

Q: What is being done to promote the adoption of older youth and teens in Indiana? We have been a host home and family for two teenage boys through collaborative care. They are a part of our forever family even after moving out on their own. I am a therapist, but I have found that for the most part the general public has no idea this program exists. So many of the teens in the foster care system that do not get adopted leave the system without a high school education, without a driver's license and most importantly without a support system, resulting in nearly 50% of them experiencing homelessness or incarceration. What programs or educational platforms exist to help recruit and support host homes and families to promote long-term support systems and forever families for older youth aging out?

A: The Indiana Department of Child Services advocates for all children to have a forever family. Currently, the agency has an internet listing of children waiting for families and uses the national recruitment site, AdoptUSKids.org. Social media sites page of IndianaKidsBelong, Indiana Adoption Program, and the Department of Child Services pages are also utilized for recruitment. Children adopted after the age of 16 are eligible for many of the older youth services offered to children aging out of the child welfare system. They are able to use the independent student status when completing the FAFSA for college, can utilize 21st Century Scholars for four years of tuition at an in-state college if they meet the requirements, and are eligible for the Education and Post Training voucher (up to \$5,000). Finally, there are housing options that may be available to them through Housing and Urban Development (HUD).

Q: What are best practices in supporting a youth in the school setting?

A: Educate school officials and teachers on trauma and non-traditional family dynamics. This will help them to prepare students and assignments related to family. Children that have been adopted often have no pictures of themselves as infants or young children and may have difficulty completing "family history" assignments. Trauma can also surface through behaviors, and teachers and school personnel need to be aware of the impact of trauma on children.

Q: In addition to the information/training offered during the event, are there any additional books or other resources recommended?

A: [Training for Adoption Competency \(TAC\)](#)

[National Training Initiative - Adoption Competency Training](#)

In addition, there are many books and resources available to learn about adoption. Just a few of them include Child Welfare Information Gateway - Adoption; North American Council of Adoptable Children (NACAC); "Seven Core Issues in Adoption and Permanency" by Sharon Kaplan Roszia and Allison Davis Maxon; and "Nurturing Adoptions" by Deborah Gray.

Q: What kind of training do post-adoption therapists receive in how to work toward family unity?

A: Most colleges and universities do not offer training about adoption in baccalaureate and post-graduate programs. The Training for Adoption Competency is the most comprehensive post graduate level training available for therapists and is offered in Indiana by The Villages of Indiana.

Q: What is the percentage of children adopted in Indiana by race and location?

A: Over the past four years, approximately 75% of the children adopted were classified as "white" and 25% of the children adopted were classified using other race categories.

Q: What plans does the state have for providing pre- and post-adoptive culturally sensitive services to potential adoptive parents?

A: The Indiana Department of Child Services recognizes the need to provide culturally sensitive services to families. The Adoption Consultants throughout the state have completed the NTI - Adoption Competency training, which has a wealth of resources about culture and the importance of providing appropriate services. All adoption contractors are required to offer culturally sensitive services to families.

Q: Does the state require therapists who are working with pre- and post-adoptive homes to be licensed and have some experience with pre- and post-adoptive issues with both the children and the adoptive parents?

A: Yes, the state requires that therapeutic services are offered by licensed mental health or social work professionals. Case management services are able to be provided by non-licensed baccalaureate level staff members.

Q: What are some practical ways to grow attachment with children who have been adopted with their adoptive parents?

A: Fahlberg, V.I. (2012). A child's journey through placement. London: Jessica Kingsley, pp. 62 discusses several ways to encourage attachment between children and their parents. These include responding to the child's arousal/ relaxation cycles (responding affectionately when child is hurt or ill; sharing excitement over achievements); initiation positive interactions (reading to child and playing games; going on special outings with the child); and claiming behaviors (hanging pictures of child on the walls; adoption announcements and celebrations).

Q: How long is the adoption process when someone adopts through the foster system?

A: In Indiana, children have to be placed in an adoptive home for six months before the adoption can occur. On average, children are adopted within 12 months of termination of parental rights.

Q: Where do I start with getting help with evaluation and getting a child diagnosed, and assistance if needed?

A: Post-adoption services are available statewide to help and offer support to families that have adopted and reside in Indiana. The post-adoption providers can help identify evaluation services for children and can be initiated by calling 1-888-25-ADOPT.

Q: Does DCS find they work with international adoption families post adoption at similar rates as in-state adoptions?

A: Post-adoption services are available to families that have adopted internationally, but most services are provided to those that adopted domestically.

Q: What are some resources for expecting mothers who want to consider adoption?

A: The Indiana Department of Child Services adoption webpage has a listing of agencies in Indiana that provide adoption services. It is located at: <https://www.in.gov/dcs/2736.htm>

Q: How much is counseling pre- and post-adoption encouraged and/or required?

A: Pre-adoption therapy is usually encouraged if the child is exhibiting emotional health issues or behavioral issues. While the child is still a ward, DCS can require that the child participate in therapy services. Post adoption, the child legally becomes the child of the adoptive parent(s); therefore, the decision of mental health service is at the discretion of the adoptive parent(s).

Q: How can healthcare providers, like women's health or pediatric providers, be more supportive of families struggling through the adoption process?

A: It is important for all providers, whether they are health care, educational, or other providers, to understand that all adoptions start with a loss. Biologically, there is a loss of relationships between the parents and children. Adoptive parents may be dealing with loss related to fertility or other events that created a desire to adopt. All providers can help people understand that it is important to grieve the losses for healing to begin.

Q: What is Reactive Attachment Disorder?

A: Reactive Attachment Disorder is often diagnosed in children that have experienced deprivation, maltreatment and disrupted attachments. The behaviors may, in fact, be maladaptive coping patterns created to defend against the trauma that the children have experienced. Common trauma or survival behaviors can include dishonesty, defiance, verbal and physical aggression, destruction of property, peer problems, anxiety, running away, manipulation, difficulty giving or receiving attention, and tantrums or outbursts.

Q: How much training do you give parents on the concept of attachment?

A: All people that adopt from foster care in Indiana receive Resource and Adoptive Parent Training (RAPT) on adoption. It does have information about attachment. It is a six-hour training, so the information is limited in scope to cover other topics of importance.

Q: What are the best tips and techniques you can share that would help a home-based social worker provide support and emotional/behavior skills for pre-adoptive parents and the youth/youths?

A:

1. Address the whole family by providing family-centered techniques and skill building. Always keep in mind that you are treating the family as a whole unit; it's a family issue, not a child issue.
2. Assess for strengths in the relationships, boundaries, roles, alliances.
3. Model and teach parents to build in trust-based practices to build attachments.
4. Bring fun into the family for positive connections – Theraplay activities are wonderful for this task.
5. Help the family set up family rituals that are inclusive of all members.
6. C.A.S.E. sells a card set called "52 Ways to Talk About Adoption." It has been an invaluable tool with adoptive families, especially when they set a time/day to do a card or two.
7. Help the family do a family project, like designing and drawing a family crest.
8. Both parents and youth need to be listened to with empathy when bringing concerns.
9. Teach parents the importance of having adoption competent service providers who understand the dynamics of adoptions and who: (1) have knowledge about loss as a core issue in adoption and how children process loss at different stages of development. (2) Have knowledge about the impact of trauma on children and families, as the most serious problems may result from traumatic experiences before adoption. (3) Have knowledge about the role and impact of attachment on the mind and body of the developing child. (4) Have experience in working with adopted children and their families. (5) Have knowledge of the types of help available for adoption related issues and problems.
10. Teach the parent what questions to ask when looking for an adoption competent therapist:
 - Do you prefer to work with the entire family or only with children?
 - What is your experience with adoption and adoption issues?

- How many adoptive families have you worked with?
- (Be specific about the adoption issues that affect your family, such as open adoption; transracial adoption; lesbian, gay, bisexual, transgender, and questioning adoption; searching for birth relatives; children who have experienced abuse or institutionalization; or children with attachment difficulties.)
- Have you taken any courses/trainings in adoption competency?

Q: Why do most adoptions fail? When they are on the brink of this, are there guidelines established to aid the family in navigating the presenting difficult issues?

A:

1. Lack of adoption competent therapist, mental health professionals and service providers; professionals who have a true understanding of the dynamics of adoption.
2. Families have a difficult time asking for help because they feel like they are failing or that they will be judged.
3. Families do not know who to ask for help from.
4. Parents have unrealistic expectations of child and themselves.
5. Parents might not have dealt with or understand the grief processes with adoption.
6. Safety issues in the home.
7. Families lack a positive support system.
8. Lack of informal supports.
9. Service gaps.
10. Inadequate parental preparation and training.
11. Insufficient information about the child's and/or family history.

Q: Why do negotiations take so long? What can be done to speed up the process?

A: Most negotiations are completed with 30 days of receipt of the necessary paperwork. Attorneys and FCMs can help staff by preparing them to develop budgets and supporting documentation early. Timely submission of this paperwork can help ensure that the negotiations happen in a timely manner.

Q: What more can be done to help place children that have termination and the pre-adoptive families back out?

A: Children and families need to be prepared to adopt. They need to grieve losses and be provided with resources that can help them form and solidify new attachments. Training and knowledge about issues of adoption can help. Any trainings on adoption competency will help providers work with families and be knowledgeable about issues surrounding adoption.

Q: As a school social worker, how can I be of assistance to this project? I am also a former DCS worker and an adoptive mother.

A: Being an advocate and educating school personnel on how trauma affects academic performance. If available, utilize school counselors to support students to process conflicts unique to being an adoptee such as explaining name changes, feelings that arise when asked to submit baby pictures they can't access, etc.

Q: How would an individual volunteer to assist and participate in adoption events? What activities could professionals partake in seeking to engage with organizations and communities, promoting opportunities to volunteer and donate? To promote employee and neighbor awareness of the adoption process and children's needs?

A:

- Commit to one or more of the activities below to be ALL IN for waiting children and youth
- Take a photo or video with an ALL IN Sign and post your picture or video on social media letting others know how you are ALL IN
- Share, like, repost and retweet #ALLINforWaitingKids as many times as possible.
- Find out how to become a foster or adoptive parent in your state and take the next step toward becoming a forever family for a waiting child/youth.
- Visit www.AdoptUSKids.org for more information and support in the process.
- Educate and inspire others by sharing foster-adoption stories with colleagues, friends and family.
- Become an adoption-friendly workplace with policies and incentives that support families pursuing adoption.
- Mobilize your church or faith community to become involved in supporting vulnerable children and those who care for them.
- Become a mentor for a young person in foster care and create a lifelong connection.
- Visit organizations like these for more information: International Student Foundation, Connections Homes, Care Portal
- Volunteer with a local agency that is working to support children and youth in foster care.

Q: Will the therapist have access to details about child's biological parents and reasons leading to adoption?

A: Not necessarily. After the adoption is final, the case is closed. Adoptive parents can review the child's file prior to the adoption, so they can provide the information that they know to the therapist.

Q: Why do adoptions cost so much? Where does the \$40,000 (on average) get allocated?

A: Adoptions through the public child welfare system do not cost \$40,000. Rather, they generally only cost filing and attorney fees, and much of that is reimbursable through funding for non-recurring Adoption Expenses.

Q: What are ways that we can better connect and support post-adoptive multi-racial families, given the current racial challenges and traumas?

A: Connecting families to organizations that embrace diversity that they may not be aware of such as urban programs. Support groups for multi-racial families where they have a safe place to share feelings and share ideas such as grooming hair textures that they are not accustomed.

Q: Are there resources available for families to be able to continue support services that are provided by DCS while fostering after adoption is final? Are there financial resources available?

A: Indiana offers post-adoption services to all families in Indiana at no cost to them. These are offered to all families that have adopted and live in Indiana.

Q: What are some suggestions you could give schools as to the best ways to address the needs of adopted children in the school setting?

A: Provide Trauma Informed training to their staff and education on non-traditional family dynamics.

Q: When pre-adoptive parents change their mind prior to adoption or have indicated they may be having second thoughts, what specific measures are available to help DCS and providers work together to assess situation quickly and provide interventions?

A: Indiana has a significant number of contracted agencies that can provide home based and counseling services to children and families. Using the Child and Family Team process early can help assess family situations and provide timely interventions.

Q: Are there any future processes in the works on streamlining the adoption process to make it quicker and easier for adoptive parents?

A: The adoption process is complex and requires background checks, training, preparation and home studies to ensure that children are placed in safe homes. There are not any pending changes to that process.

Q: Are there any discussions outside of individual regions on how to effectively recruit homes for adoption, but also pre-adoptive homes who can support reunification? What can Indiana do as a whole to speed up the adoption process?

A: Recruitment is always a priority, and there are ongoing discussions about new ways to recruit. Social media is being utilized more often and Indiana has begun working with America's Kids Belong and WNDU - Wednesday's Child to recruit adoptive homes.

Q: What is the best advice to give to pre-adoptive families?

A:

- Although adoption is a joyful occasion on many levels, it can also be confusing and sad for the adoptee.
- All adoptions start with a loss, and adoptive children are prone to struggle with grief and loss issues post adoption.
- The adoption itself can be a loss; loss of their biological family and the loss of the hope of being reunified.
- Adoption is a lifelong process and not an event; trauma doesn't just disappear after the adoption is final.
- After adoption, issues that arise are family issues, not the child's issues.

Q: Can we collaborate with local attorneys about adoptions (policy, procedure, rate of pay) to ensure all pre-adoptive families will have an attorney that will accept the adoption rate from DCS and that the court can refer families to?

A: Families need to be able to identify their own attorneys, and ethically, DCS cannot set rates for attorneys or require families to use specific attorneys.

Q: Which barriers were broken that enabled so many adoptions to go through? Which barriers are we currently addressing to increase the numbers even more?

A: Child welfare is always identifying barriers and working to resolve them. There has been a focus on permanency, and that has helped many children be adopted. Currently, DCS has implemented the Rapid Permanency Review, a model of the Casey Family Foundation. This model is designed to have a laser focus on permanency and seeks to remove barriers that stall a child's ability to achieve timely permanency.

Q: I want to determine the correct eligibility for my cases. How is it important to look at the historical information in the case?

A: Research tells us that there is a genetic factor to addictions and mental health issues. Children whose biological parents struggles with these issues are more likely to struggle with them as well as they get older. This leaves the child more prone to potentially needing specialized treatment in the future and Medicaid does not typically pay for specialized treatment.

Q: How much do services cost and who is responsible for those costs?

A: Post adopt, adoptive parent(s) are responsible for the expense of therapy and any additional services the child and/or family may need. A lot of adoptive children are eligible for Medicaid with eligibility

being determined pre adoption. Regarding cost, the average cost of therapy in Indiana ranges from \$60 to \$120 a session.

Q: What are some recommendations for finding suitable adoptive parents for teens and children with disabilities?

A: Recruitment is always a priority, and there are ongoing discussions about new ways to recruit. Social media is being utilized more often and Indiana has begun working with America's Kids Belong and WNDU - Wednesday's Child to recruit adoptive homes.

Q: What are some ways in which we can grow people's knowledge and awareness of the options of fostering and adopting youth?

A: Recently, we have seen commercials about being a foster parent and the need for teenagers to find placement. Expanding this effort to educate, normalize and motivate society to consider fostering and the benefits of adopting are important.

Q: What are some ways in which we can grow people's knowledge and awareness of the options of fostering and adopting youth?

A: Some agencies offer information nights. You can also call LCPA's and talk to a case manager.

Q: When there are adoption disruptions, do youth typically reunite with their biological families?

A: Youth that age out of care often reunite with their biological families or kinship network. When disruptions occur, however, DCS makes every effort to find permanency for the child with another family.

Q: How does DCS determine timeframe for TPR? Why don't visits stop once TPR is determined?

A: It is up to the judge and court of jurisdiction to order whether visits and services will continue pending Termination of Parental Rights (TPR) proceedings. The court is also involved in the timeframes for filing of TPR.

Q: What is being done to make Adoption Subsidy Negotiations a more efficient process? What is done if the state and foster parents can't come to an agreement on a subsidy amount? Is the state allowing this to delay or prevent permanency?

A: Adoption Subsidy negotiations are, on average, completed within 30 days of receipt of all paperwork from the adoptive family. DCS has created documents to help families be prepared and submit the

documentation needed for the process. If the family and DCS cannot come to an agreement on a subsidy, DCS will send a final offer letter to the prospective adoptive parent, and/or his or her attorney, stating the periodic payment amount that DCS agrees to pay and families make a decision as to whether they will accept the subsidy.

Q: Under what circumstances does DCS provide financial support during the adoption?

A: Children must meet eligibility requirements for adoption assistance programs. More information can be found out about eligibility by visiting www.in.gov/dcs/2354.htm

Q: What resources are out there for adopted and fostering families?

A: There are several resources available. To name a few:
<https://www.traumaknowledgemasterclass.com/>, Post Adoption Services, support groups through The Villages and Children's Bureau, Adoptive Parent Facebook Groups, <https://adoptionssupport.org/>, <https://honestlyadoption.com/>, <https://www.indianadisabilityresourcefinder.org/stage-of-life> and <https://www.nacac.org/>,

Q: What are the top 10 identified barriers that are commonly cited when we are discussing adoption with families and why they wouldn't want to?

A: **Adults Have Reported:**

1. Child emotional and behavioral problems significantly predicted parent dissatisfaction with adoption preparation. This includes child behavior and cognitive disability and physical disability.
2. Time-consuming nature of adoption process, and rigid placement parameters. The process is also viewed as extremely confusing, disrespectful of them, and extremely time-consuming.
3. Poor performance of social worker. — e.g., social workers were perceived as being insufficient.
4. Lack of communication from the social workers (i.e., not returning phone calls) resulting in feelings of being forgotten or forced to keep the process going through their own persistent efforts.
5. Parents expressed dissatisfaction when information was lacking or withheld, when they had quality concerns with the worker or agency.
6. Lack of services and support post adoption.
7. Overall, adoption-specific resource and assistance needs not being addressed.
8. Some couples are dealing with the grief of infertility and wanting to have their own biological child
9. "If a teen is up for adoption it's because they are ungovernable" is the perception, when in actuality, most teenagers get into the system the same way all kids do – their parents are unable to take care of them and they have been removed from the home.

10. School-related challenges when staff are not equipped to deal with the special needs of foster and adopted youth.

Youth Have Reported:

1. Trust issues with the system, with the new placement and other factors.
2. Insufficient parent training.
3. Lack of professional competence (i.e., practitioner's lack of competence in addressing trauma.)
4. Older youth don't want to pursue adoption because of all the losses they've experienced. They may not frame it or verbalize it that way ... but often they're scared (rightfully so) to risk yet another loss. It's easier not to invest the energy and time and risk being disappointed/abandoned again. So, we need to help youth see what they are potentially missing by not being open to a family – but buying into this is very hard if we haven't done the loss and grief work with them.
5. For some, they have been in the foster care system for so long that they felt that no one wanted them, or something was wrong with them.
6. Others are concerned about loyalty. Agreeing to an adoption may feel like turning their backs on birth family or siblings (especially when siblings aren't together). We need to help youth understand that they can love more than one family and this is certainly easier when adoptive parents are open to honoring birth family connections (whether that means letting youth have and talk about their memories and photos, etc.) or supporting contact of some kind.
7. Youth report that adoptive parents need to realize that kids are not blank slates – and especially for children in foster care who know and remember their families. We need to help adoptive families be comfortable with their children's birth family connections and culture.
8. Youth have also expressed the feeling that people would rather adopt younger children because they would have time to teach them about life and build memories with them.
9. Feeling abandoned and disconnected from birth family.
10. Youth feel really mixed – they may feel safe and stable, but also angry, sad, and confused in adoption situations.