



JANUARY 28, 2015

Domestic and International Adoption: Strategies to Improve Behavioral Health Outcomes for Youth and Their Families

ACKNOWLEDGMENTS

We would like to thank the following people for their participation in the planning committee for the **Domestic and International Adoption: Strategies to Improve Behavioral Health Outcomes for Youth and Their Families** meeting.

- Terry Baugh, Kidsave
- Heather Burke, Centers for Disease Control and Prevention
- Wilson Compton, National Institute on Drug Abuse, National Institutes of Health
- Angela Drumm, American Institutes for Research
- Kelly Fisher, Administration for Children and Families
- Robert Freeman, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health
- Amy Goldstein, National Institute of Mental Health, National Institutes of Health
- Valerie Maholmes, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health
- Sonali Patel, Administration for Children and Families
- Eve Reider, National Institute on Drug Abuse, National Institutes of Health
- Elizabeth Robertson, National Institute on Drug Abuse, National Institutes of Health
- Lisa Rubenstein, Substance Abuse and Mental Health Services Administration
- Kate Stepleton, Administration for Children and Families
- Phil Wang, National Institute of Mental Health, National Institutes of Health
- Mary Bruce Webb, Administration for Children and Families

BACKGROUND

On August 29–30, 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) hosted a two-day meeting to discuss science, policy, and practice related to the behavioral health challenges of children who have been adopted and their families. The interagency planning committee for the meeting included representatives from the Administration for Children and Families (ACF); Centers for Disease Control and Prevention (CDC); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institute on Drug Abuse (NIDA); National Institute of Mental Health (NIMH); National Institute of Child Health and Human Development (NICHD); and SAMHSA.

Amidst increasing concerns about unmet behavioral health needs among adopted youth and children, leadership from the U.S. Department of Health and Human Services (DHHS) proposed a meeting of child-serving agencies to discuss opportunities for serving these young people and their families. Specifically, the meeting brought together researchers, practitioners, policymakers, and family and youth leaders to review current research and practice pertaining to the behavioral health of families involved in domestic and international adoption.

The meeting focused on the behavioral health needs of adopted children, youth, and their families, and provided an interdisciplinary opportunity for participants to share knowledge and discuss implications for future research, practice, and policy.

The meeting agenda was framed by the following questions:

- What do internationally adopted youth and their families experience with regard to behavioral health concerns? What are the specific short- and long-term behavioral health issues?
- What type of access is available to youth who seek information and services to address behavioral health challenges?
- What other factors influence behavioral health outcomes (e.g., gender, trauma experience, age of adoption, families, communities, and native vs. adoptive culture and language)?
- Is the experience of internationally adopted youth different from domestically adopted youth? Do they have distinct behavioral health etiologies?
- What types of information and services are available to children, youth, and families to help them address behavioral health challenges?
- What interventions may be effective in preventing and treating behavioral health issues among domestically and internationally adopted youth?
- Given the current trends and the limited intervention research for adopted children and their families, what are key priority areas for future research investigation? How can current research be used to inform future research agendas, practices, and policies?

To ensure the inclusion of the wide range of parties involved in domestic and international adoption, the attendee list included nearly 100 issue experts, policy makers, researchers, and representatives from fields that included psychology, child and family development, neuroscience, behavioral health, epidemiology, and adoption advocacy. Attendees heard from family and youth adoption leaders, as well as from adults who had been adopted as children. These individuals helped frame the meeting through family-driven and youth-guided values.

Terry Baugh, President of Kidsave, served as moderator.

Over the two days, participants had opportunities to:

- Complete individual insight forms following each panel session;
- Participate in large group discussions following each panel session;
- Convene small workgroup discussions for each of three areas: research, practice, and policy;
- Identify gaps; and
- Identify issues for future actions.

PRESENTATIONS

Formal conference presentations and both large and small discussion groups focused on three main areas of adoption-related behavioral health issues: 1) research, 2) practice, and 3) policy. This report summarizes the presentations, as well as identifies challenges and opportunities for the future.

Following the presentations and questions, the participants formed workgroups under the three areas of focus; the issues to address within these areas are also included in this report.

Opening Remarks

Pamela S. Hyde, J.D., Administrator, SAMHSA; Thomas R. Insel, M.D., Director, NIMH; and George H. Sheldon, Acting Director, ACF, welcomed the participants and shared the following points:

- SAMHSA and other federal agencies have begun to collaborate to address the behavioral health needs of adopted children and their families.
- As a group, we need to identify solutions that make the best use of available resources and address gaps in supports, services, and information.
- It is important to determine how the Affordable Care Act can positively impact outcomes for children and families.
- Services for adopted young people and their families should include prevention, trauma-informed care, evidence-based treatment, and recovery support.

Overview: Trends in Domestic and International Adoption

PRESENTER:

Bryan Samuels, Commissioner, Administration on Children, Youth, and Families (ACYF)

SUMMARY:

Data from 2002 to 2011 show a steady decline in the number of children entering, exiting, and residing in foster care, with a similar decline in the number of children waiting to be adopted. In many cases, these declines are due to interventions that are helping families stay together or encouraging in-family placements in situations where separation from the immediate family is necessary. Most children adopted from child welfare are young (ages 1–3), while there is a dramatic decline in adoptions during the later teen years. Nearly half (45 percent) of children adopted from public child welfare are White, and Black and Hispanic children together represent 46 percent of adoptions. More than half (54 percent) of children who find permanent homes through the child welfare system are adopted by their foster parents.

PRESENTER:

Ambassador Susan Jacobs, Special Advisor to the Office of Children's Issues, U.S. Department of State

SUMMARY:

Since 2005, the number of children adopted from international locations has declined, but during that same period of time, the average age of internationally adopted children has increased from under age 1 to age 5 and older. The gender balance of these children has shifted from predominantly female in 1999 to a nearly equal balance in 2011. Though disrupted adoptions have made headlines in the U.S. and around the world, the number of disruptions is relatively small compared to successful permanent placements. Most countries have agreed to the Hague Convention guidelines for international adoption, but Russia has still not ratified its participation.

Framing the Issue: Youth and Family Voices for Adoption

Youth and family members presented individual accounts of their adoption experiences, with a particular emphasis on behavioral health issues.

PRESENTERS:

- Lisa Rubenstein, Public Health Advisor, SAMHSA
- Alyson Most, Youth Spokesperson
- Sarah Troxel, Youth Spokesperson
- Sharon Hunt, Family Spokesperson

SUMMARY:

Parents experience many challenges in finding supports for the myriad behavioral health issues of their adopted children. Trauma, neglect, and attachment disorder affect the emotional and social well-being of children and can be difficult to address due to a lack of understanding by primary care providers, child welfare, and juvenile justice representatives. Likewise, parents can feel unprepared and ill-equipped to deal with these concerns. Adopted children have varied experiences, which often depend on a number of factors; for example, the age at adoption, the level of community support, and the preparation and training received by adoptive parents. Family-driven and youth-guided care are critical components to consider when approaching discussions around adoption services and supports (see inset, page 5).

OPPORTUNITIES IDENTIFIED:

- Provide better pre-adoption training to parents and other family members around risk factors/trauma without intimidating them about the adoption experience.
- Conduct better screening of potential adoptive parents, and assess their ability to handle children with behavioral health issues.
- Facilitate and fund mechanisms to support parents (e.g., communities of practice, listservs, webinars, support groups).
- Support youth and their families post-adoption throughout the lifespan of the youth.

- Produce user-friendly and consistent guidance around approaches for dealing with youth with reactive attachment disorder.
- Develop systems of care to support adoptive families.
- Create more affordable options for in-home services (e.g., parent mentoring) and non-traditional therapeutic services (e.g., equine therapy, mentoring, art therapy).
- Create affordable respite services and have them in place pre-adoption.

Research Overview

Understanding the root of behavioral health challenges in adopted children is key to developing successful interventions for young people and their families. Researchers presented findings about various factors that can impact outcomes of children adopted domestically and abroad, including effects on brain development, cultural considerations, and prenatal exposure to drugs and alcohol. All presenters agreed that more research is needed to fully understand and support the needs of adopted children and their families.

Family-driven means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing, and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Youth-guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice and then listening to that voice.

PRESENTER:

Charles A. Nelson, Professor of Pediatrics and Neuroscience, Harvard Medical School

TITLE:

The Effects of Early Psychosocial Deprivation on Brain and Behavioral Development: Bucharest Early Intervention Project

SUMMARY:

Exposure to institutionalization early in life leads to reductions in brain size, with possible reduction in brain activity and head circumference. Profound early neglect, such as institutionalization, leads to dramatic changes in brain structure, with a differential effect on gray vs. white matter. Cortical gray matter is unaffected by foster care intervention, whereas white matter volume is increased by foster care intervention.

Being raised in an institution during the first few years of life can lead to a significant derailing of development across many domains, while placement in foster care can lead to improvements across a

majority of the domains. These include brain development, intelligence, language, and attachment, as well as a reduction in stereotypes, anxiety, and depression. Placing a child in foster care prior to age 24 months provides the greatest chance for improvement in IQ and secure attachments.

OPPORTUNITIES IDENTIFIED:

- Further research is necessary to establish optimal timing parameters (sensitive periods) in the context of neural plasticity, and we must ascertain what specific elements of the environment lead to such poor outcomes. In addition, we must figure out how to target affected neural circuits and, in so doing, develop targeted interventions.
- Placement in foster care prior to age 24 months leads to better outcomes in most, but not all, domains.
- Children will do best if institutions are eliminated, and evidence-based alternative care environments are developed in their place. Institutional care should be considered a last resort, and if children are young when placed there, efforts should be made to move them to permanent families as early in life as possible.

PRESENTER:

Richard M. Lee, Ph.D., LP, Professor of Psychology, University of Minnesota

TITLE:

Acknowledgment of Race and Difference in Transracial, Transnational Adoption

SUMMARY:

Forty percent of children adopted in the U.S. belong to a different race or culture than their adoptive parents, and 92 percent of U.S. adoptive parents are White. Many of these children experience significant identity issues—some because they are growing up in White households but are treated like a minority in all other aspects of society. Others experience a loss of extended family and culture and must assimilate into a new family environment. Transracial and transnational adoption experiences include difficulties with cultural socialization, identity development, and racism and discrimination. This has become a particular issue for Native American youth, as evidenced by the recent Supreme Court decision related to the adoption of a baby girl with Cherokee ancestry (*Adoptive Couple v. Baby Girl*, 570 U.S. ___, 133 S. Ct. 2552 (2013)).

Many parents try to be “colorblind” related to transracial or transnational adoption, believing that it is more important for the child to feel the same as his or her family, rather than different. Adopted children who are unable to adequately discuss or explore their race, culture, and nationality can experience less socialization and more discrimination than immigrants of the same background. Self-reports of discrimination among adopted individuals show negative effects on school and social competence, higher risk behaviors, and lower life satisfaction.

OPPORTUNITIES IDENTIFIED:

- Further research is needed with adopted adults to better understand the long-term role of racial and cultural identity in behavioral health.
- As more transracial, transnational adopted children begin entering adolescence and adulthood, we must develop and test evidence-based prevention and treatment interventions that can help them achieve behavioral health goals.
- More education and training can help adoptive parents understand the critical role of cultural and racial acceptance to positive behavioral outcomes.
- Children and adults could benefit from a more open attitude to birth family searches, access, and reunions, as well as access to genetic testing and a DNA registry.

PRESENTER:

Fred Wulczyn, Senior Research Fellow, Chapin Hall at the University of Chicago

TITLE:

Adoption in the U.S.: Trends and Themes

SUMMARY:

Infants (children under the age of 1) are a growing proportion of first-time admissions to out-of-home care, and the youngest children spend the most time in out-of-home care. Infants are more likely to be placed in family care than older children, who are often placed in group or kinship care. Infants are more likely to be adopted, and nearly half of all adoptions are of children who entered care before age 1.

Among infants placed in out-of-home care, 60 percent were children of color (39 percent Black and 21 percent Hispanic); among older age groups, children of color made up 46 percent. More Blacks (39 percent) enter the foster care system as infants, while Whites (48 percent) are more likely to enter at an older age. Nearly half of infants (46 percent) and a fifth (21 percent) of older children enter out-of-home care due to physical neglect/failure to thrive. Families of children placed in foster care experience caregiver drug or alcohol abuse (infant—61 percent; other (older) children—41 percent) and difficulty paying for necessities (infant—57 percent; other (older) children—39 percent), along with other barriers to successful parenting.

OPPORTUNITIES IDENTIFIED:

- Evidence-based interventions should be taken to scale to ensure that they can positively affect the entire population of at-risk families. These should focus on giving parents and children a chance to thrive together.
- There is a need to investigate the differences in likelihood of adoption between and within states. This provides a natural laboratory for learning what matters.
- Waivers can be used to manage incentives.
- We need to increase positive adoption outcomes for older children and look more to relatives as resources.

PRESENTER:

Claire Coles, Ph.D., Professor, Department of Psychiatry and Behavioral Sciences and Pediatrics, Emory University School of Medicine

TITLE:

Substance Abuse: Implications for Domestic and International Adoption

SUMMARY:

Of the children in the U.S. child welfare system, as many as 70–80 percent are from families where substance abuse is a problem, and a higher percent of exposed children are eventually placed for adoption vs. reunification. Drug-involved children may also remain for a longer time in foster care. Agencies advise that all parents contemplating adoption should assume that the child has had prenatal exposure. Alcohol exposure is also a significant problem, especially for children adopted internationally, particularly those from Eastern Europe. Exposure to heroin, cocaine, and other drugs are also common in children from South America and Asia.

- Children of persons with substance use disorders bring substantial histories of developmentally challenging environments and maltreatment into adoption. That is to say, environments that, due to social, educational, and financial challenges, are not able to provide the support needed for optimal emotional and cognitive development. In general, these children experience higher rates of school absenteeism, and they are almost three times more likely to be abused and more than four times more likely to be neglected.
- Drug- and alcohol-exposed children who are constitutionally more sensitive, temperamentally more difficult, premature, and in other ways biologically compromised have increased vulnerability to environmental stressors.
- Alcohol- and drug-affected children have higher likelihoods of having specific behavioral and developmental service needs, including behavioral regulation problems and learning problems.

OPPORTUNITIES IDENTIFIED:

- A multifaceted approach is needed to meet the behavioral health needs of adopted children and their families, including clinical service, social policies, and additional research.
 1. **Clinical Practice:** Seek to expand preparation of and education for professionals and parents, early identification of substance abuse exposure, and protocols for professional groups.
 2. **Policy:** Seek pre- and post-adoptive support for families and include substance abuse exposure as a risk factor and indicator for services.
 3. **Research:** Create mechanisms to better understand outcomes for adopted exposed children, effects from changes in social policy, and evidence of factors that support positive outcomes.

As a result of the discussion between the research panelists and meeting attendees, a Research Workgroup formed. Chairs of the workgroup are:

-
- Richard Barth, Dean of the School of Social Work and Professor, University of Maryland, School of Social Work
 - Jeanne Miranda, Center for Health Services and Society, Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles

The workgroup presented the following issues to address and has worked on them in the year following the meeting. Subsequent activities of the Research Workgroup are also detailed in the section titled “Post-Meeting Workgroups” on page 20.

RESEARCH WORKGROUP ISSUES TO ADDRESS:

- Improve data collection to accurately identify adopted children and adoptive families.
- Increase and improve research specific to adopted children, adoptive families, and the behavioral health issues associated with pre-adoption institutionalization.
- Improve mechanisms for sharing adoption-related research data with families, health care professionals, and service providers.
- Specifically include and/or reference adoptive families in the National Children’s Study.
- Increase and improve research and analysis of the role of culture, race, and ethnicity in adoptive families.
- Create systems for the research, examination, and analysis of “unsuccessful” placements.
- Create system for collecting data about adoption disruption and displacement.
- Build long-term research on the needs of children and families after finalization, with a comparison by adoption type, age, etc.
- Conduct research on developmental psychopathology and its relationship to other long-term outcomes in adopted children.
- Conduct secondary analyses of National Center for Health Statistics (NCHS) and CDC databases to determine what can be learned about behavioral health needs of adopted youth and children.
- Conduct longitudinal research on the needs of children and families after finalization, with a comparison by adoption type, age, etc.

Practice Overview

Health, education, child welfare, and behavioral health practitioners are critical players in the successful development of adopted children and their families, yet there is little understanding among professionals about how best to support these young people. Few evidence-based interventions exist across key practice areas, and more training is necessary for families and professionals to address the needs of adopted children.

PRESENTER:

Debbie Riley, LCMFT, Chief Executive Officer, Center for Adoption Support and Education (C.A.S.E.)

TITLE:

Framing the Issues: A Practitioner's Perspective

SUMMARY:

For most children, adoption itself is a huge protective factor, bringing permanency, safety, and a nurturing environment to children who have generally been in less-than-adequate situations. The majority of children come to their new families from backgrounds that can lead to elevated risks for developmental, health, emotional, and/or behavioral issues. The impact of such experiences poses challenges for these children and their families at various times in the adoptive family life cycle.

The utilization of clinical services by adoptive families is about triple the rate reported by birth families. Part of this difference is due to a greater need for assistance, as well as a greater willingness or desire to seek help. Adopted children also are more likely than their non-adopted peers to score in the clinical range on standardized behavior problem measures.

The Center for Adoption Support and Education (C.A.S.E.) was created in 1998 as an adoption-competent mental health center, and since 2008, has provided counseling to more than 1,600 families. C.A.S.E.'s Training for Adoption Competency (TAC) seeks to develop national, evidence-based, adoption-competent clinical training standards for mental health professionals; design, test, and evaluate a replicable model for adoption-competent post-master's training that integrates the national standards; and develop, test, and evaluate a replicable model of ongoing supervision of trained, post-master's therapists to support and sustain adoption-competent clinical expertise and efficacy.

OPPORTUNITIES IDENTIFIED:

- Increase research on post-adoption interventions in order to create evidence-based services that are effective.
- Create a national task force to guide strategic planning in the development of post-adoption services, bringing together practitioners and researchers to facilitate policy change and practice improvements.
- Ensure accessibility and affordability of adoption-competent services.
- Expand pre- and post-graduate training to behavioral health providers to ensure adoption competency.
- Develop national certification in adoption competency.

PRESENTER:

Lisa Albers Prock, M.D., M.P.H., FAAP, Developmental Behavioral Pediatrician
Director, Adoption Program, Children's Hospital Boston
Assistant Professor, Harvard Medical School

TITLE:

Domestic and International Adoption: Strategies to Improve Behavioral Health Outcomes for Youth and their Families

SUMMARY:

Families with children of adoption have many concerns related to how the adoption experience might be affecting their adopted children's behavioral health. Many worry that their adopted children's problems in family functioning are related to trauma, attachment, adoption and loss (e.g., loss of original family), alcohol and other substance exposure, or orphanage experiences.

OPPORTUNITIES IDENTIFIED:

- There is no common pre- or post-adoption screening for child development and behavioral issues, and evidence-based guidelines are needed for pre- and post-adoption screening for developmental and behavioral issues in pediatric and educational settings.
- There is limited experience and knowledge in school systems regarding the implications of second primary language learning and the impact of pre-adoptive experiences. A national resource center and longitudinal research that gains a better understanding of children's development following adoption could help families and schools better understand behavioral difficulties for learning and the best way to address them. Interventions that focus on synchronous interactions and nurturing care can enhance secure attachment, decrease expression of negative emotions, and enhance executive functions.
- There is a need to identify and create potential community resources for adoptive families.

PRESENTER:

Mary Dozier, Amy E. du Pont Chair of Child Development, University of Delaware

TITLE:

Interventions for Adopted Children

SUMMARY:

In cases of extreme neglect, such as institutionalization, children miss critical caregiver co-regulation of basic functions, including physiology, behavior, and emotions. While adoption is the most potent intervention for human beings, it often can't fully eliminate persistent problems with self-regulation. This can lead to problems with attachment, expression of emotions, and control of behavior.

Interventions such as synchronous interactions and nurturing care can enhance secure attachment, decrease expression of negative emotions, and enhance executive functions.

OPPORTUNITIES IDENTIFIED:

- We must begin to understand where recovery is happening and where it is not, including identifying which families most need interventions.

PRESENTER:

Leslie Leve, Ph.D., Senior Scientist, Oregon Social Learning Center

TITLE:

Parent Management Training Interventions for Foster Children: Can They Be Effective for Adopted Youth?

SUMMARY:

The Oregon Social Learning Center (OSLC) has created a family-based intervention model for foster care that could be effective for adopted children. The model includes parenting groups, child skill-building, therapy, and on-call consultation.

The approach targets multiple systems with strength-based, developmentally sensitive therapies in partnership with existing family service agencies. Interventions also vary depending on the age of the child. Children and families who participate experience fewer problem behaviors per day, fewer health-risk behaviors, and fewer placement disruptions. The approach is also found to be cost-effective, particularly due to reductions in crime.

OPPORTUNITIES IDENTIFIED:

- There is a need for more effective approaches in recruitment, screening, and placement, as well as a better understanding of the factors that influence approvals or disapprovals.
- How do we determine which treatment components will be effective for which youth, considering adoption-specific challenges and needs, diversity, and neurobiological and genetic systems?
- Investments should focus on supports and services that enhance resilience.

PRESENTER:

Ben Kerman, Director, Research, Annie E. Casey Foundation

TITLE:

Supporting Evidence-Based Services to Improve Behavioral Health Outcomes for Adopting Families: Collaborating to Improve Evidence and Scale

SUMMARY:

Mental health problems are more frequent among maltreated children and youth in foster care, and service utilization among adopted families is almost triple the rate among birth families. Though there are many evidence-based interventions known to improve outcomes for families, they are rarely applied in cases of foster care and adoption.

OPPORTUNITIES IDENTIFIED:

- Establishing a larger, more comprehensive inventory of evidence-based practices is necessary but insufficient.
- Collaborating with successful community-based programs and models could improve inventory and build capacity to implement effective strategies.

PRESENTER:

Thomas M. Crea, Assistant Professor, Boston College Graduate School of Social Work

TITLE:

Adoption Home Studies: Research and Practice

SUMMARY:

Home studies in child welfare practice are designed to educate and prepare foster and adoptive families for child placement, to gather information about the family for the purposes of matching, and evaluate the fitness of a family. The process varies across agencies and jurisdictions, with extensive reliance on self-reported information by families. Family-reporting often fails to reveal critical elements of parent histories, such as trauma, substance use, or past abuse and neglect.

The Structured Analysis Family Evaluation (SAFE) home study takes a more prescribed and structured approach and is being used in 25 states and five Canadian provinces. It includes applicant-completed questionnaires, structured reference letters, psychosocial inventory, compatibility inventory, and use of a desk guide. Parents and professionals report preferring this approach, believing that it is more comprehensive, more professional, and more equitable. Studies of SAFE also reveal areas for improvement, including variations between male and female responses and the need to use multiple information sources.

OPPORTUNITIES IDENTIFIED:

- There is a need for more effectiveness in recruitment, screening, and placement, as well as a better understanding of the factors that influence approvals or disapprovals.
- There is a need to assess the relationship between pre-placement adoptive family functioning and post-placement outcomes for children and families.

PRESENTER:

Janice King, LMSW, Program Manager, National Resource Center for Adoption at Spaulding for Children

TITLE:

Behavioral Health Services for Adopted Youth and Their Families

SUMMARY:

Adoptive families and adopted children face issues that other families do not. These core issues can include mastery or control, entitlement, claiming, unmatched expectations, family integration, separation, loss and grief, attachment, and identity formation. An effective practice framework for adoptive families is family-centered, strength-focused and normalizing, family-directed, community-based, multi-disciplined, and adoption and culturally sensitive and competent.

Most states have an array of services available to youth adopted through their state child welfare systems. Child welfare services provide an adoption assistance agreement, which is an actual contract signed with the adoptive family that provides a monthly board payment. Other services include day care; counseling/therapeutic services; respite; tutoring; mentoring; residential care; and services not paid through medical assistance or other state resources. States also provide professional and parent education, therapeutic services, and residential treatment.

OPPORTUNITIES IDENTIFIED:

- Few of the services that do exist are available to the internationally adopted or private-domestically adopted.
- There is a need to ensure that adequate preparation and background information sharing occurs for families well before adoption finalization. This is especially difficult in some international adoption situations where less background information is available.
- Engagement with adoptive families should continue from point of finalization of adoption, so that needed supports are in place before a crisis occurs and to prevent disruption.
- Future program development should include assessment of current programs, embracing development of principles for working with families, developing a cross-system view for working with families and professionals, focusing on the delivery of services, creating partnerships, and planning for results.

PRESENTER:

Nicholas Kahn, Ph.D. Candidate, Department of Economics, American University

TITLE:

The Demand for Post-Adoption Services

SUMMARY:

There is a scarcity of research data that describes the need for and efficacy of post-adoption services. The research available indicates that children adopted after foster care are more likely to have problems in multiple dimensions.

Demand for and utilization of services varies by type of adoption and includes information, tutoring, and mental health assistance. There is substantial unmet need for child support groups across adoption types, and while most families do not demand crisis counseling, when they do, the service is often not delivered. In foster care adoptions, there is substantial and unmet demand for respite care.

All families have a large unmet demand for child support groups, especially families of Hispanic children. Data also show large racial disparities in unmet demand for tutoring and mentoring among the parents who adopt from foster care. Black parents are much more likely to experience unmet demand than White parents for these services.

Future research should examine the effectiveness of post-adoption services. It is important to understand whether families are receiving needed services, and it is critical to understand whether the services are having an impact.

OPPORTUNITIES IDENTIFIED:

- Scarcity of information regarding services received and efficacy of these services is a significant challenge to understanding best practices in post-adoption services.
- There is great variation among states related to the availability of post-adoption services.
- We can benefit from identifying/measuring the benefits of post-adoption services, as well as identifying and eliminating unmet demand.
- There is a need to identify sources of success in mental health services.
- We can apply lessons to crisis counseling, respite care, and child support groups.

As a result of the discussion between the practice panelists and meeting attendees, a Practice Workgroup formed. Chairs of the workgroup are:

- Janice Goldwater, Executive Director, Adoptions Together
- Debbie Riley, CEO, Center for Adoption Support and Education

The workgroup continued its duties in the year following the meeting. Subsequent activities of the Practice Workgroup are detailed in the section titled “Post-Meeting Workgroups” on page 20.

PRACTICE WORKGROUP ISSUES TO ADDRESS:

- Develop and/or improve prevention and early intervention practices to support adopted children who spend time in institutions and their families.
- Improve access to post-adoptive services.
- Improve access to background information on adopted children (birth parents, situation, trauma experience, etc.).
- Provide education on the dynamics of adoption to families, health care providers, educators, law enforcement, etc.
- Increase capacity of providers in child welfare and international adoption to administer and interpret the results of validated screening and assessment tools.
- Standardize administrative data collection across adoption systems—for example, international adoption and domestic adoption.
- Make adoption support services consistently available to both domestically and internationally adopted youth.
- Implement systematic scheduled follow-up protocols for advanced multi-level services for children and families.

-
- Create an infrastructure through which public and private adoption services agencies can maintain connections with adopted children who have “aged-out” of formal systems.
 - Identify professionals who can lend expertise to educating the public about key issues, challenges, and opportunities related to adoptive families and behavioral health.
 - Increase and improve programs for adoptive parents that focus on specific parenting styles, potential challenges, and strategies for addressing challenges.
 - Capitalize on diverse behavioral health treatment approaches, including webinars, group-mentoring, online services, etc.
 - Identify risks profile for families, so that agencies and governments can provide them with support, trainings, and intervention services more quickly and efficiently.
 - Increase examination of the role of extended family and the opportunities for the support that such family members provide.
 - Integrate adoption-competent care into National Child Traumatic Stress Network.
 - Identify professionals who can lend expertise to educating the public about key issues, challenges, and opportunities related to adoptive families and behavioral health.
 - Revise policies to require periodic review of adoption assistance agreements.

Policy Overview

Federal and state policies can facilitate positive adoption outcomes. These policies should be expanded to promote positive behavioral health outcomes for children and families. Presenters cited a need for better policies addressing a variety of issues, including placement, community-based supports, and reunification.

PRESENTER:

Rita Soronen, President & CEO, Dave Thomas Foundation for Adoption

TITLE:

Dave Thomas Foundation for Adoption

SUMMARY:

The Dave Thomas Foundation for Adoption (DTFA) works to dramatically increase the adoption of children from North America’s foster care systems. The Wendy’s Wonderful Kids initiative focuses on permanent placement for individual children. Experienced adoption professionals analyze program data, develop a relationship with the child, and understand his or her history and needs. The professionals then build and implement an active, dynamic recruitment plan, coupled with a diligent search for a family match.

A child served by a Wendy’s Wonderful Kids recruiter is 1.7 times more likely to be adopted than a child not served by Wendy’s Wonderful Kids, and the impact is greater for older children and those with mental health disorders.

OPPORTUNITIES IDENTIFIED:

- Though resources are scarce, DTFA will continue to award grants for the Wendy's Wonderful Kids effort. The program is collecting and sharing best practices.
- The best opportunity for wider success is scaling up through public-private partnerships and state and federal policies that support the model.

PRESENTER:

Nicole Dobbins, Executive Director, Voice for Adoption

TITLE:

Policy Implications Panel

SUMMARY:

Families report a lack of community-based supports and services that can respond appropriately to mental health, educational, and developmental issues resulting from past traumatic experiences. Adoptive families report multiple struggles to find and/or access adoption-competent community-based supports to meet their children's needs and stabilize their families. There is a need for an established set of principles for adoption-competent mental health services.

OPPORTUNITIES IDENTIFIED:

- States struggle to find the sustainable funding to provide adequate post-adoption services, which has the potential to create inconsistency across the country and unreliable program consistency.
- Very little emphasis is placed on research and evaluation of post-adoption service models, resulting in a lack of an evidence base for service development.
- There is a need for increased quality of care in this area, specifically more adoption-competent trained mental health providers.
- Many state policies appear to have a harmful impact, forcing children to be relinquished to obtain adequate mental health services. Various harmful internal residential facility policies can also be a barrier when family visitation is not encouraged due to the lack of understanding of adopted youth/family needs.
- Best practices should be further developed and articulated into standards for working with adopted children and families' therapeutic needs.
- There is a need for an evaluation of services and outcomes to enhance best practice knowledge and eliminate poor policies that do not promote family support and stability.
- Child welfare and Medicaid agency collaborations should support foster care and adoption-specific training of mental health practitioners.
- Advocates must continue to engage and gain feedback from children and families about what works and what doesn't and reevaluate programs and policies as necessary.

PRESENTER:

Richard Barth, Dean of the School of Social Work and Professor, University of Maryland, School of Social Work

TITLE:

Adoption Policy Implications

SUMMARY:

The number of domestic adoptions is at historic highs. The most likely outcome for any domestic adoption is that it will be difficult, but successful. Many adoptions are troubled, and the possibility of adoption disruption for any family is concerning. Adoptive families can face a wide array of “untoward outcomes,” including distress, developmental delays, displacement, abuse and neglect, and violence. Adopted children have high rates of use of residential care, and this has a very high cost to society and little evidence of effectiveness.

Research is inadequate related to our understanding of adoption outcomes and disruptions. This lack of information about how age-at-adoption, foster status, and interventions contribute to or protect against disruptions.

OPPORTUNITIES IDENTIFIED:

- Mine data to determine answers to policy and practice related to adoption disruption. There is a need to better understand the trajectories of family discord and disillusionment. Some of this information can be obtained from adoption programs that are monitoring requests for changes in subsidies, keeping track of how often families change address, and ensuring that adopted children are enrolled in school.
- There is an argument to be made that we wait for significant expansion of post-adoption services until we have evidence of effective interventions. There is an urgent, current need to develop and test such programs.
- Analyze existing data to determine answers to policy and practice questions related to adoption disruption.

PRESENTER:

Sandy White Hawk, Director, First Nations Repatriation Institute

TITLE:

The Adoption Era: Finding Our Place in the Circle

SUMMARY:

American Indians and Native Americans are often referred to as First Nations. Prior to the passage of the Indian Child Welfare Act, many First Nations children were adopted outside of their cultural homes. The

impact on individual children is trauma, a loss of identity and personal power, a loss of legal and tribal status, and disruption of the family structure.

The First Nations Repatriation Institute is working to create a resource for First Nations people impacted by adoption and foster care that allows them to return home, reconnect, and reclaim their identities and citizenship.

OPPORTUNITIES IDENTIFIED:

- Many children who are separated from their First Nations roots experience disenfranchised grief, which is symptomatically comparable to post-traumatic stress disorder. Policies are needed that facilitate reunification.

As a result of the discussion between the policy panelists and meeting attendees, a Policy Workgroup formed. Chairs of the workgroup are:

- Nicole Dobbins, Executive Director, Voice for Adoption
- Howard Davidson, Director, ABA Center on Children and the Law, American Bar Association

The workgroup continued its duties in the year following the meeting. Subsequent activities of the Policy Workgroup are detailed in the section titled “Post-Meeting Workgroups” on page 20.

POLICY WORKGROUP ISSUES TO ADDRESS:

- Increase public education and awareness of post-adoption dynamics, opportunities, challenges, and support services.
- Create practical tools and methods for disseminating relevant resources and information on the availability of services to the public and engage the U.S. Department of Health and Human Services and the U.S. Department of State to help disseminate these resources.
- Increase public dialogue on issues that are unique to adoptive children and families.
- Increase public awareness of normative development processes associated with adoption.
- Increase and improve opportunities for adoptive families to have an impact on public policy.
- Increase and improve opportunities for youth and adults who were adopted as children to have an impact on public policy.
- Eliminate policies that require relinquishment to access support services for adopted children and their families.
- Establish uniform procedures/standards for agencies facilitating international adoption.
- Broaden capacity of communities to completely serve adoptive families.
- Require state public agencies and Hague-approved agencies to disclose and report disruptions.
- Increase examination of the role of extended family and the opportunities for support that such family members provide.
- Continue to address and develop strategies/programs to eliminate use of institutions in the placement of children awaiting adoption.

POST-MEETING WORKGROUPS

Since the meeting took place, the Research, Policy, and Practice Workgroups continued to meet and draft further issues in each area of focus. Subsequent activities and issues to address of each workgroup are detailed below.

Research Workgroup Progress:

- Developed a comprehensive list of existing data sets that include adoptive populations.
- Currently preparing an NIH grant application to obtain support to run data analyses on existing data sets to identify those adoptive families at highest risk for child problems, and to identify factors that protect/prevent children at risk from developing problems. This work would help identify potential intervention targets to improve child and family outcomes, including the identification of children and families who would benefit most from intervention, specification of the types of interventions that might be most effective for children and families with specific risk and protection profiles, and identifications of critical times to intervene that would be most appropriate for different developmental stages.

Practice Workgroup Progress:

- Established a workgroup vision: To expand the awareness and knowledge base surrounding issues that impact the social-emotional development of adoption triad members (birth/adoptive parents/adoptees), which will increase the competency of therapeutic intervention and result in better outcomes leading to healthier individuals and communities.
- Proposed that SAMHSA consider:
 1. Adding content pertaining to clinical issues associated with adopted children and youth and families and strategies for effectively addressing these behavioral health issues to the SAMHSA website. Content could include information around identity, loss, and other core issues that are critical to understanding the special needs of this population.
 2. Creating materials for professionals, families, and youth to be posted on the SAMHSA website.
 3. Providing technical assistance addressing adoption issues through webinars and seminars to grantees, professionals, families, and youth.
 4. Building upon the knowledge base and research already established in the field to shape the direction of clinical intervention and move toward the creation of evidence-based practice for this population.
 5. Serving as a leader by encouraging and educating other federal agencies and organizations about the unique behavioral health issues of this population and creating a conversation that will increase the opportunity for cross-collaboration across organizations.

Policy Workgroup Progress:

- Following the SAMHSA conference, the Policy Workgroup met by conference call to discuss recommendations in further detail. The issues to address represent policy priorities that would support improvements in health outcomes for adopted children and their families.

-
- Convene a joint meeting between SAMHSA, ACYF, Centers for Medicare and Medicaid Services (CMS), states, and tribes to examine state-by-state policy implications for this population, with the intended goals to:
 - Develop better coordination of funding and services (that may be available but have not been made accessible to adoptive families).
 - Provide technical assistance and effective strategies to address the needs of these families.
 - Work to implement the collaborative policy issues put forth by national advocacy groups already examining the need to strengthen post-adoption services.
 - Increase federal funding for post-adoption services that is both flexible and sustainable, so states and tribes can rely on ongoing funding to enable longer term investments in their post-adoption services infrastructure.
 - Eliminate policies that require parental relinquishment to allow parents to access state-funded mental health services for their children.
 - Support culturally competent training on adoption and post-adoption behavioral health needs for child welfare workers, mental health clinicians, state or tribal administrators, parents, medical personnel and law enforcement—all systems with whom families regularly interact when an adopted child has a mental health emergency.
 - Promote the development of 24/7 mental health support for families, particularly those pre- and immediately post-adoption, to respond to families’ concerns and link them to needed services in their area, focused specifically on the types of behavioral and emotional issues faced by adopted children and their families.
 - In the FY 2014 grant cycle, support research and evaluation of post-adoption services by funding community grants (through the Children’s Bureau and/or SAMHSA) that specifically target post-adoption services programming, including further development and dissemination of adoption-competent mental health access.
 - Track data on adoption dissolutions by adoption type (domestic and international). Require public and private agencies to report annually on adoptions that fail. Require an input method that allows for a description of the reason the adoption dissolved and what services were or were not provided.
 - Develop a database of adoption-competent mental health providers.
 - Best practices must be articulated and developed into standards for working with adopted children and their families in providing post-adoption, mental health, or other services.
 - House the database on the Children’s Bureau’s Child Welfare Information Gateway and/or include a section dedicated to mental health professionals for information about how to study/become certified in post-adoption services competency.
 - Develop a marketing and dissemination plan for informing adoptive parents, medical professionals, and the public about this new resource.
 - Through the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), Congress acted to de-link Title IV-E Adoption Assistance from outdated eligibility standards

under the old Aid to Families with Dependent Children (AFDC) program. This approach is currently being phased-in over time and, in FY 2018, all IV-E eligible children in foster care will be able to benefit from federal adoption assistance. This provision also includes a requirement to ensure that states' cost savings remain in the child welfare system. As a result, states will save money that would have been spent on state adoption assistance. A portion of these state savings—generated as a result of the increased federal revenue to the child welfare system for adoptions—should be reinvested by states into sustaining adoptive families and ensuring their success. These state dollars should be redirected into a dedicated fund for post-adoption support services.

- Further explore the impact of the Affordable Care Act on adoption policy:
 - Starting in 2014, there is mandated priority access to health care: How will adoptive families with children needing behavioral health care be informed as to benefits available? Recommend special attention be given to engaging and informing this population by ensuring specific behavioral health targeting and marketing to adoptive families.
 - Infuse family-focused adoption competence within existing community-based services.
 - Improve data gathering and tracking of adoptive families that come through a range of systems to identify causes of children's behavioral health problems and how families fare in addressing those challenges.
- Develop an in-depth national policy report to include issues to address for improvements on systemic issues that overlap with Medicaid and parents' access to post-adoption services. Specifically address the following:
 - Accessibility and affordability of adoption-competent behavioral health services.
 - Lack of acceptance of Medicaid and/or low Medicaid reimbursement rates for trained therapists.
 - Barriers for families living in rural areas and interjurisdictional challenges.
 - Need for culturally competent, adoption-specific behavioral health support, particularly for families that adopt children from cultures different from their own.
 - Case examples of technology advances that support improved access.

CONCLUSIONS/NEXT STEPS

SAMHSA'S LEADERSHIP ROLE ADDRESSING BEHAVIORAL HEALTH NEEDS OF ADOPTED YOUTH

The focus of the conference and subsequent workgroups address the following SAMHSA strategic initiatives.

- **Prevention of Substance Abuse and Mental Illness:** Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness; substance abuse, including tobacco; and suicide. This Initiative includes a focus on the nation's high-risk youth, youth in tribal communities, and military families.
- **Trauma and Justice:** Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.
- **Recovery Support:** Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral health system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.
- **Data, Outcomes, and Quality:** Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.
- **Public Awareness and Support:** Increasing the understanding of mental and substance use disorders and the many pathways to recovery to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

SAMHSA's leadership role in the meeting includes launching the workgroups and coordinating with workgroup chairs, providing administrative support and guidance to the workgroup chairs, developing this report, and identifying distribution channels for the report. SAMHSA also will identify opportunities to share findings from this meeting with other agencies within the U.S. Department of Health and Human Services, as well as collaborate with the planning committee to identify simple ways partner agencies can integrate the population of adopted children and youth into ongoing work. SAMHSA will continue to support the role of the workgroups and will disseminate resulting findings to partners and participants.

NIH ACTIVITIES PERTAINING TO THE BEHAVIORAL HEALTH NEEDS OF ADOPTED YOUTH

Several NIH Institutes (NIMH, NIDA, NIAAA, and NICHD) participated in planning the meeting. These Institutes all encourage and support research on the behavioral health needs of children and families, including investigator-initiated studies of the epidemiology, etiology, prevention, and treatment of mental, emotional, and behavioral problems, including internationally and domestically adopted youth. For example, NIMH-funded research includes longitudinal studies of risk and resilience, efforts to develop and examine strategies for improving behavioral outcomes for adopted youth and their families, and studies of psychotropic medication use among children in foster care. NIDA also funds longitudinal

studies on children in foster care with multiple foci. These studies address stress reactivity and behavioral functioning among young children who have experienced trauma; interventions for children in foster care, their families and caregivers; interventions targeted to the child-welfare system, and a Research Center with several studies examining strategies and best practices for the large-scale implementation of evidence-based foster care programming for children, from early childhood through adolescence.

NICHD also supports a range of prospective studies examining the long-term impacts of family context and early adversity on children's social, affective, cognitive, and physiological development. For example, one study investigates the dimensions of early stress and child welfare involvement by examining the associations between early neglect, multiple caregiver transitions, and outcomes in middle school. Other studies are examining the effectiveness of parenting programs and systems interventions designed to serve children in foster care. In addition, NICHD-funded research focuses on vulnerable children in international settings. Researchers are examining parenting and other caregiver practices in various low- to middle-income countries. Another study examines the long-term developmental effects of variations in early social-emotional relationship experiences in children reared in orphanages. This study is one of the largest follow-up studies of children reared in orphanages who are deficient only with respect to their social-emotional environment. Having been exposed to a particular phase of the intervention, these children are followed as they are adopted into either highly advantaged homes in the United States, or reunited with their less-advantaged biological parents in St. Petersburg, Russia. Using a variety of psychosocial measures and key informants, the study tests whether exposure to this early intervention (caregiver training plus structural changes in the orphanage, caregiver training only, or no treatment) had greater relative benefit for children subsequently reared in less rather than more advantaged families.

NIAAA conducts and supports alcohol-related research in a wide range of scientific areas including genetics, neuroscience, epidemiology, prevention, and treatment. Through its research programs, NIAAA aims to better understand the health risks and benefits of consuming alcohol, as well as why it can cause addiction; reveal the biological and socio-cultural origins of why people respond to alcohol differently; remove the stigma associated with alcohol problems; and develop effective prevention and treatment strategies that address the physical, behavioral, and social risks that result from both excessive drinking and underage alcohol consumption.

A major issue among adopted children is fetal alcohol spectrum disorders (FASD). NIAAA promotes and advances new research on FASD by participating in the Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders (ICCFASD). ICCFASD coordinates the activities of all federal agencies who seek to solve the challenges posed by FASD.

In addition, in 2001–2005, the NIAAA conducted the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The NESARC longitudinal survey consists of a first wave (Wave 1), conducted from 2001 to 2002, and a second wave (Wave 2), conducted from 2004 to 2005. The NESARC sample represents the civilian, non-institutionalized adult population of the United States.

In addition to an extensive battery of questions addressing present and past alcohol consumption, alcohol use disorders, and utilization of alcohol treatment services, NESARC included similar sets of questions related to tobacco and illicit drug use, as well as questions that operationalized criteria set forth in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM–IV) for a number of psychiatric disorders.

NIAAA recently completed data collection for a third NESARC survey (NESARC-III) that was conducted in 2012 and 2013. NESARC-III is a large, cross-sectional nationwide survey of patterns of alcohol use, alcohol use disorders, and co-occurring mental and physical disabilities. NESARC-III includes new features, such as collection of DNA and information on eating and personality disorders and risky behaviors, adding to the body of knowledge on their associations with alcohol-related problems. NESARC-III is one of the first national surveys to use new definitions from the DSM-V and assess the impact of changes from DSM-IV definitions.

Researchers are invited to utilize the NESARC data set (as well as the NESARC-III data set when available) in exploring adoption-related issues. For example, noting that prior research has shown that adoptees have a higher rate of substance use disorders (SUDs) than non-adoptees, Yoon et al (2012) used NESARC data to investigate these associations in a population-based sample of U.S. adult adoptees. Overall, these researchers found that adoptees had a 1.87-fold increase (adjusted odds ratio [AOR] 1.87, 95% CI 1.51–2.31) in the odds of any lifetime SUD, compared to non-adoptees.

Program officials from each of the NIH Institutes are available to share information about the outcomes of this meeting as well as provide technical assistance to potential applicants, including members of the research workgroup, who are interested in conducting research on and with children and youth who are adopted and their families.

REFERENCE:

Yoon, G., Westermeyer, J., Warwick, M., & Kuskowski, M. A. (November 15, 2012). Substance use disorders and adoption: Findings from a national sample. *PLOS One*, 7(11), e49655.
doi: 10.1371/journal.pone.0049655

ATTACHMENTS:

- Participant List
- Meeting Agenda



Domestic and International Adoption:

Strategies to Improve Behavioral Health Outcomes for Youth and their Families

August 29-30, 2012

at the

Substance Abuse and Mental Health Services Administration (SAMHSA)

PARTICIPANT LIST

A

Lisa Albers Prock

Director, Adoption Program
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115

Phone: 617-355-4125

Fax: 617-730-0252

E-mail: lisa.albers@childrens.harvard.edu

Sharon Amatetti

Senior Public Health Analyst
SAMHSA
1 Choke Cherry Road, Room 5-1079
Rockville, MD 20857

Phone: 240-276-1694

E-mail: sharon.amatetti@samhsa.hhs.gov

B

Richard Barth

Dean of the School of Social Work and Professor
University of Maryland, School of Social Work
525 West Redwood Street
Baltimore, Maryland 21201

Phone: (410) 706.7794

E-mail: rbarth@ssw.umaryland.edu

Terry Baugh

President
Kidsave
5185 MacArthur Blvd., NW, #108
Washington, DC 20016
Phone: 202-503-3111
E-mail: terry@kidsave.org

Mary Ellen Bean

Resource and Post Adoption Services Coordinator
Catholic Charities of Baltimore
2601 N. Howard Street, Suite 200
Baltimore, MD 21218
Phone: 410-659-4031
E-mail: mbean@cc-md.org

Susan Benesch

Adoptive Mom
American University
Phone: 202-270-5048
E-mail: susan.benesch@gmail.com

Vivian Benesch-LeBrun

Adoptee Student
Phone: 202-270-5048
E-mail: susan.benesch@gmail.com

Gary M. Blau*Chief*

Child, Adolescent and Family Branch
Division of Service and System Improvement
SAMHSA/CMHS/DSSI/CAFB
1 Choke Cherry Road
Rockville, Maryland 20857

Phone: (240) 276-1921

E-mail: gary.blau@samhsa.hhs.gov

Melissa Blauvelt

Christian Alliance for Orphans
6723 Whitier Avenue
McClean, VA 22101

Phone: 703-356-8447

E-mail: Melissa.blauvelt@awaa.org

Caryn Blitz

Policy Advisor, Office of the Commissioner
Administration on Children, Youth and Families
1250 Maryland Avenue, SW, #8103
Washington, DC 20024

Phone: 202-401-9225

E-mail: caryn.blitz@acf.hhs.gov

Rosalyn Blogier

Public Health Advisor
SAMHSA

1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-1842

E-mail: rosalyn.blogier@samhsa.hhs.gov

Cheryl Anne Boyce

Chief, Behavioral and Brain Development Branch and
Associate Director for Child and Adolescent Research
National Institute on Drug Abuse (NIDA)
National Institutes of Health (NIH)
Department of Health and Human Services (DHHS)
6001 Executive Boulevard, Room 3161, MSC 9593
Bethesda, MD 20892

Phone: 301-443-4877

E-mail: cboyce@msil.nih.gov

Matthew D. Bramlett

Statistician (Health)
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Phone: 301-458-4070

E-mail: MBramlett@cdc.gov

Susan Branco Alvarado

Licensed Professional Counselor,
Adoption Therapist/Consultant
Susan B. Alvarado, LPC, PLLC
105 N. Virginia Avenue, #304
Falls Church, VA 22046

Phone: 703-302-0769

E-mail: Salvarado@adoptiontherapist.org

Heather Burke

Lead, Domestic Program of Immigrant, Refugee, and
Migrant Health Branch

US Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE
Atlanta, GA 30333

Phone: 404-639-3408

E-mail: hburke@cdc.gov

C

Kelly Canter

Program Assistant, USG Secretariat for Public Law 109-95 USAID Center for Excellence for Children in Adversity
USAID

1300 Pennsylvania Avenue, NW
Washington, DC 20004

Phone: 202-712-4558

E-mail: kcanter@usaid.gov

Maria Caprara

CMA

Johns Hopkins University Health System
10700 Charter Drive
Columbia, MD 21044

Phone: 301-785-9230

E-mail: maria.caprara@gmail.com

Claire D. Coles

Professor, Department of Psychiatry and Behavioral
Sciences and Pediatrics

Emory University School of Medicine
1254 Briarcliff Road, NE
Atlanta, GA 30306

Phone: 404-712-9814

Fax: 404-712-9809

E-mail: ccoles@emory.edu

Julie Collins

Director of Standards for Practice Excellence
Child Welfare League of America
1726 M Street, NW, Suite 500
Washington, DC 20036

Phone: 202-688-4155

E-mail: jcollins@cwla.org

Pamela Collins

Director, Office for Research on Disparities & Global Mental Health

Director, Office of Rural Mental Health Research
NIMH

6001 Executive Blvd., Room 6217
Bethesda, MD 20892

Phone: 301-443-2847

E-mail: pamela.collins@nih.gov

Wilson Compton, M.D.

Director, Division of Epidemiology Services and Prevention Research

National Institute on Drug Abuse (NIDA)
6001 Executive Blvd.
Bethesda, MD 20892

Phone: 301-443-6504

E-mail: wcompton@nida.nih.gov

Jessica Cotto

Epidemiologist

National Institute on Drug Abuse (NIDA)
6001 Executive Blvd.
Rockville, MD 20892

Phone: 301-594-6313

E-mail: cottoj@nida.nih.gov

Thomas M. Crea

Assistant Professor

Boston College Graduate School of Social Work
140 Commonwealth Avenue, McGuinn 302
Chestnut Hill, MA 02467

Phone: 617-552-0813

E-mail: creat@bc.edu

D

Howard Davidson

Director

ABA Center on Children and the Law
American Bar Association
740 15th Street, NW
Washington, DC 20005

Phone: 202-662-1740

E-mail: Howard.Davidson@americanbar.org

Paolo del Vecchio

Director

Center for Mental Health Services
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-1310

E-mail: paolo.delvecchio@samhsa.hhs.gov

Nicole Dobbins

Executive Director

Voice for Adoption
1220 L Street, NW, Suite 100-344
Washington, DC 20005

Phone: 202-210-8118

E-mail: voiceforadoption@gmail.com

June Dorn

National Adoption Specialist

Children's Bureau/ACF/HHS
1250 Maryland Avenue, SW, Eighth Floor
Washington, DC 20024

Phone: 202-205-9540

E-mail: june.dorn@acf.hhs.gov

Mary Dozier

Amy E. du Pont Chair of Child Development
University of Delaware

Department of Psychology, University of Delaware
Newark, DE 19716

Phone: 302-831-2286

E-mail: mdozier@udel.edu

Angela Drumm

Communications Associate

American Institutes for Research
1000 Thomas Jefferson Street NW
Washington, DC 20007

Phone: 240-276-1219

E-mail: adrumm@air.org

F**Monica N. Feit**

Senior Program Officer

Institute of Medicine
500 5th Street, NW
Washington, DC 20001

Phone: 202-334-1946

E-mail: mfeit@nas.edu

Kelly Fisher

SRCD/AAAS Fellow

Office of Planning, Research and Evaluation (ACF, HHS)
370 L'Enfant Plaza Promenade, SW, 7th Floor
Washington, DC 20447

Phone: 202-401-5512

E-mail: kelly.fisher@acf.hhs.gov

Brenda K. Foster

Adoptive Parent

2121 K Street, NW, Suite 650
Washington, DC 20037

Phone: 202-331-4323

E-mail: bfoster@vancomm.com

Robert C. Freeman

Health Scientist Administrator

National Institute on Alcohol Abuse and Alcoholism
5365 Fishers Lane
Bethesda, MD 20892

Phone: 301-443-8820

E-mail: rfreeman@mail.nih.gov

Kathy Froyd

Senior Manager

Fairfax County Office of the County Executive
12011 Government Center Parkway
Fairfax, VA 22035

Phone: 703-324-7322

E-mail: KFROYD@fairfaxcounty.gov

G**Amy Goldstein**

*Chief, Child and Adolescent Preventive Intervention
Research Program*

NIMH

6001 Executive Blvd., Room 7133, MSC 9633

Bethesda, MD 20892

Phone: 301-496-7227

E-mail: amy.goldstein@nih.hhs.gov

Ingrid Goldstrom

Center for Mental Health Services

SAMHSA

1 Choke Cherry Road, Room-6-1047

Rockville, MD 20857

Phone: 240-276-1761

E-mail: ingrid.goldstrom@samhsa.hhs.gov

Janice Goldwater

Executive Director

Adoptions Together

10230 New Hampshire Avenue, Suite 200

Silver Spring, MD 20910

Phone: 301-422-5125

E-mail: jgoldwater@adoptionsitogether.org

H**Ryan Hanlon**

Executive Director of Programs

American World Adoption

6723 Whittier Avenue

McClean, VA 22101

Phone: 703-891-3273

E-mail: ryan.hanlon@awaa.org

Steve Hanmer

Research Analyst

Office of Planning, Research and Evaluation
ACF

901 D Street, SW

Washington, DC 20047

Phone: 202-401-5651

E-mail: Steven.Hanmer@acf.hhs.gov

LCDR LaMar Henderson

Adolescent Project Management Officer
SAMHSA/CSAT
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-0435

E-mail: LaMar.Henderson@samhsa.hhs.gov

Michele Herman

Public Health Analyst
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-1924

E-mail: michele.herman@samhsa.hhs.gov

Larke Huang

Senior Advisor/Children Youth and Families
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-2000

E-mail: larke.huang@samhsa.hhs.gov

Andy Hunt

Public Health Advisor
SAMHSA/CMHS
1 Choke Cherry Road, Room 6-1054
Rockville, MD 20857

Phone: 240-276-1926

E-mail: andrew.hunt@samhsa.hhs.gov

Sharon R. Hunt

Deputy Director of Operations, TA Partnership
American Institute for Research
1000 Thomas Jefferson Street, NW
Washington, DC 20007

Phone: 202-403-6914

E-mail: shunt@air.org

Administrator Pam Hyde

Administrator
SAMHSA
1 Choke Cherry Road, Room 8-1065
Rockville, MD 20857

Phone: 240-276-2000

E-mail: pam.hyde@samhsa.hhs.gov

I**Director Thomas Insel**

Director
NIMH/NIH and Acting Director, NCATS/NIH
15K North Drive, Room 107 MSC 2670
Bethesda, MD 20892

Phone: 301-443-3673

E-mail: LaMar.Henderson@samhsa.hhs.gov

J**Amb. Susan Jacobs**

Special Advisor for International Children's Issues
U.S. Department of State

E-mail: JacobSS@state.gov

Chuck Johnson

President & CEO
National Council for Adoption
225 N. Washington Street
Alexandria, VA 22314

Phone: 703-299-6633

E-mail: cjohnson@adoptioncouncil.org

K**Nick Kahn**

Ph.D. Candidate
Department of Economics
American University
4400 Massachusetts Avenue, NW
Washington, DC 20016

E-mail: nick.kahn@american.edu

Andrea Kamargo

Public Health Analyst
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-247-2443

E-mail: andrea.kamargo@samhsa.hhs.gov

Meena Karithanom

Epidemiologist/Research Analyst
National Institute on Drug Abuse (NIDA)
6001 Executive Blvd., Room 5233
Bethesda, MD 20892

Phone: 301-443-6071

E-mail: karithanommr@nida.nih.gov

Benjamin Kerman

Director, Research
Annie E. Casey Foundation
127 Church Street
New Haven, CT 06510

Phone: 203-401-6924

Fax: 203-401-6885

E-mail: bkerman@aecf.org

Janice King

Program Manager
National Resource Center for Adoption at Spaulding for
Children
16250 Northland Drive, Suite 120
Southfield, MI 48075

Phone: 248-443-7080

E-mail: jking@nrcadoption.org

Rosalind King

Health Scientist Administrator
Eunice Kennedy Shriver, National Institute of Child
Health and Human Development (NICHD)
6100 Executive Blvd., Room 8B07
Bethesda, MD 20892

Phone: 301-435-6986

E-mail: rosalind.king@nih.hhs.gov

L**Colleen Labbe**

Science Writer
NIMH
6001 Executive Blvd
Rockville, MD 20852

Phone: 301-345-8687

E-mail: labbec@mail.nih.gov

John Allen Landsverk

Director
Child and Adolescent Services Research Center, Rady
Children's Hospital-San Diego
3020 Children's Way
San Diego, CA 92123

Phone: 541-726-4859

E-mail: JLANDSVERK@aol.com

J. McLane Layton

President
Equality for Adopted Children (EACH)
6404 Woodridge Road
Alexandria, VA 22312

Phone: 202-203-9616

E-mail: mclane@equalityforadoptedchildren.org

Richard Lee

Professor of Psychology
University of Minnesota
Elliott Hall N218, 75 East River Road
Minneapolis, MN 55455

Phone: 612-625-6357

Fax: 612-626-2079

E-mail: richlee@umn.edu

Leslie Leve

Senior Scientist
Oregon Social Learning Center
10 Shelton McMurphy Blvd.
Eugene, OR 97401

Phone: 541-485-2711

Fax: 541-485-7087

E-mail: lesliel@oslc.org

Abbe Levine

Director of Family & Post Adoption Services
The Barker Foundation
7979 Old Georgetown Road
Bethesda, MD 20814

Phone: 301-664-9664

E-mail: alevine@barkerfoundation.org

Jacqueline Lloyd

Health Scientist Administrator
National Institute on Drug Abuse/NIDA
6001 Executive Boulevard, Room 5166
Bethesda, MD 20892

Phone: 301-443-8892

E-mail: lloydj2@nida.nih.gov

Eric Lulow

Public Health Advisor
SAMHSA/CMHS/CAFB
1 Choke Cherry Road
Rockville, MD 20857

Phone: 240-276-1782

E-mail: eric.lulow@samhsa.hhs.gov

M

Dr. Valerie Maholmes

Director, Child and Family Processes/Maltreatment & Violence

Eunice Kennedy Shriver National Institute of Child Health and Human Development
6100 Executive Blvd., Room 4B05A
Rockville, MD 20852

Phone: 301-907-6942

E-mail: maholmev@mail.nih.gov

Karin Malm

Child Welfare Program Area Director
Child Trends

4301 Connecticut Avenue, Suite 350
Washington, DC 20008

Phone: 202-572-6118

E-mail: kmalm@childtrends.org

Anne Matthews-Younes

Director, Division of Prevention, Traumatic Stress, and Special Program

SAMHSA/CMHS/DPTSSP
1 Choke Cherry Road, Room 6-1093
Rockville, MD 20857

Phone: 240-276-1837

E-mail: anne.mathews-younes@samhsa.hhs.gov

Peggy McCardle

Chief, Child Development and Behavior Branch
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
6100 Executive Blvd., Suite 4B05
Rockville, MD 20852

Phone: 301-435-6863

E-mail: PM43Q@NIH.GOV

Jeanne Miranda

Professor
UCLA, Department of Psychiatry and Biobehavioral Sciences

10920 Wilshire Blvd., Suite 300

Phone: 310-794-3710

Fax: 310-794-3724

E-mail: jmmiranda@mednet.ucla.edu

O. Jane Morgan

Director, Capacity Building Division

Children's Bureau/ACF/HHS
1250 Maryland Avenue, SW, Eighth Floor
Washington, DC 20024

Phone: 202-205-8807

E-mail: jane.morgan@acf.hhs.gov

Alyson Most

Adult Adoptee

Center for Adoption Support and Education
4000 Blackburn Lane, Suite 260
Burtonsville, MD 20866

Phone: 301-476-8525

E-mail: alyson.most@gmail.com

Joan Most

Parent of Alyson Most

N

Charles A. Nelson

Professor of Pediatrics and Neuroscience, Harvard Medical School

Boston Children's Hospital/Harvard Medical School
1 Autumn Street, 6th Floor
Boston, MA 02215

Phone: 617-355-0401

E-mail: Charles.nelson@childrens.harvard.edu

Marie Niarhos

Family Involvement Content Specialist; Adoptive Parent
National Federation of Families for Children's Mental Health

Rockville, MD 20850

Phone: 240-406-1471

E-mail: mniarhos@ffcmh.org

Wendy Nilsen

Health Scientist Administrator

Office of Behavioral and Social Sciences Research/NIH

31 Center Drive, Bldg 31, B1C19

Bethesda, MD 20892

Phone: 301-496-0979

E-mail: wendy.nilsen@nih.hhs.gov

O

Susan Ogden

Domestic Infant Program Director

Adoptions Together

10230 New Hampshire Avenue, Suite 200

Silver Spring, MD 20912

Phone: 301-422-5114

E-mail: sogden@adoptionstogether.org

Trina W. Osher

President

Huff Osher Consulting, Inc.

8025 Glenside Drive

Takoma Park, MD 20912

Phone: 301-434-4071

E-mail: tosh3@comcast.net

P

Sonali Patel

Senior Policy Advisor

Administration on Children, Youth and Families, HHS

1250 Maryland Avenue, SW, Suite 800

Washington, DC 20024

Phone: 202-690-6437

E-mail: sonali.patel@acf.hhs.gov

Ruth Perou

Child Development Studies Team Leader

Centers for Disease Control and Prevention

MS-E88

1600 Clifton Rd.

Atlanta, GA 30333

Phone: 404-498-3005

E-mail: rperou@cdc.gov

R

Laura Radel

Senior Social Science Analyst

Office of the Assistant Secretary for Planning and Evaluation

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 404E

Washington, DC 20201

Phone: 202-690-5938

E-mail: laura.radel@hhs.gov

Eve E. Reider

Health Scientist Administrator

National Institute on Drug Abuse (NIDA)

6001 Executive Blvd., Room 5185, MSC 9589

Bethesda, MD 20892

Phone: 301-402-1719

E-mail: ereider@mail.nih.gov

Debbie Riley

CEO

Center for Adoption Support and Education

4000 Blackburn Lane, Suite 260

Burtonsville, MD 20866

Phone: 301-476-8525

E-mail: riley@adoptionssupport.org

Elizabeth (Liz) Robertson, Ph.D.

Senior Advisor for Prevention Research

National Institute on Drug Abuse (NIDA)

Neuroscience Center, 6001 Executive Blvd.

Bethesda, MD 20892

Phone: 301-402-1720

E-mail: er52h@nih.gov

Lisa Rubenstein

Public Health Advisor

Division of Service and Systems

Improvement (DSSI)

SAMHSA/CMHS

1 Choke Cherry Road, Suite 6-1046

Rockville, MD 20850

Phone: 240-276-1927

Fax: 240-276-1930

E-mail: lisa.rubenstein@samhsa.hhs.gov

S

Kathleen Carney Sacco

Acting Special Assistant to the Special Advisor on Children's Issues

U.S. Department of State

Phone: 202-736-9178

E-mail: saccokc@state.gov

Commissioner Bryan Samuels

Commissioner

Administration on Children, Youth and Families

1250 Maryland Avenue, SW, 8th Floor

Washington, DC 20024

Phone: 202-205-8347

E-mail: Bryan.Sameuls@acf.hhs.gov

Harvey Schweitzer

Schweitzer and Schern, LLC

4520 East West Highway, #700

Bethesda, MD 20814

Phone: 301-469-3382

E-mail: lawharvey@gmail.com

Marcia S. Scott

Health Scientist Administrator

National Institute on Alcohol Abuse and Alcoholism

5635 Fishers Lane

Bethesda, MD 20892

Phone: 301-402-6328

E-mail: mscott@mail.nih.gov

Joyce Sebian

Public Health Advisor

SAMHSA

1 Choke Cherry Road

Rockville, MD 20857

Phone: 240-276-1900

E-mail: joyce.sebian@samhsa.hhs.gov

George Sheldon

Acting Assistant Secretary

Administration for Children and Families

370 L'Enfant Promenade, S.W.

Washington, DC 20447

E-mail: George.sheldon@acf.hhs.gov

Nidia M. Sica

Director of Social Services Domestic Program and International Program Director

Adoption By Shepherd Care

5935 Taft Street

Hollywood, FL 33021

Phone: 954-981-2060

E-mail: nidia@adoptionsshepherdcare.com

Belinda E. Sims, Ph.D.

Health Scientist Administrator

National Institute on Drug Abuse (NIDA)

6001 Executive Boulevard

Bethesda, MD 20892

Phone: 301-443-6504

E-mail: bsims@nida.nih.gov

Rita L. Soronen

President & CEO

Dave Thomas Foundation for Adoption

716 Mt. Airyshire Blvd., Suite 100

Columbus, OH 43235

Phone: 614-764-8482

E-mail: rita_soronen@davethomasfoundation.org

Kate Stepleton

Program Specialist

Administration on Children, Youth and Families

(ACF, HHS)

1250 Maryland Avenue, SW, 8th Floor

Washington, DC 20024

Phone: 202-205-8586

E-mail: kate.stepleton@acf.hhs.gov

Susan Stromberg

Public Health Advisor

SAMHSA

1 Choke Cherry Road

Rockville, MD 20857

Phone: 240-247-2443

E-mail: andrea.kamargo@samhsa.hhs.gov

Meghan Collins Sullivan

Rosalynn Carter Mental Health Journalism Fellow

Phone: 202-684-6429

E-mail: meghancsullivan@gmail.com

T

Sarah Troxel

Adult Adoptee

Center for Adoption Support and Education
4000 Blackburn Lane, Suite 260
Burtonsville, MD 20866

Phone: 301-476-8525

E-mail: troxel.sarah@gmail.com

Susan Troxel

Avery Road Treatment Center
14703 Avery Road
Rockville, MD 20853

Phone: 301-762-5613

E-mail: troxelzii@prodigy.net

V

Sharon Vandivere

Senior Research Scientist

Child Trends
4301 Connecticut Avenue, NW, #350
Washington, DC 20008

Phone: 202-572-6044

E-mail: svandivere@childtrends.org

W

Mary Bruce Webb, Ph.D.

Director

Division of Child and Family Development
Office of Planning, Research & Evaluation
Administration for Children and Families
Room Aerospace 7th Fl.
Mail stop 901 D St SW
Washington, DC

Phone: 202-205-8628

Email: mary.webb@acf.hhs.gov

Rebecca Weichland

Director of Policy

Congressional Coalition on Adoption Institute
311 Massachusetts Avenue, NE
Washington, DC 20002

Phone: 202-544-8500

E-mail: rebecca@ccainstitute.org

Sandy White Hawk

Director

First Nations Repatriation Institute
754 16th Avenue North
South St. Paul, MN 55075

Phone: 651-442-4872

E-mail: sandywhitehawk@gmail.com

Fred Wulczyn

Senior Research Fellow

Chapin Hall at the University of Chicago
1313 E. 60th Street
Chicago, IL 60637

Phone: 773-256-5200

Fax: 773-256-5400

E-mail: fwulczyn@chapinhall.org

Z

Julia Zehr

Psychologist

NIH/NIMH/DDTR/DTMDB
Building NSC, Room 6163
Rockville, MD 20892-9617

Phone: 301.443.1617

E-mail: Julia.Zehr@nih.hhs.gov



Domestic and International Adoption:

Strategies to Improve Behavioral Health Outcomes for Youth and their Families

August 29-30, 2012

at the

Substance Abuse and Mental Health Services Administration (SAMHSA)

There is a lack of evidence-based behavioral health prevention and treatment interventions specifically targeting adopted children and their families. The goal of this meeting is to bring together researchers, practitioners, policymakers, and family and youth leaders to review current research and practices in domestic and international adoption, with a specific focus on the behavioral health needs of adopted children, youth, and their families. This forum will provide a unique, interdisciplinary opportunity for participants to share knowledge and discuss implications for future research, practice, and policy.

The meeting will focus on the following questions:

1. What do internationally adopted youth and their families experience with regard to behavioral health concerns? What are the specific short- and long-term behavioral health issues? What type of access is available to youth who seek information and services to address behavioral health challenges? What other factors influence behavioral health outcomes (e.g., gender, trauma experience, age of adoption, families, communities, and native vs. adoptive culture and language)?
2. Is the experience of internationally adopted youth different from domestically adopted youth? Do they have distinct behavioral health etiologies?
3. What types of information and services are available to children, youth, and families to help them address behavioral health challenges?
4. What interventions may be effective in preventing and treating behavioral health issues among domestic and internationally adopted youth?
5. Given the current trends and the limited intervention research for adopted children and their families, what are key priority areas for future research investigation? How can current research be used to inform future research agendas, practices, and policy?

AGENDA

DAY ONE – Wednesday, August 29

8:00 AM

REGISTRATION

8:30 AM - 9:00 AM

Welcome/Meeting Charge

- Pam Hyde, Administrator, SAMHSA
- Ellen Murray, Assistant Secretary for Financial Resources, HHS
- Tom Insel, Director, NIMH
- George Sheldon, Acting Assistant Secretary, ACF

9:00 AM – 9:10 AM

Housekeeping: Terry Baugh, Moderator

9:10 AM – 9:40 AM

Overview: Trends in Domestic and International Adoption

- Bryan Samuels, Commissioner, Administration on Children, Youth and Families
- Ambassador Susan Jacobs, Special Advisor to the Office of Children's Issues, U.S. Department of State
- Discussion

9:40 AM – 10:40 AM

Framing the Issue, Part 1: Youth and Family Voice

- Moderator: Lisa Rubenstein, Public Health Advisor, CMHS, SAMHSA
- Alyson Most, Youth Spokesperson
- Sarah Troxel, Youth Spokesperson
- Sharon Hunt, Family Spokesperson
- Dialogue to Identify Key Challenges and Opportunities

10:40 AM – 11:00 AM

BREAK

11:00 AM – 12:45 PM

Framing the Issue, Part 2: Practitioner Perspective

- Debbie Riley, Chief Executive Officer, Center for Adoption Support and Education
- Lisa Albers, Assistant in Medicine, Children's Hospital, Boston
- Dialogue to Identify Key Challenges and Opportunities

12:45 PM – 1:30 PM

LUNCH (*On Your Own*)

1:30 PM – 3:00 PM

Outcomes and Trajectories for Adopted Youth

- Moderator: Ambassador Susan Jacobs
- Charles Nelson, Research Director, Division of Developmental Medicine, Children's Hospital Boston
- Richard Lee, Professor, University of Minnesota
- Fred Wulczyn, Senior Research Fellow, University of Chicago
- Claire D. Coles, Professor, Emory University and Director, Fetal Alcohol Syndrome, Marcus Institute
- Dialogue to Identify Key Challenges and Opportunities

3:00 PM – 3:15 PM

BREAK

3:15 PM – 4:45 PM

Interventions for Adopted Youth

- Moderator: Jeanne Miranda, Professor, University of California Los Angeles
- Mary Dozier, Professor, University of Delaware
- Leslie Leve, Senior Scientist, Oregon Social Learning Center
- Dialogue to Identify Key Challenges and Opportunities

4:45 PM – 5:00 PM

Wrap up and adjourn – Terry Baugh

DAY TWO – Thursday, August 30

8:30 AM – 8:50 AM

SUMMARY OF ISSUES IDENTIFIED ON DAY 1

8:50 AM – 9:00 AM

Youth Voice

- Vivian Benesch-LeBrun, Youth Spokesperson

9:00 AM - 10:45 AM

Behavioral Health Services for Adopted Youth and

Their Families

- Moderator: John Landsverk, Director, Child & Adolescent Services Research Center, Rady Children's Hospital, San Diego
- Nick Kahn, Ph.D. candidate, American University
- Tom Crea, Assistant Professor, Boston College
- Ben Kerman, Director, Family Services & Systems Research, The Annie E. Casey Foundation
- Janice King, National Resource Center for Adoption
- Dialogue to Identify Key Challenges and Opportunities

10:45 AM – 11:00 AM

BREAK

11:00 AM – 12:30 PM

Policy Implications

- Moderator: Debbie Riley, Executive Director, Center for Adoption Support & Education
- Rita Soronen, CEO, Dave Thomas Foundation
- Nicole Dobbins, Executive Director, Voice for Adoption
- Richard Barth, Dean of the School of Social Work and Professor, University of Maryland
- Sandy White Hawk, Director, First Nations Repatriation Institute
- Dialogue to Identify Key Challenges and Opportunities

12:30 PM – 1:00 PM

WORKING LUNCH/SUMMARY OF DAY 2 – Terry Baugh

1:00 PM – 2:45 PM

Prioritization of Challenges and Opportunities to Stimulate Change (small group discussion) – Terry Baugh

2:45 PM

ADJOURN