after an adoption is finalized, contact the Oklahoma ICAMA administrator for information on the steps that will be taken to ensure the new state has all of the necessary information. Oklahoma will continue to process your monthly assistance payment and you may contact your assistance worker as needed. Please call (405) 521-2475 for the current phone number of the program manager for post adoptions service who is also the ICAMA compact administrator.



Frequently Asked Questions

Part 4: Frequently Asked Questions

Q Must the child remain in Oklahoma to receive adoption assistance?

A No. Adoption Assistance Agreements remain in effect even if a family moves out of Oklahoma. Oklahoma continues to make monthly payments and Title IV-E children can receive Medicaid regardless of where the family resides. State-funded children may be eligible to receive Medicaid in the state where they reside. The scope of the Medicaid coverage may vary from state to state. Oklahoma Human Services staff assists adoptive families with securing Medicaid benefits in other states of residence and helps ensure that proper paperwork is submitted in a timely manner.

Q What is SSI and what is SSA?

A Supplemental Security Income (SSI) is a program administered by the Social Security Administration (SSA) for blind and disabled persons with little or no income or resources. The Social Security Administration makes the determination of eligibility based on a person's diagnosed health or behavioral mental health condition, school information, and documentation from other sources.

There is also a federal program for children whose parent is retired, deceased or disabled, called SSA (Social Security Administration). Based on the parent's earning history, the SSA determines the benefit amount. Therefore, the amount (if any) that a child is eligible for will vary.

Q Can I receive both SSI and an adoption assistance payment for my child?

A If a child was receiving SSA benefits while in Oklahoma Human Services care, that child will remain eligible for benefits. In this case, the adoptive parent or guardian can receive both an adoption assistance payment and the SSA benefit that a child is entitled to because of the death or disability of his or her birth parents.

Q Can I receive both SSI and an adoption assistance payment for my child?

A Most adoptive parents or guardians will not be eligible for both SSI and a subsidy. However, if a child has been determined to have a qualifying disability, the Social Security Administration will determine whether or not the child is eligible to receive SSI funds. If the household income, including wages, adoption assistance payments, other public benefits and assets is sufficiently low, the Social Security Administration may determine that your child is eligible for a benefit. The most you will receive is the difference between the amount of the subsidy and the full SSI benefit.

Frequently Asked Questions

Continued

Q Is Medicaid of benefit if the adoptive parent adds the child to his/her health and medical insurance?

A Yes. However, claims must be issued to the private insurance vendor first. Medicaid will pay only if a Medicaid-eligible child is using a Medicaid vendor, and then only if the insurance amount is less than the amount Medicaid would pay, or if a service is Medicaid compensable but not compensable on the family insurance.

Example One:

An adoptive child is on private insurance and Medicaid. The private insurance is a plan that covers only in-network providers. The adoptive child is receiving physical therapy (PT). The PT is covered by the primary private insurance but the parent wants to use a physical therapist that is out of network. Will Medicaid pick up the payment?

No. If the primary insurance covers the physical therapy, and the only reason it is not being covered is because the family has chosen to use a provider that is out of network, then Medicaid as the secondary insurer will not cover the service.

Example Two:

An adoptive child is on private insurance and Medicaid. The child receives a service that is not covered by the primary insurance but is covered by Medicaid. Will Medicaid cover the service?

If the provider of the service is a Medicaid provider, the answer is yes. If the provider of the service is not a Medicaid provider, the answer is no.

Currently, under federal law, when a child — who is eligible for Medicaid — uses a Medicaid provider and the primary insurance company pays, the family does not owe the difference between the total fee and the amount of the insurance. Again, this will only take place when using a Medicaid provider.

Q Do I have a choice about placing my adoptive child on my private insurance? Can I choose to just have him/her covered by Medicaid?

A Yes

Q What if I do not agree with Oklahoma Human Services' decision regarding my application for adoption assistance or subsequent requests?

A You have a right to an administrative fair hearing if your application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without your concurrence, or terminated.

Frequently Asked Questions

Continued

Q I think that my child may have Native American heritage. How can I find out?

A Oklahoma Human Services may not provide identifying information directly to an adult adoptee to establish tribal rights or membership, but will provide identifying information to the tribe, court or secretary of the interior for purposes of establishing Native American heritage. In addition, this information is located in the disclosure packet that was given to the adoptive parent.

Q Does Oklahoma enter into deferred adoption assistance agreements? In some states, adoptive parents can enter into an agreement in which they choose to defer the receipt of a Medicaid card, the monthly assistance payment, or both, and can elect to receive the Medicaid card and/or monetary payment at another time.

A Yes, it is referred to as “Agreement only” adoption assistance. “Agreement only” children must meet the special needs criteria or be at risk of developing a special need, and the adoptive family must apply prior to adoption finalization. The application process is the same for deferred adoption assistance as it is for adoption assistance, except that the family indicates on the application that they are requesting “Agreement only” adoption assistance. This means that the family will not receive benefits at the present time but is eligible to receive benefits in the future if needed.

Q When will adoption assistance payments and benefits begin?

A Adoption assistance payments and benefits may begin in Oklahoma at adoption finalization or at adoptive placement, depending on circumstances. If Oklahoma foster parents who receive foster care maintenance payments for a child adopt the child, agreements are set up to begin the day of finalization and foster care payments continue until the day before finalization. In other situations, families may request payment at the time the child is placed with them for adoption.

Q What behavioral mental health services are provided?

A Public behavioral mental health services for children in Oklahoma are administered by the Oklahoma Health Care Authority and include the following: behavioral mental health services (psychological/behavioral counseling), outpatient and inpatient hospitalization, substance abuse services, and prescription drugs. Oklahoma offers all medical services compensable through the state’s fee for service Title XIX (Medicaid) program. Some services require prior authorization by the Oklahoma Health Care Authority (OHCA).

Q What is your state website for post-adoption information?

A Visit us at okdhs.org or okfosters.org to learn about additional information regarding Post-Adoption Services.

Additional Family Resources and Information

- Financial Information for Adoptive Families in Addition to Adoption Assistance
 - Federal Adoption Tax Credit for Special Needs Adoptions
 - Earned Income Tax Credit
- Oklahoma's Promise Oklahoma Higher Learning Access Program (OHLAP) College Cost Reduction and Access Act
 - Resources for Older Parents/Grandparents
 - Resources for Individuals with Disabilities
 - Sooner Start



Additional Family Resources and Information *Continued*

Part 5: Additional Family Resources and Information

Financial Information for Adoptive Families

Federal Adoption Tax Credit for Special Needs Adoption

The Federal Adoption Tax Credit was passed as a way to make it possible for more families to afford to adopt special needs children from the U.S. foster care system. The Federal Adoption Tax Credit is one of the best financial incentives for adoptive parents. This is a dollar-for-dollar reimbursement for specific adoption-related expenses from the tax dollars they owe that year. Beginning in 2003, families adopting a child with special needs from foster care were able to access a federal adoption tax credit without needing to document expenses. The tax credit amount changes yearly. The adoption tax credit is a valuable benefit for adopting families, but one of the most complicated tax law provisions applicable to middle-income families. You will need to consult a tax advisor for the details of the tax credit.

You will find more information regarding this tax credit at www.irs.gov.

Earned Income Tax Credit

The earned income credit is a special tax benefit for people who work full-or part-time. Families that owe less in taxes may be able to receive a tax credit. Benefits and eligibility may change each year. More information on earned income tax credit can be obtained from the Internal Revenue Service.

Oklahoma's Promise (OHLAP) Oklahoma Higher Learning Access Program

What are the application requirements for adopted children?

Children who are adopted while in the permanent custody of Oklahoma Human Services or in the court-ordered custody of a licensed, private, nonprofit child-placing agency or federally recognized Indian tribe are eligible for special provisions. No income verification is required at the time of application in the eighth, ninth or 10th grade for qualifying students. In order to qualify for OHLAP services, proof of the legal adoption is required. Adopted students will be subject to a second income limit at the time the student enters college. The second income limit for students who were adopted between the ages of birth and 12 will be \$150,000. The second income limit for students who were adopted between the ages of 13 and 17 will be \$200,000. Parents of adopted children who do not fall under this provision of the law will be subject to the \$50,000 initial income limit.

College Cost Reduction and Access Act

This law, enacted in September 2007, expands the definition of an "independent student" and became effective July 1, 2009. Under this law, youth who are adopted after they turn 13 do not need to include their adoptive parents' income, assets or other information for the purpose of determining need for federal student financial aid.

Additional Family Resources and Information *Continued*

Resources for Older Parents

Oklahoma Human Services Aging Services provides grandparents with information on resources, grandparent conferences and services. Call Oklahoma Human Services information and referral at (405) 521-3646 for the current Oklahoma Human Services Aging Services phone number and contact person.

The number of support groups for grandparents raising grandchildren is increasing in Oklahoma. Many of the groups offer child care so that both grandparents and their grandchildren have a chance to participate in the group.

There is also information for adults age 50+ through the American Association of Retired Persons (AARP). AARP maintains a separate Grandparent Information Center for grandparents raising grandchildren and offers a free grandparent newsletter. Visit the organization's website at www.aarp.org.

Resources for Individuals with Disabilities

Oklahoma Human Services Developmental Disabilities Services (DDS) provides services to persons ages three and older who have a primary diagnosis of intellectual disabilities (IQ of 69 or below). The individual served may also have other developmental or physical disabilities.

A developmental disability is a term that includes disabilities which occur in the developmental years (before the age of 22). It may be caused by a physical or mental impairment or a combination of both. Developmental disabilities cannot be cured — they are lifelong and chronic. Some examples of developmental disabilities include, but are not limited to, intellectual disabilities, epilepsy, cerebral palsy, autism, Down syndrome and Prader-Willi syndrome.

A person with a developmental disability will have substantial functional limitations in three or more areas of major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency. Adopted children may receive both adoption assistance and selected developmental disabilities services.

To request an application or ask questions about services, contact Liberty of Oklahoma. You can contact a Liberty intake worker at 405-500-1866.

SoonerStart

SoonerStart is Oklahoma's early intervention program designed to meet the needs of infants and toddlers with disabilities and developmental delays. The program is a joint effort of the Oklahoma Departments of Education, Human Services, Health, and Behavioral Mental Health Services; and the Commission on Children and Youth. To enroll in SoonerStart, call 1-800-426-2747.

Resources



Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children

BY DEBBIE B. RILEY AND ELLEN SINGER

REASONS FOR CONTINUED CONTACT

At **Center for Adoption Support and Education (C.A.S.E.)**, we consistently see young adoptees struggling to figure out who they are – many with conflicted memories of birth families and others without knowledge of where they came from, who brought them into the world. Children in foster care and those adopted are challenged by a loss that is unique from other losses due to the ambiguity of the loss. Children may spend a great deal of time wondering about their birth parents, “Are they OK? Do they ever think of me? Will they forget me?” Many children spend a great amount of time fantasizing about seeing their birth family again.

As reflected in this excerpt from our newly published book, “Beneath the Mask: For Teen Adoptees,” some adoptees may spend a great deal of energy with this emotional preoccupation to the detriment of their emotional and intellectual growth. Anna, adopted at age eight from Russia, writes, “During the adoption process, I did not have much knowledge of what that entailed. I never imagined I would never see my mom again. If I had understood, I would have remembered her eyes and hair color, what she liked to do, her smile, the sound of her voice, the way it felt to hug her and everything else about her. I wonder if she thinks about me or misses me. I wonder if she still remembers me and our moments together, or even if she’s still alive ... When I went to C.A.S.E. for counseling at age 13, I was really struggling ... I would cry all night long.”

While there are many factors involved in the movement toward continued contact, experts in the field emphasize the many benefits for children. There is substantial research confirming the importance of birth parents to children in adoptive families and the impact of open adoption, including **The Minnesota Texas Adoption Research Project**.

Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children

Continued contact provides children with ongoing knowledge of their origins, family history and important information to help chart the course of one's identity formation. As children grow developmentally, new information and understanding helps them to process who they are at different developmental stages. Continued contact can foster self-esteem by mitigating feelings of loss, rejection, self-blame and abandonment commonly experienced by youth in closed adoptions. Knowledge of birth parents offsets some children's tendency to worry about their birth parents' well-being. In addition, siblings separated by adoption can maintain relationships in open adoptions. It can take work, but by maintaining contact, adoptive and birth families can work together to address a child's many questions about their story.

Teens forming identity benefit from having access to both sets of parents. In another excerpt from "Beneath the Mask: For Teen Adoptees," Cheyenne, whose open adoption from foster care was finalized at age nine, writes, "Fortunately, I also know several positive characteristics about my birth family: they are intelligent, musically talented, and have a great sense of humor. When I look at my own positive traits, I know I am honest, hardworking, have a great sense of humor and am musically talented, too ... and my adoptive family keeps my sense of humor going because they are funny, too."

When adoptive parents agree to contact, a powerful message is sent by adoptive parents: "Your birth parents are important to you and a part of who you are. We recognize their importance to you." Continued relationships may help children with loyalty conflicts, as both birth and adoptive parents affirm their place in the child's life. As opposed to interfering with attachment, open adoption can actually promote or deepen the attachment between children and adoptive parents.

MAKING DECISIONS REGARDING CONTINUED CONTACT

In adoptions through the foster care system, mediated agreements can consist of a continuum for visitation from monthly to several times a year. Adopting parents must consider the individual needs of their children both at the current time of placement and future needs. Given the complexities of these decisions, guidance from professionals to determine what level of contact is in their child's best interests and parents' ability to manage these relationships is highly recommended. Unfortunately, decisions regarding continued contact are often made on understandable but misguided parental fears and concerns.

Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children

Well-meaning adoptive parents have a strong desire to protect their children. Children who come into care have histories of trauma, abuse and neglect, which may be complicated by birth parent substance abuse, mental illness and violence. Adopting parents may harbor anger toward the birth family whose earlier behavior and choices have hurt their child. They may see little reason why birth parents have the right to continued contact with their children who were removed to protect them from harm. They may also fear that the children's loyalty to the birth family will interfere with the ability to attach to the adoptive parents. Adopting parents often worry that continued contact with the birth family will only exacerbate their child's feelings of loss and grief, and difficulty with attachment.

Professional assistance can help parents overcome their fears and provide reassurance that open adoption will not undermine their role as parents or be harmful to their child. Parents need to always feel in control of decisions that impact their family. They can determine what type and frequency of contact to have. Agreements often state that visits will not take place under certain circumstances such as if birth parents are deemed not sober. And of course, all agreements state that the terms around visitation/contact may be changed if they are deemed not to be in the child's best interests.

Contact with the birth family can take many forms besides actual physical visits. Parents can determine if and when to exchange photos, and communicate via email, phone calls and video chat. Even incarcerated birth parents can have phone contact with the child. Parents can also engage other birth family members who may be in a more stable, healthier place to have a relationship with the adoptee and adoptive family.

Seeing the benefits of openness, many informed adoptive families seen at C.A.S.E desire continued contact with birth families. They are often disappointed when it is the birth parent who is unavailable or does not wish to continue contact. This can happen for many reasons, including: 1) fearing that adoptive parents don't want them in their lives, 2) feeling that they have no right to a continued relationship, 3) shame/guilt/anger at having their children taken away, 4) loss and grief; continued contact is too painful for them and for the children, 5) not understanding their continued significance to their children. With respect to this misguided belief, it is vitally important that professionals working with birth parents support and guide them as to the continued significance to their children. They need to know how their continued presence in their children's lives can contribute to their child's well-being and adoption adjustment.

Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children

MAKING THESE RELATIONSHIPS WORK

While no important relationship is without its challenges, relationships between adoptive and birth families can seem daunting, scary and overwhelming. However, with support and guidance we have seen both parties move to a more accepting and collaborative place both respecting and valuing their role in the child's life. "Adoptive and birth relatives who engage in contact need flexibility, strong interpersonal skills, and commitment to the relationship. These skills can be learned, and they can be supported by others, through informal, psychoeducational, and therapeutic means," states the Contact Between Adoptive and Birth Families: Perspectives from the Minnesota Texas Adoption Research Project.

All relationships thrive when there is trust, and developing trusting relationships usually unfolds over time. Adoptive parents must feel confident that birth parents respect their role as parents – that continued relationship is not similar to shared parenthood or joint custody. They must be prepared to set boundaries, manage conflict or differences (problem-solve) if necessary and have good communication skills that convey respect and kindness. They may be managing more than one "open adoption" relationship and must consider their time and energy, etc. and not make commitments they cannot meet or will resent having made.

In addition, even if it is determined that contact is in the children's best interests, that does not preclude the possibility of children having emotional reactions that are expressed through challenging behavior. Even in open adoption, children may struggle with loss and grief, continuing loyalty issues, and the complexities of sibling relationships. Parents may need and want professional assistance to help children process their complex feelings. And finally, adoptive parents' support system of family members, friends and others may question these open adoption relationships out of a lack of knowledge and understanding. Parents may need to help educate them so that they can provide the support that is so vital to their family's well-being.

In open adoption, birth parents need support too, but may not receive it. They will continue to manage painful feelings of loss and grief, shame and guilt. They have to manage their feelings related to the differences between themselves and the adoptive family like ethnicity or race, religion, socio-economic or when they do not agree with adoptive parents' parenting decisions. If they are raising children, they must manage those children's feelings around being separated from their siblings. They may navigate pressure from their family members around their relationships with their birth children.

Connections Matter: Relationships with Birth Families are Important for Foster, Adopted Children

Thus, birth parents, too, need to use good communication and problem-solving skills. If their challenges are impacting their relationship with the adoptive parents, and if birth parents do not have access to the support they need, we encourage adoptive parents to consider offering to invite birth parents to participate with them in counseling. Whatever the reasons for conflict, we emphasize the importance of seeking professional help before things unravel to the point where either party is considering severing the relationship – either temporarily or permanently. At C.A.S.E., we have had much success with resolving misunderstandings, hurt feelings and problem-solving for stronger and healthier relationships.

It is important to emphasize that relationships with the birth family are not static. Children will grow and change, and their needs may change over time. They may desire more or different types of contact with birth family. Birth parents may resolve some of their serious challenges and go on to healthier, more stable lives.

Continued contact is not a panacea or a solution to all adoption-related challenges, but as one adoptee we worked with said, it can offer peace of mind for everyone. Sharon Roszia, author of *The Open Adoption Experience*, reminds parents: “The question to ask is not ‘Who does this child belong to?’ but ‘Who belongs to this child?’”

ABOUT THE AUTHOR –

Debbie B. Riley is the CEO and co-founder of the Center for Adoption Support and Education (C.A.S.E.). Ellen Singer is the senior adoption-competent therapist at C.A.S.E..

<https://adoptionssupport.org/>

Recommended Books for Children Coping With Loss or Trauma



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Books can be wonderful tools to use with children who have experienced difficult times such as trauma or loss. Reading (or being read to) and talking with adults can help them understand and cope with their feelings in a developmentally appropriate way. Reading also offers a great way to spend time with a child, reinforce a sense of normalcy and security, and connect with them, all of which are important to recovery from a traumatic experience.

Following is a list of books that are recommended by grief and crisis experts working with children. Parents and caregivers who want to find other books should look for books that address children's grief and loss, natural disasters, anxiety, and dealing with tragedy. Talk to a children's librarian for other appropriate search terms. Parents and caregivers can also refer to the following tips for talking to children about their feelings.

Tips for Using Books to Engage With Children

Parents and caregivers who share books with children after a tragedy or loss should be prepared to do the following:

- Let the characters and story help your child understand how to cope. Discuss ways to feel less anxious or nervous about what is happening.
- Be willing to answer your child's questions simply, at their level of understanding.
- Let them know that it is normal to cry, feel scared, or want comfort during difficult times. Provide them with opportunities for that emotional closeness, as needed.
- Remind children that you, the caregiver/parent are there for them, and that you are always willing to help them when times are difficult.
- Use the power of ritual to help teach children how people in your family or social group remember those who have died.
- Encourage children to identify simple plans of action to take each day to reengage in normal activities with others.
- Help children develop simple ways to remember good things about those who have died. They might share a story, draw pictures, or remember occasions that they enjoyed with the person(s) who have died.
- Let children know that they are loved and cared for. Reach out to other family members or close friends who could also support your child/ren.

Recommended Books for Children Coping With Loss or Trauma *Continued*

PICTURE BOOKS

Always and Forever—Alan Durant (Picture Book)

A story for anyone who has experienced the loss of a loved one. When Fox dies, Mole, Hare, and Otter are devastated. They feel they will never get over their great sadness. How can life go on without him? Then one day Squirrel comes to visit. She reminds Fox's family of all the funny things he used to do. And as the friends share dinner and tell stories, they realize at last that in their hearts and memories, Fox is still with them, and he will be -always and forever.

Product Details

- ISBN-13: 978-0152166366
- Pages: 32
- Publisher: Harcourt Children's Books
- Age Range: 3+

Badger's Parting Gifts—Susan Varley (Picture Book)

A touching look at death, and how life goes on. Badger's friends are saddened by his passing, but they come to realize that everyone lives on through their gifts of kindness and the happy memories that remain.

Product Details

- ISBN-13: 9780688115180
- Publisher: HarperCollins 1984
- Pages: 32
- Age range: 4+

Bear's Last Journey—Udo Weingelt (Picture Book)

This gentle picture book succeeds in articulating the sense of loss and confusion that children may feel when a loved one dies. Old Bear is very sick. With his animal friends gathered around him, Bear tells them that that he must say good-bye, for he is going on a special journey. "But...but...you're not dying?" asks Rabbit, and Bear admits that he is. All the animals are saddened by the news, but the little fox is especially upset - hurt and angry and confused. He cannot imagine life without Bear.

Product Details

- ISBN-10: 0735817995
- Publisher: North-South Books- 2003
- Pages: 32
- Age range: 4+

Dead Bird—Margaret Brown Wise (Picture Book)

A group of children find a dead bird and bury it in the woods, sing to it, and place flowers on its grave. Without any reference to religious concepts, the author addresses the sensitive issue of death in a non-threatening way that young children can understand. The spare writing style and design help to sustain the serious mood suggested by the subject matter, making the book an excellent mechanism for the sharing of feelings about death. By gently confronting the emotions associated with the experience of death, the author provides a starting point for discussion with young children faced with the loss of a cherished pet or loved one.

Product Details

- ISBN-13: 9780060289324
- Publisher: HarperCollins Publishers
- Pages: 32
- Age range: 4 - 7

Recommended Books for Children Coping With Loss or Trauma *Continued*

Everett Anderson's Goodbye—Lucille Clifton (Picture Book)

A touching portrait of a little boy who is trying to come to grips with his father's death. Lucille Clifton captures Everett's conflicting emotions as he confronts this painful reality. We see him struggle through many stages, from denial and anger to depression and, finally, acceptance. In this spare and moving poem, the last in this acclaimed series, Lucille Clifton brings Everett Anderson's life full circle.

Product Details

- ISBN-13: 9780805008005
- Publisher: Square Fish- 1983
- Pages: 32
- Age range: 5+

Goodbye Mousie—Robie H. Harris (Picture Book)

One morning a boy finds that his pet, Mousie, won't wake up. The truth is Mousie has died. At first the boy doesn't believe it. He gets very mad at Mousie for dying, and then he feels very sad. But talking about Mousie, burying Mousie in a special box, and saying good-bye helps this boy begin to feel better about the loss of his beloved pet.

Product Details

- ISBN-13: 9780689871344
- Publisher: Aladdin- 2001
- Pages: 32
- Age range: 4+

The Purple Balloon—Chris Raschka (Picture Book)

When a child becomes aware of his pending death (children tend to know long before the rest of us even want to consider it), and is given the opportunity to draw his feelings, he will often draw a blue or purple balloon, released and unencumbered, on its way upward. Healthcare professionals have discovered that this is true, regardless of a child's cultural or religious background and researchers believe that this is symbolic of the child's innate knowledge that a part of them will live forever.

In disarmingly simple and direct language, creates a moving, sensitive book that is also a phenomenally useful tool to talk about death. The message of the book is clear: talking about dying is hard, dying is harder, but there are many people in your life who can help.

Product Details

- ISBN-10: 0375841466
- Publisher: Schwartz & Wade
- Pages: 32
- Age range: 3+

Remembering Crystal—Sebastian Loth (Picture Book)

Crystal and Zelda are best friends. They do many things together (read books, take trips, talk). When Crystal disappears from the garden, it's evident that she has died. As Zelda remembers all that Crystal taught her about the world and the good times they shared, she realizes that her friend will always be in her heart. In this gentle story, children learn, with Zelda, that true friendship is a gift that doesn't die.

Product Details

- ISBN-13: 978-0735823006
- Publisher: NorthSouth
- Pages: 64
- Age range: 3+

Recommended Books for Children Coping With Loss or Trauma *Continued*

Rudi's Pond—Eve Bunting (Picture Book)

When a sick boy dies, his friends and classmates remember him by building a schoolyard pond in his memory. Based on a true story, "Rudi's Pond" is a gentle, insightful book to help young readers deal with loss.

Product Details

- ISBN-13: 9780618486045
- Publisher: Houghton Mifflin Harcourt 1999
- Pages: 32

Sammy in the Sky—Barbara Walsh (Picture Book)

A tale of love, loss, and remembrance. Sammy, the best hound dog in the whole wide world, loves his girl and she loves him. When illness cuts Sammy's life short, the girl's family keeps his spirit alive by celebrating his love of chasing wind-blown bubbles, keeping loyal guard at night, and offering his velvety fur for endless pats and tummy scratches.

Product Details

- ISBN-13: 978-0763649272
- Publisher: Candlewick
- Pages: 32
- Age range: 4+

The Scar—Charlotte Moundlic (Picture Book)

The story of a boy struggling with wild fluctuations of emotions: sadness, sympathy, and fear, following the death of his mother, which he tries to counteract by closing all the windows, holding his breath, and running around until his heart pounds, since he was told that she'll always be "in your heart." With tenderness, touches of humor, and unflinching emotional truth, Charlotte Moundlic captures the loneliness of grief through the eyes of a child.

Product Details

- ISBN-13: 978-0763653415
- Publisher: Candlewick
- Pages: 32
- Age range: 5+

Six Is So Much Less Than Seven—Ronald Himler (Picture Book)

A bittersweet story of loss and love. The story follows a farmer's day as he remembers and mourns the loss of one of his seven cats. Though a farmer regrets the sad loss of one of his faithful companions, he realizes that life goes on.

Product Details

- ISBN-13: 978-1887734912
- Publisher: Star Bright Books
- Pages: 40
- Age range: 5+

Someone Special Died—Joan Prestine (Picture Book)

An unencumbered, explanation of death for young children. Using language appropriate for younger audience, the book addresses some of the feelings that a young child may have about death. Instilled is the message that while the person is no longer here with them, there are ways in which they can be remembered.

Recommended Books for Children Coping With Loss or Trauma *Continued*

Product Details

- ISBN-13: 978-1577686828
- Pages: 32
- Publisher: Brighter Child
- Age Range: 3+

Where Do People Go When They Die—Mindy Avra Portnoy (Picture Book)

The answers to the age old question may be as varied as the individuals asked. Some thoughtful answers are provided in this book. Suggestions for parents, on providing honest, age and developmentally appropriate answers to this and related questions are also addressed by the author, Portnoy, a rabbi.

Product Details

- ISBN-13: 978-1580130813
- Pages: 24
- Publisher: Kar-Ben Publishing
- Age Range: 5+

Where The Tomorrows Go—Manoj S. Abraham (Picture Book)

This picture book reminds children of the importance and support that family pets provide. They are beloved companions, very much a part of daily life. Sometimes those pets, such as the main character's dog, become ill and die, leaving a painful gap in the family. The child in the story is saddened by her pet's death, and wonders how to keep her memories alive. As the author illustrates, writing stories about one's experiences with her dog helps accomplish that task, and gives the little girl hope for the future.

Product Details

- ISBN-13: 978-0-9887965-7-7
- Pages: 21
- Publisher: Sennin Group LLC
- Age Range: 6+

GENERAL

A Terrible Thing Happened - A Story for Children Who Have Witnessed Violence or Trauma—Margaret M. Holmes

Sherman Smith saw the most terrible thing happen. At first he tried to forget about it, but soon something inside him started to bother him. He felt nervous for no reason. Sometimes his stomach hurt. He had bad dreams. And he started to feel angry and do mean things, which got him in trouble. Then he met Ms. Maple, who helped him talk about the terrible thing that he had tried to forget. Now Sherman is feeling much better. This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire. An afterword by Sasha J. Mudlaff written for parents and other caregivers offers extensive suggestions for helping traumatized children, including a list of other sources that focus on specific events.

Product Details

- ISBN-13: 9781557986429
- Publisher: Amer Psychological Assn- 2000
- Pages:
- Age range: 4+

Recommended Books for Children Coping With Loss or Trauma *Continued*

Bird—Zetta Elliott (More appropriate for older children)

Mekhai, otherwise known as “Bird”, loves to draw. As Bird struggles to understand the death of his beloved grandfather and his older brother’s drug addiction, he escapes into his art. Drawing is an outlet for Bird’s emotions and imagination, and provides a path to making sense of his world. A look at a young boy’s path to coping with real-life troubles.

Product Details

- ISBN-13: 978-1600602412
- Publisher: Lee & Low Books
- Pages: 48
- Age range: 7+

Chester Raccoon and the Acorn Full of Memories—Audrey Penn (More appropriate for older children)

Chester Raccoon’s good friend Skiddel Squirrel has had an accident and will not be returning - ever. Chester is upset that he won’t get to play with his friend anymore. Mrs. Raccoon suggests that Chester and his friends create some memories of Skiddel, so that they will have good memories when they miss him. Chester, his brother Ronny, and their friends decide to gather at the pond, where they combine their memories and create a touching celebration of their friend’s life.

This sweet story will help children to understand the positive purpose behind memorial services and how “making memories” can provide cheer and comfort when missing an absent loved one.

Product Details

- ISBN-13: 978-1933718293
- Publisher: Tanglewood Press
- Pages: 32
- Age range: 3+

The Fall of Freddie the Leaf: A Story of Life for All Ages—Leo Buscaglia

A warm, wonderfully wise and strikingly simple story about a leaf names Freddie. How Freddie and his companion leaves change with the passing seasons, finally falling to the ground with winter’s snow, is an inspiring allegory illustrating the delicate balance between life and death.

Product Details

- ISBN-13: 9780943432892
- Publisher: Slack Incorporated- 1982
- Pages: 32
- Age range: 4+

Good-bye, Sheepie—Robert Burleigh

Goodbye Sheepie portrays the love between a boy and his dog, the boy’s grief related to the death of his dog, and the supportive love and understanding of the parent, as the boy says his goodbye. The story fuses the sadness of loss with the hope Sheepie will remain a pleasant memory. No form of afterlife is mentioned and no religious beliefs are referenced.

Product Details

- ISBN-13: 978-0761455981
- Pages: 32
- Publisher: Amazon Children’s Publishing
- Age Range: 6+

Recommended Books for Children Coping With Loss or Trauma *Continued*

Her Mother's Face—Roddy Doyle (More appropriate for older children)

Following the death of her mother, a young girl "Siobhan" is left with a father so sad he never speaks to her about her mother. By the time she is 10, Siobhán can no longer remember her mother's face; it's an "empty space" that causes painful unhappiness. One day, she meets a beautiful woman who recognizes the girl's sadness and listens to her story. The woman tells her to look in the mirror to find her mother's face. The story embodies the message that life goes on and so can individuals.

Product Details

- ISBN- 10: 0439815010
- Publisher: Arthur A. Levine Books
- Pages: 40
- Age range: 4+

I Miss You: A First Look At Death—Pat Thomas

When a close friend or family member dies, it can be difficult for children to express their feelings. This book helps boys and girls understand that death is a natural complement to life, and that grief and a sense of loss are normal feelings for them to have following a loved one's death. Titles in this sensitively presented series explore the dynamics of various relationships experienced by children of preschool through early school age. Kids are encouraged to understand personal feelings and social problems as a first step in dealing with them.

Product Details

- ISBN-13: 9780764117640
- Publisher: Barron's Educational Series- 2001
- Pages: 32
- Age range: 4+

The Invisible String—Patrice Karst

Children of all ages (And yes! Adults too!) feel a great sense of peace and joy realizing that we are all connected to the ones that we love... (pets, friends, grandparents, cousins etc... and especially those that have passed on)...through the Invisible String. A string that can never be lost, cut, or torn. A string that can reach all the way to the moon or down to the ocean floor. Strings that anger, time, or bad feelings can never make go away.

Product Details

- ISBN-13: 9780875167343
- Publisher: DeVorss & Company- 2000
- Pages: 36
- Age range: 3+

Jenny Is Scared: When Sad Things Happen in the World—Carol Shuman

A comforting, coping story for children who are aware of the threats of violence and terrorism in the world. A range of fears, feelings and questions are explored. The child reader is encouraged to talk to parents, friends and other caregivers.

Product Details

- ISBN-13: 9781591470038
- Publisher: Magination Press- 2003
- Pages: 28
- Age range: 4+

Kaddish for Grandpa in Jesus' Name Amen—James Howe

This gentle story approaches the subjects of family, grief, and religion as a little girl struggles to come to terms with her grandfather's death. A simple narrative takes readers through five-year-old Emily's thoughts and feelings as she remembers the things she and Grandpa shared and watches her parents and other relatives go through the process and rituals of grieving. Since Grandpa was Christian and Emily and her parents are Jewish, the way

Recommended Books for Children Coping With Loss or Trauma *Continued*

each side of the family mourns is very different. This book is a good vehicle to explain the rituals of death to children.

Product Details

- ISBN-13: 978-0689801853
- Pages: 32
- Publisher: Atheneum
- Age Range: 4+

Lifetimes: The Beautiful Way to Explain Death to Children—Bryan Mellonie Page

When the death of a relative, a friend, or a pet happens or is about to happen . . . how can we help a child to understand? *Lifetimes* is a moving book for children of all ages, even parents too. It lets us explain life and death in a sensitive, caring, beautiful way. *Lifetimes* tells us about beginnings. And about endings. And about living in between. With large, wonderful illustrations, it tells about plants. About animals. About people. It tells that dying is as much a part of living as being born. It helps us to remember. It helps us to understand.

Product Details

- ISBN-13: 9780553344028
- Publisher: Bantam- 1983
- Pages: 40
- Age range: 5+

The Next Place—Warren Hanson

This is the book that has brought healing to the many families and friends who have lost loved ones in our recent national tragedies. The Next Place is an inspirational journey of peace, comfort and hope, to a place where earthly hurts are left behind. It is a picture book for all ages, a beautifully illustrated celebration of life, and an immeasurable comfort to those who have lost someone dear. Its gentle message makes The Next Place an excellent gift book for the bereaved, and an inspirational book for the dying.

Product Details

- ISBN-13: 9780931674327
- Publisher: Waldman House Press- 1997
- Pages: 36
- Age range: 5+

Old Pig—Margaret Wild

Old Pig and her Granddaughter have lived together for a very long time. As she accepts her impending death, Old Pig put her affairs in order. She then takes a last walk with Granddaughter savoring and reminding Granddaughter of the many joys of their life together. Old Pig and Granddaughter say goodbye to each other in the best way they know. Old Pig dies and Granddaughter lives on surrounded by memories of what they shared together.

Product Details

- ISBN-13: 978-1741757064
- Pages: 32
- Publisher: Allen & Unwin
- Age Range: 4+

Pearl's Marigolds For Grandpa—Jane Breskin Zalben

When Pearl's grandfather dies, she decides not to attend his funeral. ("She wanted to remember Grandpa playing checkers.") Instead, she thinks of him while she is at school. Later, at his house, she tries on his hat and slippers, sits in his chair, and wonders who could possibly replace him in her life. On Pearl's next visit, Grandma offers her some comfort by saying, "Grandpa's still alive...through you." Pearl discovers a way to keep her grandfather's memory alive--by bringing life to marigolds, as he did every year. This book is built around the ritual of sitting.

Recommended Books for Children Coping With Loss or Trauma *Continued*

Product Details

- ISBN-13: 9780689604489
- Publisher: Simon & Schuster Children's Publishing- 1997
- Pages: 32
- Age range: 2+

Saying Goodbye to Lulu—Corrine Demas

The portrayal of a young child learning to understand and cope with the mixed emotions that come with the loss of a loved one. A young girl and her lovable dog, Lulu, are the best of friends. Lulu is the best dog a girl could ever hope for, but when she grows older and gradually becomes weak, the girl must face the sad possibility of losing her dear friend, and inevitably, cope with the death of her canine companion. Though she is deeply saddened by Lulu's passing and misses her very much, over time the little girl discovers that the sweet memory of her beloved Lulu will live on forever... in her heart.

Product Details

- ISBN-13: 978-0316047494
- Pages: 32
- Publisher: Little, Brown Books for Young Readers
- Age Range: 3+

Sometimes I'm Scared—Jane Annunziata

Kids can be afraid of lots of things—it's normal. But these fears can seem really big! This book outlines easy steps kids can use to overcome their everyday fears. An extensive Note to Parents gives parents additional information on why fears naturally develop and how to help their kids understand and deal with common fears.

Product Details

- ISBN-13: 9781433805509
- Publisher: Magination Press- 2009
- Pages: 32
- Age range: 5+

When Dinosaurs Die: A Guide to Understanding Death (Dino Life Guides for Families) —Laurie Krasny Brown

Unlike many books on death for little ones, this one doesn't tell a story. Instead, it addresses children's fears and curiosity head-on, and in a largely secular fashion, by answering some very basic questions: "Why does someone die?" "What does *dead* mean?" "What comes after death?" Other questions deal with emotions, and there's a section about death customs. The forthright approach makes the subject seem less mysterious and provides kids with plenty to think about and discuss with their parents. It's the brightly colored artwork, however, that will really enable children to relax with the concept.

Product Details

- ISBN-13: 9780316119559
- Publisher: Little, Brown Books for Young Readers- 1998
- Pages: 32
- Age range: 5+

Children's books on adoption, anxiety, grief/loss, and mindfulness

<https://www.adoptioncircle.org/adoption-resources/book-resources/>

<https://e2epublishing.info/blog/10-best-books-anxiety>

<https://www.scholastic.com/parents/books-and-reading/raise-a-reader-blog/7-touching-books-to-help-kids-understand-death-and-grief.html>

<https://stressfreekids.com/product/angry-octopus/>



Voice For Adoption

Speaking Out for Our Nation's Waiting Children

COLLEGE FINANCIAL AID RESOURCES FOR FORMER FOSTER YOUTH

Voice for Adoption (VFA) receives many requests from students and adoptive parents who are looking for resources for college scholarships and other financial aid resources. This list provides information about potential financial aid opportunities. Please note that the eligibility criterion varies. Some of the resources below pertain to adopted youth while others are targeted toward youth who emancipated from foster care.

1. Fostering Adoption to Further Student Achievement Act (Public Law 110-84):

This law made it possible for teens in foster care to be adopted without losing access to college financial aid. Under this law, youth who are adopted from foster care at any point after their 13th birthday will not have to include their parents' income in the calculation for determining their need for federal financial aid. The law revised the definition of "independent student" and the definition now extends to youth who were in foster care on or after their 13th birthday, even if they have subsequently been adopted (refer to question #52 on the FAFSA form. See the resource below on how to access FAFSA.).

2. Free Application for Federal Student Aid (FAFSA): Federal Student Aid, a part of the U.S. Department of Education, is the largest provider of student financial aid in the nation. At the office of Federal Student Aid, employees help make college education possible for every dedicated mind by providing more than \$150 billion in federal grants, loans, and work-study funds each year to more than 15 million students paying for college or career school. Federal Student Aid is responsible for managing the student financial assistance programs authorized under Title IV of the Higher Education Act of 1965. These programs provide grants, loans, and work-study funds to students attending college or career school. To complete a FAFSA application visit:

<https://studentaid.gov/h/apply-for-aid>

3. Chafee Education Training Vouchers (ETV) - Fostering Connections to Success and Increasing Adoptions Act (Public Law 110-351): This law extended eligibility for Education Training Vouchers (ETV) to youth who exit foster care to kinship guardianship at age 16 or older (these funds are also available to youth who are adopted at age 16 or older). ETV is an annual federal grant provided to states to provide funds to former foster youth who are enrolled in college, university and vocational training programs. Students may receive up to \$5,000 each year based on cost of attendance and available funds. To learn more about ETV requirements and state information, visit:

<https://www.acf.hhs.gov/opre/report/chafee-education-and-training-voucher-etv-program-state-etv-factsheets>

Voice For Adoption

Speaking Out for Our Nation's Waiting Children

Continued

- 4. UMPS CARE Charities All-Star Scholarship for Adopted Youth:** UMPS CARE Charities offer the UMPS CARE Charities All-Star Scholarship. The UMPS CARE Charities All-Star Scholarship is for children adopted from foster care, in order to help provide a college education to students who otherwise might not be able to afford one. UMPS CARE Charities is a 501(c)(3) non-profit established by Major League Baseball (MLB). All-Star Scholarships are open to children adopted from U.S. foster care at the age of 12 years or older to provide increased opportunities for advanced education. Scholarship funding will provide for \$5,000 scholarships for a two-year institution –OR– \$10,000 scholarships for a four-year institution. To access the application visit: <https://www.umpscared.com/scholarship/all-star-college-scholarship/>
- 5. Foster Care to Success:** The Foster Care to Success administers a variety of scholarships and grants to help former foster youth and adopted youth achieve a meaningful post-secondary education. Foster Care to Success also operates internship and mentoring programs; in addition to providing student care packages for young people who are eligible. Visit: <http://www.fc2success.org/> or email: scholarships@fc2success.org
- 6. States with College Tuition Waivers for Former Foster Youth:** The National Resource Center for Youth Development lists specific in-state college tuition waivers that pertain to former foster youth. Visit: <https://nrcys.ou.edu/oksa/youth-resources/education/vouchers>
- 7. General Scholarship Search Engines:** Search for scholarships through a variety of websites, just make sure they are free to use. Create a free account with search engines such as Fastweb or Scholarships.com to find grants based on individual criteria and characteristics. The “scholarship matches” will point you to opportunities that you may qualify for through a database of millions of scholarships. Visit: <http://www.fastweb.com/> or <https://www.scholarships.com/>

Voice For Adoption

Speaking Out for Our Nation's Waiting Children

Continued

Special Note - Understanding Loans: Loans are not free money and are required to be paid back in full, sometimes with interest. There are typically two types of loans offered to students, subsidized and unsubsidized. Subsidized loans do not accrue interest while you are in school or during future deferment periods. While unsubsidized loans begin accruing interest from the time the loan is disbursed to the school. Students should never accept loans just because they are offered. Before agreeing to accept a loan students should discuss the need to take out loans with a representative at a school's financial aid office or some other knowledgeable parent or supportive adult.

NATIONAL INTERNSHIPS TARGETED SPECIFICALLY FOR YOUTH WHO HAVE BEEN IN FOSTER CARE

- 1. FosterClub All-Star Internship Program:** FosterClub, the national network for youth in foster care. The All-Star Internship program was launched in 2004 and successfully incorporated current and former foster youth as facilitators and leaders of teen conference activities. The All-Stars get training on how to turn their experiences in foster care into expertise, in order to positively influence peers in foster care, professionals and policy makers, on a variety of topics pertaining to child welfare. Selected individuals will spend a portion of their summer living in Oregon and traveling to various locations across the country to train and inspire others. This is a competitive internship program. Interns receive a weekly stipend and housing during their assignment. To learn more about eligibility criteria and the annual application deadline visit: <https://www.fosterclub.com/what-we-do/young-leaders/allstar-internship>
- 2. CCAI's Foster Youth Internship (FYI) Program:** The Congressional Coalition on Adoption Institute's (CCAI) Foster Youth Internship (FYI) is a unique internship program that gives those who have spent time in the foster care system a chance for their voice to be heard on Capitol Hill. Selected interns spend two months in Washington, D.C. interning for a Member of Congress. Interns also spend time researching a topic of their choice to develop improved policy in a given child welfare related area. The recommendations are combined into a joint internship-class report that is presented to policymakers at the conclusion of the internship program. Past participants have gotten their recommendations incorporated into federal bills. This is a competitive internship program. Interns receive a weekly stipend and housing during their assignment. To learn more about eligibility criteria and the annual application deadline visit: <https://ccainstituteblog.org/category/foster-youth-internship/>

VFA does not specifically endorse any of the resources on this list. These resources were current at the time of publication on March 29, 2013. To access the resources above copy the links and paste them into an internet browser.

voiceforadoption@gmail.com | 202-210-8118 | www.voice-for-adoption.org
1220 L. St. NW, #100-344 Washington, D.C. 20005

Oklahoma Human Services

Confidential Intermediary Search Program

Oklahoma Human Services
Adoption Services
www.okdhs.org/adopt

WHAT IS THE CONFIDENTIAL INTERMEDIARY SEARCH PROGRAM?

Oklahoma Human Services administers the Search Program which allows individuals who were separated from their birth family members through adoption or termination of parental rights court proceedings in Oklahoma to have a Confidential Intermediary search for members of their birth family.

WHO WILL CONDUCT THE SEARCH?

Oklahoma Human Services will contract with confidential intermediaries who have met eligibility standards and training requirements for confidentiality and have been certified as a confidential intermediary through the Oklahoma Human Services Search Program. The search and outcome/s of the search are confidential.

WHO CAN REQUEST A SEARCH?

- Any adult (age 18 or older) or person affected by a termination of a parental rights court proceeding in Oklahoma.
- The legal parent or guardian of any minor of a deceased adopted person.
- An adult descendant of a deceased adopted person.
- The legal parent or guardian of any minor of a deceased person whose biological parents' parental rights were legally terminated.
- An adult descendant of a deceased person whose parents' parental rights were legally terminated.
- An adult birth sibling or grandparent of an adult adoptee or of an adult person who has a parent whose parental rights were legally terminated.
- The sibling of a deceased biological parent whose parental rights were legally terminated.

WHO CANNOT REQUEST A SEARCH?

- Anyone who has not previously registered with the Mutual Consent Voluntary Registry at least six months before requesting a search.
- An adult adoptee or adult whose parents' parental rights were legally terminated, who has a minor (under age 18) biological sibling in the same adoptive family or other placement whose location is known to the adult adoptee or adult whose parents' parental rights were legally terminated.
- The biological relative of a birth parent who has filed an affidavit of non-disclosure with the Bureau of Vital Statistics.

Oklahoma Human Services Confidential Intermediary Search Program

Continued

HOW DO I REQUEST A SEARCH?

- You must be registered with the Mutual Consent Voluntary Registry for six months prior to requesting a search.
- You must make application for a search by completing the Request for Search form DCFS-23 and provide satisfactory proof of identity.
- The documents must be sent to the Search Program Administrator, along with a fee for the search before a search can be initiated.

WHAT IS THE FEE FOR A SEARCH?

- A \$400 fixed fee for all initial searches for any one eligible person.
- A \$200 fee for any additional searches requested by the same person who requested the initial search.
- The search fee/s are non-refundable, regardless of the outcome of the search, including an outcome that does not locate the person being searched for.
- The person requesting a search must be registered with the Mutual Consent Voluntary Registry for six months prior to requesting a search. There is a \$20 registration fee for the Mutual Consent Voluntary Registry.

WHAT IF MY RELATIVE DOES NOT WANT TO BE CONTACTED?

The Confidential Intermediary Search Program recognizes some individuals may have a strong desire to establish contact with birth family members. Other individuals may not feel that way. It is a completely voluntary decision made by the individual who may be or has been adopted. All persons involved must consent in writing before contact is initiated with birth family members. If the person being sought does not want contact, none will be initiated.

WHAT IF I DON'T WANT TO MEET MY RELATIVE, BUT JUST WANT MEDICAL HISTORY INFORMATION?

The Search Program can be used to contact a birth family member to obtain medical history or physical description without the adopted individual having any contact with the birth family member.

HOW DO I BEGIN THE PROCESS?

Write to Oklahoma Human Services Post-Adoption Services or send an email to OklahomaReunionRegistry@okdhs.org to receive a Request for Search form. If you have not registered on the Mutual Consent Voluntary Registry, we will send you an application to register.

PLEASE SEND YOUR REQUEST TO:

Oklahoma Human Services
Child Welfare Adoption Services
P.O. Box 25325
Oklahoma City, OK 73125

If you have questions, please call the Oklahoma Human Services Confidential Intermediary Search Program at 405-521-2475 or your local Oklahoma Human Services Adoption Specialist.

Oklahoma 2-1-1 Get Connected - Get Answers

Get Connected.
Get Answers.



The essence of 2-1-1 is in its simplicity.

2-1-1 is available to everyone across the state and the number is easy to remember.

2-1-1 is free and confidential 24 hours/7 days a week.

2-1-1 helps deliver services more efficiently by pinpointing what kind of services are needed and where.

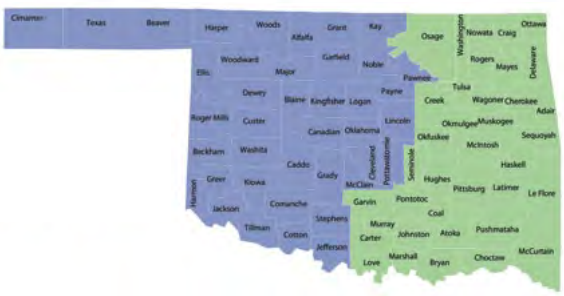
2-1-1 has proven itself time after time as an invaluable resource after a disaster.



2-1-1 OKLAHOMA REGIONS

To reach a 2-1-1 region outside your calling (or geographical) area, use the toll free number listed below

Heartline 2-1-1	877-362-1606
Helpline 2-1-1	877-836-2111



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2401 NW 23rd Street, Suite 40 Oklahoma City, OK 73107
www.211oklahoma.org

Guidelines for Leaving a Child at Home Alone

CHILD PROTECTIVE SERVICES RESPONSE TO REPORTS OF CHILDREN LEFT ALONE

The focus of Oklahoma Human Services Child Welfare Services is to respond to situations where children are reported to be unsafe or at risk of harm. Action is contingent upon the child's age, cognitive, and physical abilities; access to the alleged perpetrator; and the degree of danger.

Oklahoma Human Services cannot remove a child from his or her home without a court order; however, if it is determined that a child cannot take care of him- or herself and no responsible adult is available, the child may be placed into police protective custody.

In Oklahoma, no statutory or public policy requirements exist on the age a child must be in order to be left at home alone. The safety and well-being of children is a parental responsibility. A parent determines if his or her child, six years of age and older, is developmentally, physically, and cognitively able to care for himself or herself in an adult's absence.

CONSIDERATIONS WHEN LEAVING A CHILD ALONE AT HOME

- Is the child cognitively or physically delayed? If so, do these delays require heightened supervision?
- What is the frequency and length of time the child will be left alone?
- What time of day will the child be alone?

- Does the child have access to an adult, such as a neighbor or an older sibling who is able to provide safe care for the child?
- Do the caregiver(s) and the child have a plan in the event of an emergency?
- Does the child have the developmental capacity to execute the emergency plan when necessary?
- Does the child have access to a phone? Are emergency phone numbers posted in the home?
- Does the child demonstrate maturity to follow the established rules when left alone?
- Can the child use household appliances properly?
- Is the child responsible for the care of younger children?
- Has the child expressed concerns about being left alone at home?
- Are there known potentially dangerous adults that would attempt to engage the child while home alone?



Guidelines for Leaving a Child at Home Alone *Continued*

RECOMMENDED GUIDELINES FOR PARENTAL DECISION-MAKING

Pre-School/Kindergarten/Early Elementary

- Children under six years of age are never left alone without adequate supervision.
- Children six through seven years of age are rarely left home alone due to their developmental level. When left home alone, the timeframe is minimal, less than one hour during the day, with access to a responsible adult and not responsible for the care of younger children.

Older Elementary

- Assess the child's development and functioning when leaving the child alone at home.
- In general, the timeframe for being left alone is one to two hours during the day with access to a responsible adult and not caring for younger children.

Middle School

- Assess the child's development and functioning when leaving the child alone at home.
- In general, the timeframe for being left alone is up to four hours during the day or the evening. When able, the child may provide care for one to two younger children during this timeframe with access to a responsible adult.



Mutual Consent Voluntary Registry

What is the Mutual Consent Voluntary Registry?

The **Mutual Consent Voluntary Registry** was established by the Oklahoma Human Services for adult adoptees and individuals separated from birth family members through termination of parental rights proceedings. It allows individuals and birth family relatives to indicate their willingness to have their identity and whereabouts disclosed to one another. If the adoptee and birth family member both register, a “match” can result in a reunion.



How do I get on the Registry?

Complete the *Oklahoma Mutual Consent Voluntary Registry Registration Affidavit form*. The form must be notarized. You must submit one of the following as proof of your identity:

- photo copy of your current **driver's license**
- photo copy of your **social security card**, or
- photo copy of your **birth certificate**.

Is there a fee?

There is a **\$20 registration fee**. The fee must be included with your completed, notarized Oklahoma Mutual Voluntary Registry Registration Affidavit form payable by check or money order to Oklahoma Human Services – Reunion Registry.

Where do I send the forms?

Send completed forms to:

Oklahoma Human Services
Post-Adoption Section
P.O. Box 26768
Oklahoma City, OK 73126-0768

Mutual Consent Voluntary Registry *Continued*

How does it work?

You may register if you or a relative were placed for adoption in Oklahoma. You may also register if you were separated from birth family members as a result of termination of parental rights proceedings in Oklahoma. If the person you are seeking has also registered, you may have access to your relative's name, address and other identifying information once their consent is received. Written consent is required by both parties in order to release any contact information. Contact is then made at your own discretion.



Oklahoma Human Services can act as a third party intermediary if you are not comfortable arranging the reunion on your own. The registry also allows adoptees to request the non-identifying social and medical history from their adoption record, if available. No confidential information can be released per State Law.

What if I do not wish to be found?

The registry is **voluntary**. You may withdraw your willingness to be reunited with birth family members at any time. OKDHS will protect your privacy if you choose not to have contact with birth family members.



Can I get help searching for my relatives?

Oklahoma Human Services has a Confidential Intermediary Search Program that provides search services for eligible persons to locate birth relatives. The fee is \$400 for the initial search and \$200 for each additional search. You must be registered on the Mutual Consent Voluntary Registry for six months before requesting a search. The subject of the search must sign an agreement that they wish to be found. If they do not consent, their identity cannot be disclosed. There is no refund for the search fee, regardless of the outcome.

Mutual Consent Voluntary Registry *Continued*

Questions?

If you have questions, please contact the
Oklahoma Human Services Post
Adoption Section at

OklahomaReunionRegistry@okdhs.org

Mutual Consent Voluntary Registry





Post-Adoption Services
Oklahoma Human Services

www.okdhs.org

National Alliance on Mental Illness



Contact Us HelpLine: 1-800-583-1264  

<https://www.namioklahoma.org/>

NAMI Programs

NAMI Basics is a free six-week peer-directed education program developed specifically for parents and other caregivers of children who have either been diagnosed with a mental illness, or who are experiencing symptoms but have not yet been diagnosed. The course is taught by trained teachers who are caregivers of individuals who developed the symptoms of mental illness during childhood.

Family-to-Family is a free 12-week course for families, partners and friends of individuals with mental illness taught by trained NAMI family members and caregivers of individuals living with mental illness.

NAMI Homefront is a free, six-session education program for family, friends and significant others of military service members and veterans with mental health conditions. It focuses on the unique needs of military and veteran communities, such as post-deployment and post-discharge transitions.

Support

Family Support Groups are meetings of caregivers of individuals with a mental illness where family members can talk frankly about their challenges and help one another through their learned wisdom.

Connection Recovery Support Groups are weekly recovery support groups for people living with mental illness. These groups provide an ongoing opportunity to discuss the challenges of living with mental illness and the techniques for maintaining wellness.

Multiple locations across Oklahoma.
Please see above website for list of locations.

Oklahoma Human Services Adoption Legal Services

Oklahoma Human
Services Adoption
Legal Services

1-833-OKADOPT and 405-521-3638



1-833-OKADOPT and 405-521-3638

Oklahoma
Human Services
is ready to help
you create your
“Forever
Family”

When it's time to
create your
“Forever Family,”
Oklahoma Human
Services is ready
to help.

1-833-OKADOPT and 405-521-3638

For foster/adoptive parents ready to adopt a child in Oklahoma Human Services foster care, there is a quick and efficient way to work with a Oklahoma Human Services attorney who can help finalize the adoption. Best of all, this legal representation is free of charge.

Oklahoma Human Services Adoption Legal Services *Continued*

Although adoptive parents may retain the attorney of their choice, the Oklahoma Human Services Adoption Program has several advantages to consider:

- The Oklahoma Human Services attorney will have direct access to the Oklahoma Human Services workers involved with the child in foster care.
- The Oklahoma Human Services attorney is dedicated exclusively to adoptions involving Oklahoma Human Services children. You, the adoptive parent, are their top priority.
- The Oklahoma Human Services Adoption Program offers convenient services including Skype adoptions for parents and children out-of-state, and flexible office appointments.
- Best of all, this legal representation is provided at no cost to families.

Nothing should stand in the way as you create your “Forever Family.”

A knowledgeable attorney is standing by to answer your questions and help make that dream a reality, and it will cost you nothing. To get in touch with an attorney or to get more information, contact the Oklahoma Human Services Adoption Program at **1-833-OKADOPT and 405-521-3638.**

The Adoption Program allows a Oklahoma Human Services attorney to begin representation as soon as a child in Oklahoma Human Services custody becomes ready for adoption.

1-833-OKADOPT and
405-521-3638

The attorney works one-on-one with the adoptive parents, Oklahoma Human Services workers, and the courts to complete the adoption process as quickly and efficiently as possible.

The Oklahoma Human Services Adoption Program was created specifically to provide legal assistance on behalf of prospective adoptive parents hoping to create a “Forever Family” with a child in Oklahoma Human Services custody.

**1-833-OKADOPT and
405-521-3638**

Youth Entering Adoption: Oklahoma Successful Adulthood Program (OKSA) Eligibility

If a young person enters adoption or guardianship after age of 16, the youth remains eligible for OKSA. Program funds may be used for:

- Attendance at events: Virtual or in-person events including life skills groups, seminars and teen conferences.
- Youth Development funds: Assists youth with goods and services which help facilitate planning for successful transition to adulthood including:
 - Education and employment expenses.
 - Obtaining essential documents such as a driver's license, birth certificate or state ID.
 - Extracurricular activities and graduation expenses.
 - The youth or adoptive parent/guardian may request funds on behalf of the young person.

ONGOING SUPPORT

- Youth and/or adoptive parents and guardians are encouraged to reach out to OKSA for other supportive services that may be available.
- Oklahoma Foster Youth Advocates (OKFYA): An advocacy group comprised of current and former foster youth. More information is located online at <https://nrcys.ou.edu/nrcys/programs/oksa>.
- For more information, please visit www.oksa.ou.edu.
- For questions related to funds requests or other youth opportunities, contact oksa@ou.edu.



Don't Stop That Adoption



DON'T



Adoption

Contact us if you have more questions.

1-800-397-2945

oksa@ou.edu

You never want to stop an adoption due to uncertainty about education funds. Here are some tips to help you navigate the process and get your young person college-ready.

Helpful Hints:

- Be sure to enter that your young person was a Ward of the Court on question #58 of the FAFSA.
- To help with scholarship searches, try keywords like 'at risk' and 'first generation.'

Scholarships are available for adopted youth. Here's a few to start with.

- <http://www.fc2success.org/our-programs/information-for-students/>
- <http://www.nfpaonline.org/nfpascholarship>
- <http://occf.org/scholarships/>
- <http://scholars.horatioalger.org/scholarships/>
- <http://umpscare.com/allstar-scholarship/>

Let us help you separate **MYTH** from **FACT** about education benefits for adopted youth.

MYTH

FACT

Youth will lose all their education benefits.	Youth adopted after the age of 16 can still qualify for some scholarships.
You will have to navigate things all by yourself.	Oklahoma Human Services Education Specialists are available to answer your questions about post-secondary education – even after adoption.
They won't get full PELL grants.	Any young person who was a Ward of Court after the age of 13 can get a full PELL grant.
The tuition waiver gives my youth a free ride.	The tuition waiver is only about \$2,500 per year. Additional scholarships can help supplement tuition costs.

Oklahoma's Promise

**MAKE THE GRADES.
EARN COLLEGE TUITION.**



OKLAHOMA'S[®] PROMISE

OKLAHOMA HIGHER LEARNING ACCESS PROGRAM

WHO MAY APPLY

Applicants must be:

- Oklahoma residents.
- 8th-, 9th- or 10th-grade students (homeschool students must be age 13, 14 or 15).
- Students whose parents' federal adjusted gross income does not exceed \$55,000.*
- Students who promise to meet the requirements of the program.

*Special income provisions may apply to:

- Children adopted from certain court-ordered custody and children in the custody of court-appointed legal guardians.
- Families receiving Social Security benefits based on the disability or death of the student's parents.

Contact the Oklahoma's Promise office for more information.

Additional documentation may be required.

HOW TO APPLY:

Online at www.okpromise.org or get an application from your counselor.

THE PROMISE

Upon completion of the program's requirements, you will earn:

- Tuition at an Oklahoma public two-year college or four-year university.
-OR-
- A portion of tuition at an accredited Oklahoma private college or university.
-OR-
- A portion of tuition for programs that qualify for federal financial aid at public career technology centers.

(The Oklahoma's Promise scholarship amount does not cover fees, books, supplies, or room and board.)

GET MORE INFO:

www.okpromise.org

okpromise@osrhe.edu

(800) 858-1840 or (405) 225-9152

Ask your counselor.

Find us on



Oklahoma's Promise *Continued*

APPLY ONLINE TODAY!
WWW.OKPROMISE.ORG

HIGH SCHOOL REQUIREMENTS

- Graduate from an Oklahoma high school or homeschool education program.
- Take the 17 units of college prep high school courses (listed at the right) and achieve at least a 2.50 cumulative GPA in those courses.
- Achieve at least a 2.50 cumulative GPA for all courses in grades 9-12.
- Attend school regularly and do your homework.
- Stay away from drugs and alcohol.
- Don't commit criminal or delinquent acts.
- Provide information when requested.
- Meet with a school official to go over your school work and records on a regular basis.
- Apply for other financial aid during your senior year of high school.
- Take part in Oklahoma's Promise activities that will prepare you for college.

If you don't qualify for this program, see your counselor for information about additional scholarships, grants and student loans, and visit Oklahoma higher education's college planning website at www.OKcollegestart.org.

COLLEGE REQUIREMENTS

- Prior to receiving any program benefit in college, the federal adjusted gross income (AGI) of the student's parents may not exceed \$100,000. Each year in college, Oklahoma's Promise students will be required to complete a Free Application for Federal Student Aid (FAFSA), which will be used to determine whether the federal adjusted gross income exceeds \$100,000. For any year that the income exceeds \$100,000, the student will not be eligible to receive the program benefit.
- You must be an Oklahoma resident.
- You must be a U.S. citizen or lawfully present in the United States.
- You must meet regular admission standards for first-time entering students at the college or university to which you apply.
- You must start taking college courses within three years after you graduate high school.*
- You may not use the award for noncredit remedial courses.
- You may not receive awards for more than five consecutive years after enrolling in college.*
- You may not use the award for courses taken after you complete your bachelor's degree requirements.
- You may not receive award payments for more than 129 semester credit hours, unless your degree program requires more hours.
- You must meet the college's Satisfactory Academic Progress (SAP) policy requirements for eligibility to receive federal financial aid.
- An Oklahoma's Promise college student who is suspended for more than one semester for conduct reasons will lose the scholarship permanently.

*Students on active military duty may be eligible for certain waivers of these requirements.

REQUIRED COURSES**

4 ENGLISH (grammar, composition, literature; courses should include an integrated writing component)

3 LAB SCIENCE (biology, chemistry, physics or any lab science certified by the school district; general science with or without a lab may not be used to meet this requirement)

3 MATHEMATICS (from Algebra I, Algebra II, geometry, trigonometry, math analysis, pre-calculus, statistics and probability [must have completed geometry and Algebra II], calculus, Advanced Placement [AP] statistics)

3 HISTORY AND CITIZENSHIP SKILLS (including 1 unit of American history and 2 additional units from the subjects of history, economics, geography, government, non-Western culture)

2 FOREIGN OR NON-ENGLISH LANGUAGE (two years of the same language)

...OR...

COMPUTER TECHNOLOGY (two units in programming, hardware or business computer applications, such as word processing, databases, spreadsheets and graphics, will qualify; keyboarding or typing classes do NOT qualify)

(1 foreign language and 1 computer course will NOT meet this requirement)

1 ADDITIONAL COURSE (from any of the subjects listed above)

1 FINE ARTS (music, art, drama)

...OR...

SPEECH

17 TOTAL UNITS

**Homeschool students or students graduating from a high school not accredited by the Oklahoma State Board of Education must also achieve a composite score of 22 or higher on the ACT test reported on an official test report issued by ACT. "Residual" ACT test scores do not qualify.



The Oklahoma State Regents for Higher Education, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 and other federal laws and regulations, do not discriminate on the basis of race, color, national origin, sex, age, religion, handicap or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to, admissions, employment, financial aid and educational services. This publication, printed by University of Oklahoma Printing Services, is issued by the Oklahoma State Regents for Higher Education, as authorized by 70 O.S. 2001, Section 3206. 195,000 copies have been printed at a cost of approximately \$5,998. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. This publication was printed in July 2020.

Post-Adoptive Child Care Benefit



To receive child care as a post adoptive benefit, you must complete an application for child care with Oklahoma Human Services Adult and Family Services (AFS) and provide the following:

- A complete and finalized Adoption Assistance Agreement (form 04AN002E) listing child care as an adoption benefit
- A completed Post-Adoption Child Care Referral (form 04AN033E)
- Identification showing each adoptive parent's name
- Copy of a school or training schedule for each parent, if applicable
- Copy of a work schedule or payroll information
- Contract number of the child care provider selected by the family
- Final Decree of Adoption.*

Please remember: Child Care on the Child Welfare case will be closed on the date of the adoption finalization. To avoid a break in eligibility, you must apply for child care through Oklahoma Human Services Adult and Family Services (AFS) as soon as possible. The child care application can be prepared up to 30 days before the adoption finalization to allow time for interviews and provide all needed items to establish eligibility. Child care is never backdated prior to the date all verifications are received by AFS. Applications for child care can be made at the local Oklahoma Human Services county office or online at OKDHS.org.

In most cases, AFS child care is approved for one year. At the time of renewal, you will receive a letter with instructions listing documents that will need to be provided. The child is eligible for child care with no household income considered until the review following when the child turns six years old. At that time, the household will need to reapply for child care and all household income (except adoption subsidy payments) will be considered.

**Since the Final Decree of Adoption must be provided for the child care to be approved, do not leave your finalization without the Final Decree of Adoption document. All child care expenses will be your responsibility after finalization until all documents are received and child care is approved through AFS.*

Frequently Asked Questions about the Oklahoma Human Services Oklahoma Debit Card

Continued



OKLAHOMA
Human Services

OKLAHOMA Debit Card

Frequently Asked
Questions about the
Oklahoma Human
Services Oklahoma
Debit Card

As mandated by law, Oklahoma Human Services no longer issues checks. Instead, Oklahoma Human Services contracts with a vendor to issue two different prepaid debit cards.

The debit card is sent in a plain white envelope and is not labeled "Oklahoma Human Services". You should receive it in 7-10 business days from the date of issuance. If you accidentally throw your card away, you may call 1-888-929-2460 for Child Support or 1-888-401-9843 for all other programs. Except for Child Support, all Oklahoma Human Services benefit program payments are issued to the same card.

Frequently Asked Questions about the Oklahoma Human Services Oklahoma Debit Card

Continued



Frequently Asked Questions

Q. What is the Oklahoma debit MasterCard?

A. Your payments will be transferred into an account from which you can access your money at any Automated Teller Machine (ATM) displaying the MasterCard brand mark. In addition, you can make purchases wherever the card is accepted, at more than 53,000 merchants worldwide. This card is a prepaid debit card, not a credit card; you will be using your own money from payments deposited to your account.

Q. Is direct deposit or automatic transfer to my account available?

A. Yes. If you wish to enroll, call the number on the back of your card or visit www.goprogram.com. Once online, select “Special Services” and choose “recurring transfers”. Automatic transfers typically occur two business days after fund availability.

Frequently Asked Questions *(Continued)*

Q. How long does it take to get the Oklahoma Debit Card?

A. It takes 7-10 business days to get a card after it is mailed. A card will be mailed when the first payment is available to you.

Q. How can the Oklahoma Debit Card be used?

- A.** ✓ To make purchases;
- ✓ To access your money through Automated Teller Machines (ATMs), 24 hours a day, 7 days a week;
 - ✓ To get cash back from merchants;
 - ✓ To pay bills, and for online, phone and mail orders;

The amount of purchases or cash withdrawals is automatically deducted from the available funds on the card. Upon request, you may also receive a free, 60-day report of your account activity. If you have access to a computer, you can access your account information online free at www.goprogram.com.

Q. Will the card say anything about DHS?

A. No. The Oklahoma debit MasterCard has the word “Oklahoma” across the front and resembles a credit card. Nothing on the card indicates that the funds on the card are for monthly payments.

Frequently Asked Questions about the Oklahoma Human Services Oklahoma Debit Card

Continued



Q. My credit is bad. Can I still sign up for the Oklahoma Debit Card?

A. Yes. Our contractor will not deny a card based on a customer's credit history.

Q. What are the fees?

A. The vendor charges fees for services related to the Oklahoma Debit Card.

- * ATM Balance Inquiry: \$.50
- * ATM Withdrawals
 - ** (in network): 2 free per month, \$1.35 each after
 - ** (out of network) \$1.35 each
- * Card replacement: 1 free per year, \$4 after (expedited delivery is \$14 extra)
- * Calls to GoProgram: 5 free per month, \$.50 after
- * Text alert: \$.10 per alert
- * Transfer funds: \$1.75 per request
- * No charge for automated recurring transfer

Q. How do I know if a payment has been issued to me?

A. Check your account at www.goprogram.com or by calling the number on the back of your card. You may also sign up to be notified by e-mail, phone call or text when a payment has been deposited.

Q. When will my money be available?

A. Funds are posted to your debit card by 5:00 p.m. on the date they are available.

Q. Are card fees taken out of my account?

A. Yes. Your account will be reduced by any card fees incurred.

Q. Do I get a new card every time a payment is due?

A. No. All future payments will be automatically deposited to the initial card received.

Q. What do I need to do when I receive the Oklahoma Debit Card?

A. After receiving the card in the mail, you must call the number provided on the card to activate it. At the time of activation, the customer must choose a PIN. If you would rather set up direct deposit instead of activating the card, go to www.goprogram.com, enter some Personal Information, and follow the instructions for setting up direct deposit. These details will be provided with the card when it is mailed to you.

Q. Is the cardholder able to make deposits to the card?

A. No. Only Oklahoma Human Services can make deposits to the card.

Q. Is there a smartphone app for my card?

A. Yes. Search your smartphone's app store for [goprogram](http://goprogram.com).

Frequently Asked Questions about the Oklahoma Human Services Oklahoma Debit Card

Continued

Q. Can the cardholder have a second card for another individual, such as a family member?

A. Yes. You may get a companion card by going online to www.goprogram.com. The card will be mailed to the primary cardholder with the companion cardholder's name on it. After the companion card is ordered, the primary can set up a transfer of funds by amount or by percentage and can set it to be a one-time transfer or a recurring transfer. The primary can move money back and forth from their account to the companion card(s). All of the fees apply to the companion card(s) just as they do for the primary account holder's card. You are responsible for all fees and charges made by the companion cardholder.

Q. Will anyone besides me be able to use my card?

A. No. Only the person named on the card may use the card. For security reasons, cardholders should never share their PIN number or allow anyone else to use their card.

Q. Do tribal foster parents have access to the debit card or direct deposit?

A. Yes. All child welfare or tribal foster parents who are paid by Oklahoma Human Services must select the debit card or direct deposit to receive monthly foster care maintenance payment.

Q. Where can I use my card?

A. For child support, the card may be used anywhere MasterCard debit cards are accepted. Per state and federal statute, debit cards for cash assistance programs cannot be used at specific types of retailers. These places have been blocked from accepting the Oklahoma Debit Card.

This card is issued for all clients receiving benefits for Adoption, Foster Care, TANF, LIHEAP, Sales Tax Rebates, Family Assistance, SSP for ABD, and Refugee Assistance. It is a restricted card, meaning that it cannot be used at prohibited businesses per state and federal law.



This card is issued for Child Support payments. It can be used anywhere MasterCard is accepted.



OKLAHOMA
Human Services

Continued on back

Oklahoma Way2Go Card® Debit MasterCard

Oklahoma Way2Go Card® Debit MasterCard



www.GoProgram.com



Do Not Throw This Card Away!

Important Card Safety Tips

- ✓ Keep your Personal Identification Number (PIN) a secret. Choose a number that is not easily guessed. Never write it down anywhere, or give it to anyone. We will never call or text you asking for the PIN.
- ✓ Have your Card out and ready to use as you approach the ATM. If you observe suspicious persons or circumstances, it may be safer to go to an alternate ATM location.
- ✓ If the ATM ever appears to have been damaged or tampered with, do not insert your Card.

Fee Schedule

This fee schedule lists the fees that will be withdrawn from your Card account balance, except where prohibited by law.

Description	Cost/Fee
Online Access to Card Account Information – Via www.GoProgram.com	No Fee
Cardholder Alerts & Deposit Notifications** – Email, Phone or Text Message	No Fee
Point-of-Sale (POS) purchase transactions and Online Purchases – PIN or Signature	No Fee
Teller-assisted Transactions	No Fee for cash withdrawals at MasterCard Member Bank or Credit union teller windows
ATM Balance Inquiry	\$0.50 for each balance inquiry
ATM Withdrawals (In-Network)	<ul style="list-style-type: none"> • Two (2) ATM withdrawals for no fee per month at select MoneyPass ATMs • \$1.35 for each additional ATM withdrawal
ATM Withdrawals (Out-Of-Network)*	\$1.35 for each ATM withdrawal not conducted at MoneyPass ATMs
Bill Pay via www.GoProgram.com	\$0.75 for each payment
Card Replacement	<ul style="list-style-type: none"> • One (1) for no fee per year • \$4.00 for each additional replacement Card • Standard Delivery (7 to 10 calendar days) • Expedited Delivery (2 to 5 calendar days); \$14.00 • Expedited Card Delivery Fee also applies
Calls to GO Program Live or Automated Customer Service	<ul style="list-style-type: none"> • Five (5) calls for no fee per month • \$0.50 for each additional call • No fee calls expire each month
International ATM Withdrawal Fee*	<ul style="list-style-type: none"> • \$1.35 for each international ATM transaction • International Transaction Fee also applies
International Transaction Fee	3% of transaction amount for each ATM cash withdrawal, purchase transaction, or teller-assisted cash withdrawal conducted outside of the U.S.
Instant Mobile Balance Text Alert	\$0.10 each text alert
Funds Transfer (to a U.S. bank account owned by you)	\$1.75 per funds transfer request

* ATM owners may charge an additional fee called a "surcharge" or "convenience fee". Read the screen message carefully for information related to surcharges before you press "Enter." You will have the option to cancel the transaction and go to another ATM.

** You are responsible for all charges and fees imposed by your mobile carrier or internet service providers.

Note: "Fee-Free" transactions earned expire at the end of each calendar month if not used.

05776GOOD-CC-001

Activate Your New Card Immediately



Use the Way2Go Card® mobile app, GoProgram.com or call **1-888-401-9843** to activate your Card, create your PIN and get your available balance.



Start using your Card immediately anywhere MasterCard® is accepted, including online and for bill payments!

Maximize Your Funds



Shopping Flexibility and Power:

Use your Oklahoma Way2Go Card® Debit MasterCard® at retailers where MasterCard® is accepted. This excludes those restricted locations highlighted in the "Attention Cardholders" box below.



Get Cash Back with Purchases:

Ask for cash back at your favorite U.S. retailer locations.



Pay Your Bills:

Visit your biller's website to pay your bill with your Card.

Attention Cardholders: Federal Law prohibits the use of cash assistance benefits at the following locations:

- any liquor store or retail establishment that mainly sells liquor;
- any casino, gambling casino or gaming establishment; or
- any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state.

This includes Automated Teller Machine (ATM) withdrawals and Point-of-Sale (POS) purchase transactions.

Convenient Cash Access



Ask for cash back with your purchase at your favorite merchant location.



Make cash withdrawals for no fee at MasterCard® Member Bank or Credit Union teller windows.

Customer Service & Card Activation



For Card Balance, Transaction History, and more:

Use the Way2Go Card mobile app, GoProgram.com or call **1-888-401-9843**, 24 hours everyday!



International Calls: 210-334-6616

Way2Go Card®

Payment Solutions
Provided by Xerox

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Oklahoma Fosters

Frequently Asked Questions



#OKFosters OKFosters.org @OklahomaFosters

- 1. Can I apply for child care benefits in advance for the child that I am going to adopt?** You can apply for post-adoptive child care with AFS up to 30 days prior to the finalization of the adoption. This will allow your AFS worker time to schedule and complete the interview and notify you of the verifications that are required to determine eligibility. Applying in advance is recommended to help you avoid a break in child care benefits.
- 2. What is the earliest date post-adoptive child care can be approved?** Your child care is currently approved through Foster Care Services. The foster care case is closed the day the adoption is finalized. Post-adoptive child care benefits can be approved effective the day after finalization when all verifications have been provided to the AFS worker, including the Final Decree of Adoption.
- 3. If there is a gap in child care coverage between the date of the finalization of the adoption and the date the post-adoptive child is approved through AFS, can the benefits be backdated?** Child care is never backdated. Child care is only approved after the family has been interviewed and all verification has been provided. The family will be responsible for paying out-of-pocket for any care the child receives between adoption finalization and post-adoptive child care approval.
- 4. Will I need to provide proof of my household's income?** Adoptive families who meet the policy requirements for child care with no household income considered should NOT be asked to provide proof of income at the time of initial application or at renewal. Your worker will document that the child care is a post-adoption benefit so that any worker who may handle the case in the future can see that income verification is not required.
- 5. Will I need to provide my work schedule?** Adoptive families can either choose to provide a work schedule from the employer or declare work schedules as long as pay stubs or other pay information that shows hours worked are provided.
- 6. Will I have a copayment for the child I have adopted?** If the family meets all of the policy requirements, the household income is not considered and there will not be a copayment.
- 7. After my child turns six, will the adoption subsidy payment be counted as income?** Adoption subsidies are never considered as income for child care benefits.
- 8. Is my family eligible for post-adoptive child care if one parent is working and the other parent is disabled?** As long as both of the adoptive parents meet one or more of the need factors, care may be approved. Your worker will need to explore the protective or preventive need factor when one or both of the parents are not working, receiving training, or going to school.

Youth Crisis Mobile Response

Youth Crisis
MOBILE RESPONSE

(833-885-CARE)



when a young
person is in crisis

WE CAN CONNECT THEM TO THE IMMEDIATE HELP THEY NEED



WHEN A YOUNG PERSON IS IN CRISIS:

behaviorally, emotionally, physically, or socially, when at school, in the home or in the community...

YOUTH CRISIS MOBILE RESPONSE

can help by connecting them with a mental health professional via phone, in-home for immediate care and follow up – that can have a lasting affect in their lives.

WE ARE HERE FOR:

Children, adolescents, young adults, families, caretakers, counselors, educators, and police – in their towns, cities and rural areas.

OUR CARING CALL CENTER SPECIALISTS AND TRAINED LOCAL MOBILE RESPONDERS

provide an alternative for youth (ages 0 to 24 years old) in distress, who might otherwise be taken out of their home or suffer further stress.

The Youth Crisis Mobile Response is a program of HeartLine, Inc. (Oklahoma City) HeartLine's Mission: To connect Oklahoman's to help, hope and information – 24 hours a day.



Accessing Adoption Support and Preservation Services

**FACTSHEET
FOR FAMILIES**

June 2018



Accessing Adoption Support and Preservation Services

Provided both before and after adoption, adoption support and preservation services can help you and your family with a wide range of issues. These services are available for everything from learning how to explain adoption to your preschooler, to helping address the needs of a child who has experienced early childhood abuse and trauma, to supporting your adopted teen's search for identity. All family members can benefit from some type of support. This factsheet outlines the types of services available, their benefits, and ways to find services in your area.

WHAT'S INSIDE

Issues adoptive families often encounter

Changing needs for support at different ages and developmental stages

Importance of having a range of services to support adoptions

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Conclusion

Accessing Adoption Support and Preservation Services *Continued*

Various Terms for Support Services

Across the country, a variety of terms are used to refer to services and forms of support for adoptive families and adopted people. You may hear agencies use terms such as “post-adoption services,” “adoption support and preservation services,” “post-placement services,” and “family support.”

For this publication, we primarily use the term “adoption support and preservation services” as a way to align with common terminology and to emphasize the purpose of the services. We also include some references to “post-adoption services,” given its continued use by some agencies. Depending on where you live and the specific agencies you work with, you may hear services referred to by other terms. For additional information on terms, see Information Gateway’s Glossary at <https://www.childwelfare.gov/glossary/>.

Issues Adoptive Families Often Encounter

For many years, post-adoption services were commonly viewed as services that were provided after the legal finalization of the adoption—and in some cases only for short periods of time. However, adoptive families and adoption professionals recognize that a full range of support is necessary to ensure well-being, long-term stability, and true permanency for children who have been adopted and their families.

Adoption affects people who have been adopted and their families in many ways over the course of their lifetime. Several issues—such as loss and identity development—affect all adoptive families, while other experiences may depend on the child’s and family’s background and the type of adoption. The following are some issues for which adoptive families typically identify needs and seek support and services.

Loss and grief. All children and youth who have been adopted, even those adopted as infants, experience some level of separation and loss from their family of origin. They may grieve as they come to realize the role that adoption has played in their lives. They also may struggle with feelings of abandonment as they try to understand why they were placed for adoption and how that affects who they are and the person they hope to become. These feelings may appear and reappear at different stages of life, even when their adoption and family life is a positive experience. Children and youth who have been adopted may need support working through conflicting feelings, mourning their losses, and understanding their experiences in developmentally appropriate ways. Adoptive parents may experience loss and grief issues of their own, which may relate to infertility or grief over having the reality of adoption and parenting not match expectations. For some adoptive parents, these issues may cause strains in their marriages or partnerships. For others, it may lead to depression.

Trust and attachment. Any child or youth separated from their birth parents has experienced a break in attachment. Adoption requires the development of new attachments and bonds. Children who have experienced abuse, neglect, foster care, or institutionalization may have difficulty trusting and attaching to their new family. These children and youth may need help building healthy relationships. They may also need help understanding that they can build new relationships without having to end their existing relationships and attachments. Developing new relationships doesn’t mean they are replacing other important people and relationships in their lives.

Accessing Adoption Support and Preservation Services *Continued*

Identity formation. The process of identity development can be more complex for children and teenagers who have been adopted, regardless of when they were adopted. This process may be further complicated if the child's race or birth culture differs from that of the adoptive family. Teens, in particular, may experience identity confusion as they confront the primary questions of adolescence and consider how they are similar to or different from their adoptive parents and birth parents. Teens may struggle with questions such as, "Who am I?", "How am I different from my parents?", or "Which of their values will I take as my own?"

Birth family connections. At some point in their lives, many people who have been adopted want information about their birth family or to reconnect with birth relatives. Social networking sites and apps (e.g., Facebook, Snapchat) connect people in new, more immediate ways. While these tools can help accelerate a birth relative search, this faster pace of contact can sometimes be emotionally overwhelming to participants if they are not prepared. Think about how to set safe and appropriate boundaries for social media use—for you, your child, and other family members—to minimize the potential privacy and safety risks. For more information, see Information Gateway's resources on social media safety at <https://www.childwelfare.gov/topics/adoption/intro/social-media-adoption/>.

Challenges due to early experiences. Children who have been abused, neglected, placed in foster care, institutionalized, or exposed prenatally to drugs and alcohol may have ongoing emotional, developmental, physical, or behavioral difficulties. You may see some of these difficulties reflected in the following ways:

- **Effects of early childhood trauma.** Research shows that early traumatic experiences, such as abuse or neglect, can affect a child's early brain development, which can have consequences for how a child behaves, expresses emotions, forms relationships, and copes with stress. The effects of trauma on development vary from child to child and may not appear until years later or may increase a child's mental health needs. See <https://www.childwelfare.gov/topics/can/impact/development/> for more information.

- **Health issues and developmental delays.** Children who have been neglected or have spent more than a few months in an institutional setting may have missed out on important developmental activities due to a lack of stimulation and proper nutrition. They may have difficulties with eating, sleeping, speech, and forming healthy attachments. Additionally, children may also have developmental delays, disabilities, and other medical needs due to other health conditions (e.g., Down syndrome, spina bifida, etc.). As a parent, you may also face challenges meeting your child's needs related to a specific health-care issue or incomplete medical records/information. You may find it helpful to seek an assessment by an adoption-knowledgeable physician and may need ongoing health services to support children or youth with developmental delays and/or health-related needs. See Information Gateway's tip sheet *Parenting Your Child With Developmental Delays and Disabilities* at <https://www.childwelfare.gov/pubs/partc/> for more information.
- **School issues.** Some children and youth who have been adopted experience learning delays or behavioral problems that affect how they do in school. If you see your child struggling in school, you can work with your child's teacher or other school personnel to provide specific support to your child. You have the right to request that your child be evaluated for a disability and their eligibility for special education services (see <https://www.childwelfare.gov/topics/systemwide/service-array/education-services/special/>). If your child has a learning disability and is eligible for special education, school staff must work with parents to develop an Individualized Education Program, which identifies services that will be provided to help the child meet educational goals (see <http://www.parentcenterhub.org/iep/>). For more information on adoption and school, see <https://www.childwelfare.gov/topics/adoption/adopt-parenting/school/>.

Accessing Adoption Support and Preservation Services *Continued*

Sexual orientation and gender identity and

expression. Like all children and youth, those who are adopted will go through normal developmental stages of identifying their sexual orientation and gender identity and expression (SOGIE). You may have expectations or assumptions about your child's SOGIE (e.g., making an assumption about your child being heterosexual) that may not be accurate. Youth who have been adopted may have also experienced bullying, harassment, and discrimination before being adopted—and may still face such challenges—due to their actual or perceived SOGIE. You may need additional support in order to create an emotionally healthy, safe environment so your child can thrive without judgment. You may also need additional support and education being your child's advocate and assisting them with dealing with adverse experiences within the family, school, and community.

Other issues. Different types of adoptions may raise additional issues and service needs. For example:

- **Open adoption.** Many families are participating in a range of openness in adoption in which a birth parent or other birth relative(s) continues to have some contact with the adoptive family after the adoption. Adoptive families, birth families, and children or youth who have been adopted may need agency support in building relationships among family members, navigating appropriate roles, and setting boundaries. (For more information, visit <https://www.childwelfare.gov/topics/adoption/adoptive/before-adoption/openness/>.)
- **Adoption from foster care.** All children adopted from foster care have experienced some level of trauma. Families adopting children and youth from foster care need information on parenting a child who has been abused or neglected and helping them heal from these past traumatic experiences; the needs of children at different developmental stages; or, if they were foster parents, on making the transition from foster to adoptive families. (See Information Gateway's *Helping Your Foster Child Transition to Your Adopted Child* at <https://www.childwelfare.gov/pubs/f-transition/>.) In many cases, adopting a child from foster care means that your child remembers his or her birth family, so

there may be additional dynamics for adoptive parents to navigate, including talking with your child about their memories of their birth family and helping them understand that it's okay to love and feel connected to both families. In addition, relatives and kin who adopt related children may need support around their changing relationships and family roles.

(Find out more at <https://www.childwelfare.gov/topics/outofhome/kinship/>.)

- **Transracial/transcultural adoption.** Many families adopt children from racial or cultural backgrounds that differ from their own. Given the importance of promoting their child's heritage and supporting and embracing their child's racial or cultural identity, parents may seek related educational resources or learning opportunities. They also may need assistance building skills to cope with public scrutiny or racism. This may include speaking with neighbors or coworkers or visiting houses of worship that share your child's racial or cultural background. (For more information, visit <https://www.childwelfare.gov/news-events/adoptiontriad/editions/mar2019/>.)
- **Intercountry adoption.** For families that adopt children from another country, there are potential implications from changes in U.S. policy and practices related to citizenship and documentation of their children's legal status. For example, families may need assistance ensuring that they have their children's U.S. citizenship status established and they have all of the documentation needed to ensure it won't be at risk. In addition, adoptive families may face questions or assumptions about their child that make the child or family feel marginalized or judged. See more information from the U.S. Department of State about adopting children from another country at <https://travel.state.gov/content/adoptionsabroad/en.html>.

Accessing Adoption Support and Preservation Services *Continued*

Related Resources on the Impact of Adoption

Information Gateway has a specialized website section with information and resources on the lifelong impact of adoption and common issues people experience after an adoption, available at <https://www.childwelfare.gov/topics/adoption/adopt-people/impact>.

Changing Needs for Support at Different Ages and Developmental Stages

Most of the time, children and youth who have been adopted are not thinking about adoption and its complexities. Like other children and youth, they are busy with schoolwork, sports, and social events. But there are developmental stages as well as milestones and events that can trigger emotional or behavioral responses or prompt new questions and thoughts related to being adopted. As you think about your child's development, it's important to keep in mind that experiences of trauma, abuse, and neglect can affect how and when children reach various developmental stages.

Developmental stages. Children and youth understand and feel differently about their adoption at different points in their life. For example, children adopted as infants may first learn about their adoption story as toddlers or young children. When entering school, a child may become aware that most children were not adopted and may be challenged to respond to questions and comments from peers. During adolescence, as youth go through the normal process of exploring identity issues and independence, they may have new questions about their birth families and their relationships and they may begin searching for birth family members. Additionally, as people who are adopted become parents or become old enough to consider parenting, they may experience desires to reconnect with birth relatives or know more about their genetic history. Consequently, people who are adopted have questions, concerns, and needs that often change over time.

Milestones and events. In addition to developmental stages, multiple milestones and events, such as the ones below, can trigger adoption issues and tap into powerful emotions:

- Birthdays of the adopted child, siblings, parents, or birth parents
- Anniversaries of placement into foster care, a residential group home, or the adoptive family; or the date of adoption finalization
- Holidays and ceremonies (especially Mother's Day and Father's Day, but any holiday or event that involves family gatherings and sentiment)
- School projects in which a child is asked to talk about his or her family, such as "family tree" assignments, the history behind their name, or identifying inherited family traits
- A doctor's visit in which an adopted person is asked to supply medical history information
- Adopted mother's pregnancy, birth of a child, or adoption of a sibling, which may upset the adopted child's sense of security in a family
- Divorce
- Accessing your child's original birth certificate or your child hearing news about changes in laws regarding being able to access original birth certificates (e.g., when there is media coverage of policy debates about whether or not to allow adopted people to access their birth certificates)
- Contact with a birth relative, whether unexpected or planned
- Deployment of a military family member
- Death of a family member or pet

Accessing Adoption Support and Preservation Services *Continued*

During these times, you should watch for signs indicating that your child—or you—needs special support. Signs might include changes in mood, eating habits, or sleeping habits. Parents can prepare children and youth by discussing the possibility that these triggers may cause a reaction. Let your children know that you understand what is happening and will be there to help, including getting additional support if needed (see the section below on therapy and counseling services). For more information about how to meet your child's needs at various ages and developmental stages, see our tip sheets *Parenting Your Adopted Preschooler* (<http://www.childwelfare.gov/pubs/factsheets/preschool/>), *Parenting Your Adopted School-Age Child* (<http://www.childwelfare.gov/pubs/factsheets/parent-school-age/>), and *Parenting Your Adopted Teenager* (<http://www.childwelfare.gov/pubs/factsheets/parent-teenager/>).

Adoption and Customary Adoption of Native American Children

For Native American/Alaska Native children being adopted—whether through adoption involving a termination of parental rights or through customary adoption—it is important to help children maintain connections to their culture, especially for children adopted by non-Native parents. In many cases, adoptions involving Native American/Alaska Native children will have the federal Indian Child Welfare Act (ICWA) apply, which includes multiple requirements for tribal approval of the adoption. For more information about tribal child welfare practice and ICWA, see <https://www.childwelfare.gov/topics/systemwide/cultural/adoption/american-indian-families/>.

Importance of Having a Range of Services to Support Adoptions

Children in adoptive families do better when their families are fully prepared and supported to address needs or issues as they arise, rather than waiting for challenges to reach a crisis level. Preadoption services and support, such as family and child preparation both on adoption in general and on child- and family-specific information, can help promote the long-term stability of an adoption. The following two key concepts for families are important to keep in mind: 1) Preadoption services are important for supporting the stability of an adoption, and 2) postadoption services can include both preventative services (e.g., preventing instability, disruption, or dissolution¹) as well as intensive services that help with maintaining the stability of an adoption. Families who are preparing to adopt or who have adopted may find it helpful to find out about what supports and services are available at various points in the process to help promote your family's long-term stability and well-being.²

Types of Services

The wide range of issues that can be addressed with adoption support and preservation services means the services themselves must be diverse. The following are the most common types of adoption support and preservation services, including those that families often identify as most helpful.

¹ Adoption disruption is when an adoption ends before finalization. Adoption dissolution is when the legal relationship between the adoptive parents and the adopted child is severed after finalization. For more information, see Information Gateway's web page Adoption Disruption and Dissolution at <https://www.childwelfare.gov/pubs/s-disrup/>.

² For more in-depth information about a framework on a full range of adoption support services, see the National Quality Improvement Center for Adoption and Guardianship Support and Preservation's Permanency Continuum Framework at <https://qic-ag.org/continuum-framework>.

Accessing Adoption Support and Preservation Services *Continued*

Preparation and Background Information

It's crucial for you and your family to understand, to the best of your ability, your child's history and background, including accessing educational and medical records and information about their experiences before being adopted. Obtaining this important knowledge will help you be better prepared to understand and meet your child's specific needs. To learn more, see Information Gateway's publication *Obtaining Background Information About Your Prospective Adopted Child* at <http://www.childwelfare.gov/pubs/f-background/>.

For families who adopt through intercountry adoption, accessing detailed background information may be particularly challenging. You can still learn about trends and patterns often seen in children adopted from the same country or similar situations. Parents can also connect with services that provide information about their child's needs and earlier life experiences even in the absence of detailed medical and social histories. For example, there are several clinics around the country that have expertise in medical and developmental issues in children adopted from other countries and can conduct assessments to help adoptive families be more aware of their children's developmental progress. You can search online to find international adoption clinics in your area.

Support groups. Support groups can offer both adoptive parents and youth valuable opportunities to interact and share with others who have had similar experiences. Groups provide members with support systems, social interaction, and information resources. Groups may restrict their focus to families or children who share certain characteristics (such as children adopted from a specific country or parents who are lesbian, gay, bisexual, transgender, or questioning), or they may include all adoptive families in their programming.

- **Adoptive parent support groups.** Often organized by adoptive parent volunteers, support groups bring together experienced and new adoptive parents to share experiences in a nonjudgmental atmosphere. Parent groups offer a variety of services—discussion groups, social activities, family events, workshops, newsletters, websites, community referrals, and

more. Groups exist throughout the country and vary extensively, from small community playgroups for parents of toddlers to large regional groups.

- **Children and youth support groups.** For many adopted children and youth, a peer support group is their first chance to interact with other children and youth who were adopted and to see that their experiences and feelings related to adoption are normal. Groups provide a safe environment where children and youth can talk about their birth and adoptive families and share their fears and concerns. Some groups pair older adopted youth as mentors for younger children.
- **Online support groups.** Available 24 hours a day and bridging geographical distances, internet support groups, blogs, and Facebook pages or private groups have become a popular way for adoptive families to access support and information from people who understand their journey and experiences. Other forms of technology (e.g., text messaging, video conferencing) are increasingly being used to help connect adoptive parents or youth who have been adopted. As with any internet activity, you should take precautions to protect safety and privacy for you and your family members. Many of these groups are private or closed groups and have an administrator who manages the membership and moderates discussion to help ensure the group remains safe and that information shared within the group is appropriate and kept confidential (when needed). For additional information about using Facebook groups to provide support to adoptive families, see www.nacac.org/resource/support-adoptive-families-facebook-groups/.

Accessing Adoption Support and Preservation Services *Continued*

Resources to Find Services and Additional Information

National Foster Care & Adoption Directory (Check Foster Care & Adoption Support Groups)

<http://www.childwelfare.gov/nfcad>

North American Council on Adoptable Children (NACAC), Database of Parent Groups

<https://nacac.org/connect/parent-group/>

FosterClub

<https://www.fosterclub.com/>

Foster Care Alumni of America

<https://fostercarealumni.org/>

Information Gateway, List of state youth advocacy/advisory boards and foster care alumni associations

https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=160

AdoptUSKids, Respite Care and Adoption Support Groups

<https://www.adoptuskids.org/adoption-and-foster-care/parenting-support/for-adoptive-parents>

NACAC, *Developing a Parent-to-Parent Support Network*

<https://www.nacac.org/wp-content/uploads/2017/03/parent-2-parent-network.pdf>

Camps, social events, and heritage activities.

Overnight camps or retreats are a way for members of adoptive families to connect not only with others like themselves but also with their own family members.

Such events, which may take place over a weekend or a full week, often combine adoption and ethnic heritage support with traditional camping activities. Attendees frequently form powerful friendships with other adopted children and youth, and they provide each other with support all year long. Other adoptive family activities may include picnics, group outings, recreational activities, and celebrations of cultural events, as well as heritage tours of home countries.

Resources to Find Services and Additional Information

Rainbow Kids, Adoption Calendar

<http://www.rainbowkids.com/Events.aspx>

PACT

<https://pactadopt.org>

Therapy/counseling. As mentioned above, members of adoptive families may need professional assistance as concerns or problems arise. Needs will differ from family to family and may include the following:

- Guidance on children's attachment, trust, emotional, or behavioral issues
- Assistance in working through the impact of adoption on the family and strains in marriages or partnerships and other relationships
- Support in working through feelings when the reality of adoption does not match expectations
- Healing from traumatic experiences of abuse and neglect
- Permanency support that addresses parent-child conflicts

Accessing Adoption Support and Preservation Services *Continued*

Counseling and therapeutic services can help a child or youth learn to address multiple challenges. They can also help you understand your child's behavior, especially as it relates to early trauma, and identify strategies to meet your child's needs and allow healing to occur. Timely intervention by a skilled professional often can prevent concerns from becoming more serious problems. The type and duration of therapy will vary. Some families need a therapist's help only for a short period; others build a relationship over years, accessing help as needed. There are many different types of treatment approaches and professionals offering therapy. It is particularly important to work with a therapist familiar with the unique issues and dynamics of adoption (often referred to as "adoption-competent" professionals) and involves parents in the process.

Resources to Find Services and Additional Information

Center for Adoption Support and Education
Directory of Adoption-Competent Professionals
<http://adoptionsupport.org/member-types/adoption-competent-professionals/>

Information about finding an adoption-competent therapist
<http://adoptionsupport.org/adoption-competency-initiatives/>

American Psychological Association (APA)
Psychologist Locator
<http://locator.apa.org/>

Information Gateway
Choosing Therapy for Adopted Children and Youth
<https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/therapy/>

Selecting and Working With A Therapist Skilled in Adoption
<https://www.childwelfare.gov/pubs/f-therapist/>

Respite care. All parents need some time for themselves. This may be especially true for parents of children who require high levels of attention. Children and youth who have experienced trauma or who have attachment challenges may also find it helpful to get brief time away from their parents. Respite care offers families a temporary break by a carefully selected and trained provider. It is meant for families with children who require more skilled care than babysitters can provide, foster parents whose program requires a licensed provider, or families going through a crisis of their own. Respite care may be provided in your home or another selected site. To find out more about respite services available in your area, search online or ask your caseworker or other adoptive families nearby.

Resources to Find Services and Additional Information

ARCH, National Respite Locator
<http://archrespite.org/respitelocator>

Information Gateway
<https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/respite/>

Information resources. Service providers may offer, or provide referrals to, useful information and resources that respond to adoptive family members' questions and help them understand their child's needs and the ways that adoption may affect the family over many years. Adoptive parents need to be equipped with relevant ongoing training, information, and development of knowledge and skills so they continue to have the capacity to meet their children's requirements across their children's developmental stages. It's normal for adoptive parents to encounter new situations or topics you want to learn about as you and your children face new experiences. You may find it helpful to explore a variety of resources, including books, magazine, websites, workshops, conferences, and other sources of information. Accessing these various sources of information can help you both get reference information when you need it (e.g., using a reliable website) and learn from others who have experience with adoption (e.g., connecting with other adoptive parents at trainings and conferences).

Accessing Adoption Support and Preservation Services *Continued*

Accessing Adoption Support and Preservation Services

<https://www.childwelfare.gov>

Resources to Find Services and Additional Information

Information Gateway

Conference Calendar (Select Adoption under Step 3)

<http://www.childwelfare.gov/calendar/>

Parenting After Adoption

<https://www.childwelfare.gov/topics/adoption/adopt-parenting/>

Parenting Your Adopted Preschooler

<http://www.childwelfare.gov/pubs/factsheets/preschool/>

Parenting Your Adopted School-Age Child

<http://www.childwelfare.gov/pubs/factsheets/parent-school-age/>

Parenting Your Adopted Teenager

<http://www.childwelfare.gov/pubs/factsheets/parent-teenager/>

Adoptive Families

<http://www.adoptivefamilies.com>

The Center for Adoption Support and Education, Education and Resources

<http://adoptionsupport.org/education-resources/>

Openness, search, and reunion. State agencies and other organizations may help adoptive parents, birth parents, and people who have been adopted negotiate postadoption contact agreements or access information and adoption records, in accordance with state laws. (See <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/cooperative/> and <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/infoaccessap/>.) Some will provide additional services to arrange and prepare for reunions and mediate the relationships that may form. They also can answer questions and help children and youth who have been adopted, adoptive family members, and birth family members deal with the powerful emotions related to search and reunion.

Resources to Find Services and Additional Information

Information Gateway

National Foster Care & Adoption Directory Search (Check Birth Family and Adoptee Search Support Groups)

<http://www.childwelfare.gov/nfcad>

Search & Reunion

<https://www.childwelfare.gov/topics/adoption/search/>

Searching for Birth Relatives

<https://www.childwelfare.gov/pubs/f-search/>

Openness in Adoption

<https://www.childwelfare.gov/topics/adoption/preplacement/adoption-openness/>

Financial assistance and waivers for youth. For some youth adopted from foster care, there may be financial assistance, waived fees, or other cost savings available for higher-education opportunities. Youth who were in foster care on or after their 13th birthday can file as independent and don't have to include their adoptive parents' income on their Free Application for Federal Student Aid (FAFSA). For additional information, see <https://studentaid.ed.gov/sa/fafsa/infographic-accessible> and <https://www.childwelfare.gov/topics/adoption/adopt-people/assistance/>. Additionally, some states offer college tuition reductions or waivers for youth who had been in foster care (see <https://www.nacac.org/resource/college-expenses-adopted-child-foster-care/> for state-specific information).

Accessing Adoption Support and Preservation Services *Continued*

Additional Services

Many other kinds of adoption support and preservation services are available to your family. The table below provides information on where to find more information about accessing those services.

Service	Resources to Find Services and Additional Information
General information and referrals	Information Gateway Adoption Assistance by State (Question 7) https://www.childwelfare.gov/topics/adoption/adopt-assistance/?CWIGFunctionaction=adoptionByState:main.getAnswersByQuestion&questionID=7 Finding Services for an Adopted Child https://www.childwelfare.gov/topics/adoption/adopt-parenting/services
Financial assistance	Information Gateway Adoption Assistance by State Database (Questions 1–6 and 12) https://www.childwelfare.gov/topics/adoption/adopt-assistance/ Financial Assistance for Families (Adoption Assistance or Subsidies) http://www.childwelfare.gov/adoption/postplacement/finassistance.cfm Adoption Assistance for Children Adopted From Foster Care https://www.childwelfare.gov/pubPDFs/f_subsid.pdf
Medical assistance	Adoption Assistance by State Database (Questions 8, 9, and 13) https://www.childwelfare.gov/topics/adoption/adopt-assistance/
Health-care support	Information Gateway, Health Services Locators https://www.childwelfare.gov/topics/systemwide/service-array/health/locators/ Developmental and Physical Disabilities Resources https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/disability/ American Academy of Pediatrics (AAP), Healthy Children http://www.healthychildren.org

Finding Services

Details about support services in a particular area are available from local, state, tribal, and national information resources. In general, to find information about adoption support and preservation services, you can do the following:

- Contact your state’s postadoption services contact. This is a staff member of the department of human services³ and an expert on adoption support and preservation services and programs in a particular state or territory. Each state’s postadoption services contact, as well as the state’s adoption manager, is listed in the National Foster Care & Adoption Directory at <http://www.childwelfare.gov/nfcad/>. (Search by selecting a state and checking State Postadoption Services Contact as the search category.) To find the appropriate contact within a tribe, search online for the tribe’s social services or human services department.
- Call the adoption service provider that arranged your child’s adoption and ask for referrals. You can also call other public and private adoption agencies in your area and ask to receive information on adoption support and preservation events and services. While some services may be restricted to families who adopted through the agency, many will be open to all adoptive families.
- Contact parent support groups for information about their events and local organizations that provide services.
- Find out if your employer offers workplace support groups, online networks, or referral services for adoptive parents.
- Search online for national and regional adoption support and preservation services databases and provider listings.
- Ask family doctors, other adoptive families, or parent support groups for recommendations. Other adoptive families can be a great source of information both on service providers and how to access and make good use of those services, based on their own experiences.

³ The agency also may be known as the department of social services, department of children and family services, or other, depending on the state or tribe.

Accessing Adoption Support and Preservation Services *Continued*

Paying for Services

Some adoption support and preservation services are free of charge, while others require some payment. However, depending on the type of adoption and the needs of your child, there may be assistance available for some adoptive families to help cover the costs (e.g., reimbursement or costs being covered by your adoption assistance payments).

Federal and state adoption assistance for children adopted from a public agency. Many children adopted from public agencies qualify for adoption assistance (subsidies), which can often be used to pay for adoption support and preservation services. An adoption assistance agreement should clearly describe the types of adoption support and preservation services (e.g., respite care, counseling) that will be reimbursed. State assistance may cover expenses not covered by federal programs, particularly medical assistance (Medicaid); direct payments to meet a child's special physical, mental, or emotional needs; and emergency assistance. Eligibility requirements vary by state. For more information, www.childwelfare.gov/topics/adoption/adopt-assistance/ and www.nacac.org/help/adoption-assistance/.

Adoption Tax Credits

Adoptive families may be able to claim an adoption tax credit for their federal—and possibly state—taxes. The federal adoption tax credit allows families to claim up to \$13,460 (as of 2017), with adjustments based on income. For more details on the adoption tax credit, see <https://www.irs.gov/taxtopics/tc607> and www.nacac.org/help/adoption-tax-credit/.

Health and mental health benefits. Families with an adoption assistance agreement may be able to access Medicaid to cover certain health and mental health needs. In addition, some health insurance companies and health maintenance organizations (HMOs) may offer benefits that can be used for health or mental health services. Adoptive parents can check on the specific coverage with their insurance provider. Families must choose to use either Medicaid or their private health insurance but not both. For more information, see information on medical assistance at www.childwelfare.gov/topics/adoption/adopt-assistance/.

Employer-supported benefits. Some companies may provide employer benefits, such as information resources or referrals and financial reimbursement for adoption-related activities. For more information, see *Planning for Adoption: Knowing the Costs and Resources* at <https://www.childwelfare.gov/pubs/s-cost/>.

Conference, seminar, and educational event fees. Scholarships are sometimes available to help with the cost of attending adoption conferences and seminars, particularly for families who adopted through public agencies. To find out about available support, check with the conference organizers about scholarship opportunities or contact their state Postadoption Services Contact. For contact information, search the National Foster Care & Adoption Directory, <http://www.childwelfare.gov/nfcad>, and check State Foster Care and Adoption Officials.

Accessing Adoption Support and Preservation Services *Continued*

Accessing Adoption Support and Preservation Services

<https://www.childwelfare.gov>

Conclusion

Adoption is a lifelong experience for a child and a family. It is normal to face challenges; some challenges may even appear long after the adoption has been finalized. Adoption support and preservation services are a valuable way to get guidance and needed support and also to find others who understand, and perhaps share, your experiences. These services bring positive results by helping address issues common to adoptive families and by promoting healthy family relationships.

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Self-Care for Foster Parents & Adoptive Parents



Tracy Whitney is an adoptive parent and adoption advocate as well as the content manager for Creating a Family, a national adoption and foster care education and support nonprofit.

Tracy Whitney

Parenting foster and adopted children who have come to your home from **trauma, neglect or abuse** is likely the hardest work you will ever do. It requires you to have a wide variety of tools in your parenting toolbox. **Self-care for foster and adoptive parents** is one of the most important tools you can have in that toolbox.



Without healthy, meaningful self-care, you will be operating at a deficit that can lead to burn-out, relationship struggles, and feelings of inadequacy or even failure in your foster and adoptive experience.

You Can't Pour From an Empty Cup

The old adage, "You can't pour from an empty cup" is never truer than when your home is full of hurting kids who themselves are running on empty cups. **The losses that brought them to your home** have drained their cups and out of that dry place, they are likely to act out and behave in ways that will feel as if they are sucking the life right out of your home. What you do when you feel that happening will make all the difference for you and for them.

What's Stopping You?

Before we talk about what meaningful self-care for foster and adoptive parents looks like, let's examine some of the common obstacles that prevent foster and adoptive parents from refreshing and equipping themselves.

Self-Care for Foster Parents & Adoptive Parents *Continued*

“I don’t have time for that”



As a foster and adoptive parent, hearing someone say “take good care of yourself” is all-too-often a frustrating, trite comment that likely leaves you more stressed than before you heard it tossed at you off the cuff. Blood pressure rising, now you’re mentally checking your (over-scheduled) calendar for the week, wondering when you’re going to get to the grocery store and how you’re going to make it to therapy at 5 p.m. on one side of town if flute lessons aren’t over until 4:45 p.m. on the other side of town. The last thing you are trying to squeeze in is downtime for yourself that you have to schedule for yourself and arrange child care for yourself to actually do.

“I can’t leave the kids, they need me right now”

Many foster and adoptive parents are drawn to the work of fostering because they are naturally generous care-giving personalities. Yes, the foster and adoptive children DO need what you offer and what you agreed to provide when you welcomed them in to your home. But that generosity and nurture is very difficult to turn around to yourself, isn’t it? Self-care for foster and adoptive parents is so very necessary precisely because you are giving so much of yourselves to others to heal and care. Seeking to care for yourself might feel very unnatural and even selfish.

“I need to be at that game, that play, that party with my kids”

Closely related to the need to be the nurturing provider for your foster and adoptive kids is the desire to create wonderful, safe and loving “family” experiences for them. You may feel an extra weight to give your foster and adoptive children the very best of childhood that you can give them – happy memories of birthday parties, family movie nights, learning how to ride a bike, baking together, soccer games, and so on. It can leave precious little room in your schedule for a moment or ten to breathe, re-focus, and refuel yourself.

Self-Care for Foster Parents & Adoptive Parents *Continued*

“I don’t have enough help for that”

There are (with good reason) specific county or state requirements that respite care providers must meet in order to provide help for a foster and adoptive parent, be it babysitting for a night out or a weekend away with your spouse. It’s hard to find folks in your life that are willing to submit to the preparations and clearances needed to support you in that practical way. As a result, many foster and adoptive parents report that the “village” surrounding their family is often made of other parents in similar straits. They are often generous-hearted, nurturing people who do this care for each other. But it also becomes exhausted parents helping other exhausted parents and then none of you are really getting the self-care that you need to foster or adopt (or live) well.

“I’m so exhausted, I don’t even know WHAT I need”



When you’ve reached the point of trying to pour from that empty cup, it’s incredibly difficult to figure out what it is that you need or want to re-fill that cup. It’s like being “hangry.” Your physical body is so empty, your brain is muddled and every suggestion of food sounds simultaneously wonderful and awful – especially if there’s a lot of prep work before it gets into your stomach. Would a date night with your husband suffice? Do you need to pull away as an original nuclear family for a weekend at Grandma’s? Sometimes what you really could use the most is a training seminar on trauma behaviors for some fresh new perspective. All of it sounds wonderful. But also like So! Much! Work! Again, when you are depleted, it’s hard to think clearly enough to seek meaningful self-care for foster and adoptive parents.

How Do I find Self-Care for Foster and Adoptive Parents?

Self-care for foster and adoptive parents is indeed a very subjective topic – what soothes and refreshes you might not at all be meaningful to me. In fact, it might make me feel like I have just added one more thing to Mom’s To Do list. The good news is that there are resources that help you assess what your needs are and how to employ that self-care you are seeking. One such tool is an assessment and curriculum like the [Trauma Systems Therapy for Foster and Adoptive Care \(TST-FC\)](#).

Self-Care for Foster Parents & Adoptive Parents *Continued*

TST-FC's self-care assessment allows foster and adoptive parents to develop plans to support themselves. The assessment measures both strength and potential growth in the following areas:

- physical self-care (e.g. diet and exercise);
- psychological self-care (e.g. reflection and curiosity);
- emotional self-care, (e.g. friends and recreation);
- spiritual self-care (e.g. prayer and meditation); and
- workplace self-care (e.g. breaks and workload).

A similar resource is this [online resource \(https://cssp.org/our-work/project/strengthening-families/\)](https://cssp.org/our-work/project/strengthening-families/) called **STRENGTHENING FAMILIES: Increasing positive outcomes for children and families**, from the [Center for the Study of Social Policy](#). It's a guide to thinking through what care you and your family need and how to seek education in these 5 key areas:

- Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Children's Social Emotional Competence

Utilize Your Caseworker's Knowledge

You can also check in with your foster and adoptive child's caseworker. Ask for the resources and tools that they offer their foster and adoptive families. Ask for suggestions and lists of already approved respite providers. Ask about continuing education classes or weekend retreats and seminars. Ask for suggestions on how to build a "village" around your family in order to have babysitters and respite providers available. Ask what he or she has observed to be meaningful self-care for foster and adoptive parents they've worked before you.

Find Your People

Finally, it's important to intentionally seek a support community. There are usually in-person foster and adoptive support groups to be found in your region, if you ask your caseworker or talk with other foster/adoptive parent friends. Many private agencies offer them and you don't always have to be a client of that particular agency to enjoy the support.

In addition to in-person support, there are a lot of great online options for you. These online support groups are often a great option for a parent who feels as if they cannot get out just yet to attend a regular meeting, especially if that meeting doesn't have good, structured child care available. Online communities are also good for the fact that they are always available to you and there's almost always someone online already who "gets" what you are facing and can either commiserate with you or offer you their own experiences with the same.

Self-Care for Foster Parents & Adoptive Parents *Continued*

[Creating a Family runs an online support group](#) that is active and full of experienced foster and adoptive parents and former foster and adoptive youth. Their voices can lend an amazing support to your experience and you'll never feel alone when you login to join us.

What are you doing to actively pursue meaningful self-care for your foster and adoptive care journey?

Other Creating a Family Resources you may find helpful:

Keeping Your Marriage Solid When Adopting or Fostering

<https://creatingafamily.org/adoption-category/keeping-marriage-solid-adopting-fostering/>

Impact of Loss on Foster and Adoptive Kids and Foster and Adoptive Parents

<https://creatingafamily.org/adoption-category/impact-of-loss-on-foster-kids-and-foster-parents>

Blending a Foster and Adoptive Child with Biological and/or Adopted Children

<https://creatingafamily.org/adoption-category/preparing-to-blend-kids-by-birth-and-adoption-or-foster-kinship-care/>

YVINTERCEPT™

Intensive In-Home Services for Families



HELPING FAMILIES STAY TOGETHER

YVIntercept is an intensive in-home services program that specializes in:

- Providing treatment to troubled children who have emotional and behavioral problems and their families in their own homes at times convenient for the families.
- Diverting youth from out-of-home placements by helping their families safely maintain youth in the home and community environment. Diversion services generally last four to six months.
- Reuniting youth who are in a residential treatment facility, foster home, psychiatric residential treatment facility, hospital or group home successfully with their families in the community. YVIntercept family intervention specialists are skilled at reuniting families even when the child has been out of the home for an extended period. Reunification services generally last six to nine months.

ABOUT THE YVINTERCEPT PROGRAM

During the past 20 years, Youth Villages has provided intensive in-home services for more than 55,000 children and families. We've helped more than 30,000 children and families in the last 10 years alone in our YVIntercept program. **We have demonstrated through our follow-up process that at two years post discharge 88% of youth who received YVIntercept services are successful.** Youth Villages offers communities and governments a better alternative for youth involved in the state child welfare, juvenile justice and mental health systems. Our research-based programs help states reform their social services systems by providing measurable, sustainable results at a lower cost.

EXPERIENCE IN PROVIDING IN-HOME SERVICES

We offer our YVIntercept in-home program to children and families in Alabama, Arkansas, Florida, Georgia, Indiana, Massachusetts, Mississippi, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon and Tennessee.

YOUTH VILLAGES HAS BEEN:

- Recognized by The White House as a promising, results-oriented nonprofit.
- The subject of a prestigious Harvard Business School case study
- Cited as a model organization by The American Youth Policy Forum and the Federal Advisory Committee on Juvenile Justice
- Highlighted as a major contributor to the safe decrease of children in the Tennessee foster care system by Casey Family Programs.

TO MAKE A REFERRAL

YouthVillages.org/refer

Oklahoma City | 405-753-5600

Tulsa | 918-947-6560



YVINTERCEPT: SUCCESS IN NUMBERS

This data has been gathered in Alabama, Florida, Georgia, Indiana, Massachusetts, Mississippi, New Hampshire, North Carolina, Ohio, Oklahoma, Oregon and Tennessee.

RESULTS AND IMPACT

88%

of youth are at home or living independently.



94%

are in school, have graduated or are earning a GED.



88%

have had no further involvement with the law.



Response Rate, July 2015 - June 2018:
24-month follow-up 46.1% (3,991 out of 8,661)
Includes only youth who received at least 60 days of service.

Parents' Choice

Overall satisfaction with the program at discharge.

92%

Would return to Youth Villages if needed.

88%

Satisfied with the quality of services included.

87%

"We struggled with Jakob his whole life. Nothing we tried worked. . . We've done a lot of work. To be together and stay together, we've come a long way and we're grateful for the help we received. Jakob's in our home and we're a family and that's the most beautiful thing."

Carrington, mom of Jakob, 15



Parent Satisfaction at Discharge Youth
Includes youth discharged from July 2015 through June 2018

YOUTH VILLAGES' FAMILY INTERVENTION SPECIALISTS OFFER VITAL SERVICES THAT INCLUDE:

- Helping the entire family, rather than just the identified child or youth.
- Meeting with families and youth an average of three times each week and being on call 24/7 to help the family in case of emergency.
- Working with small case loads — four to six families — focusing on helping the child and family at home, in school and in the community.
- Collaborating with providers, case workers and courts to formulate a collaborative treatment direction to resolve family and child problems.
- Implementing strategies to address aggression, problem sexual behaviors and other specialized issues.
- Providing crisis prevention and intervention.
- Engaging families in their role of supervising and supporting their children, including consistency, discipline and communication.
- Providing a comprehensive treatment approach that includes family treatment, parenting skills education, educational interventions, development of positive peer groups and extensive help for families and children in accessing community resources and long-term, ongoing support.
- Identifying specific goals and assigning measurable tasks to the child and family. Family intervention specialists also develop targeted interventions until the family reaches the goals established in the treatment plan.



OKLAHOMA

youthvillages.org

Youth Villages is a national leader in children's mental and behavioral health, bringing help and hope to tens of thousands of children, families and young people across the United States this year. The organization offers a continuum of evidence- and research-based programs, including residential treatment, foster care, adoption, crisis services and its two national models: YVIntercept™, which offers intensive in-home services, and YVLifeSet™, which gives former foster youth a good start on successful adulthood. The organization has been recognized by the Harvard Business School and U.S. News & World Report, and was identified by The White House as one of the nation's most promising results-oriented nonprofit organizations.



Connect with us



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