



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services Permanency Planning Services Track Training

Participant's Workbook Day Eight

May 2025



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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be “pushed” forward onto the next page. To correct this, when you are done typing in the text box, you may use delete to remove extra lines.

Course Themes

The central themes of the Permanency Planning Track Training are divided across several course topics.

- Purpose, Practice Standards, and Legal Aspects
- Diversity, Equity, Inclusion, and Belonging
- Indian Child Welfare Act of 1978 (ICWA)
- Communicating
- Family Engagement
- Assessing in Permanency Planning Services
- Trauma-Informed Care
- Permanency Plans and Concurrent Planning
- Attachment
- Family Time
- Shared Parenting
- Working with Relatives
- Partners in the Permanency Planning Process
- Permanency Planning with the Family
- Permanency Planning Family Services Agreement
- Child and Family Team Meetings
- Authentically Engaging Children and Youth
- Family-Centered Permanency Planning
- Quality Contacts
- Preparing for Permanency
- Engaging Relatives
- Placement
- Placement with Relatives

- Monitoring the FSA
- Achieving Permanency
- Adoption
- Documentation
- Worker Safety

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the Permanency Planning Track Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

Transfer of Learning (TOL) Tool

The Permanency Planning Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the Permanency Planning Track Training and re-visited on an ongoing basis to assess growth and re-prioritize actions for development.

Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.

Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.

Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

At the conclusion of each training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances and with approval.

Learning Objectives

Day 8

Adoption
<ul style="list-style-type: none"> • Learners will be able to describe when it is appropriate to pursue adoption as the permanency option for a child.
<ul style="list-style-type: none"> • Learners will be able to describe the policy and practice requirements for TPR, including service provision and documentation requirements.
<ul style="list-style-type: none"> • Learners will be able to describe the process for TPR.
<ul style="list-style-type: none"> • Learners will be able to identify and clearly document behavioral indicators to support adoption decisions.
<ul style="list-style-type: none"> • Learners will be able to describe the required policies and practices associated with adoption in North Carolina.
<ul style="list-style-type: none"> • Learners will be able to develop plans to transition to adoption that highlight the support needs of the child(ren), parents, and other important case participants.
<ul style="list-style-type: none"> • Learners will be able to define dissolution and disruption and describe the risks associated with each.
Documentation
<ul style="list-style-type: none"> • The learner will be able to explain the importance of clear, concise, and accurate documentation.
<ul style="list-style-type: none"> • The learner will be able to demonstrate the components of court-ready documentation.
<ul style="list-style-type: none"> • The learner will be able to differentiate between objectivity and subjectivity in documentation.
Worker Safety
<ul style="list-style-type: none"> • Learners will be able to share and discuss examples of vicarious traumatization and STS.
<ul style="list-style-type: none"> • Learners will be able to identify at least three risk factors associated with STS.
<ul style="list-style-type: none"> • Learners will be able to identify the impacts of STS on the emotional, physical, and psychological health and decision-making of child welfare professionals and themselves.
<ul style="list-style-type: none"> • Learners will be able to recognize and discuss burnout and compassion fatigue.
<ul style="list-style-type: none"> • Learners will apply strategies to promote their physical, psychological, and emotional safety and well-being

<ul style="list-style-type: none"> • Learners will be able to explain the importance of their safety while performing their role.
<ul style="list-style-type: none"> • Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
<ul style="list-style-type: none"> • Learners will recognize and describe at least three signs of danger and at least three methods of avoiding or mitigating danger when conducting home visits and after-hours or on-call tasks.
<ul style="list-style-type: none"> • Learners will develop and utilize a safety plan that describes methods of preventive, environmentally and situationally aware, and responsive behavior.
<ul style="list-style-type: none"> • Learners will be able to describe skills to de-escalate, calm, and verbally intervene to diffuse tense and potentially violent outbursts.
<ul style="list-style-type: none"> • Learners will be able to explain the importance of their safety while performing their role.
<ul style="list-style-type: none"> • Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
<ul style="list-style-type: none"> • Learners will recognize at least three signs of danger and at least three methods of avoiding or mitigating danger when conducting after-hours or on-call tasks.
<ul style="list-style-type: none"> • Learners will develop and utilize a safety plan that describes methods of preventive, environmentally and situationally aware, and responsive behavior.
<ul style="list-style-type: none"> • Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
<ul style="list-style-type: none"> • Learners will recognize at least three signs of danger and at least three methods of avoiding or mitigating danger when executing emergency custody orders.
<ul style="list-style-type: none"> • Learners will develop and utilize a safety plan that describes methods of preventive, environmentally and situationally aware, and responsive behavior.
<ul style="list-style-type: none"> • Learners will discuss their self-care plan with an accountability partner and seek out support when needed.
<ul style="list-style-type: none"> • Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
<ul style="list-style-type: none"> • Learners will be able to incorporate safety and threat and risk identification and mitigation into their self-care plan.
<ul style="list-style-type: none"> • Learners will identify, discuss, and apply strategies to promote their physical, psychological, and emotional safety and well-being.

Day Eight Agenda

Permanency Planning Services Track Training

- I. Welcome

Adoption

- II. Adoption Overview
- III. Termination of Parental Rights
- IV. The Adoption Process
- V. Finalizing an Adoption

Documentation

- VI. Communication in Documentation

Worker Safety

- VII. Considerations for Worker Safety
- VIII. Secondary Traumatic Stress and Vicarious Traumatization
- IX. Worker Wellness and Self-Care

Closing and Training Wrap-Up

- X. End-of-Day Values Reflection
- XI. Self-Reflection Training Wrap-Up

Welcome

**Day 8
Agenda**

Adoption

Documentation

Worker Safety

Closing and Training Wrap-up

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2

Activity: Biggest Takeaway



What is the first thing you are most excited to put into practice?

Adoption

Adoption Overview

Adoption

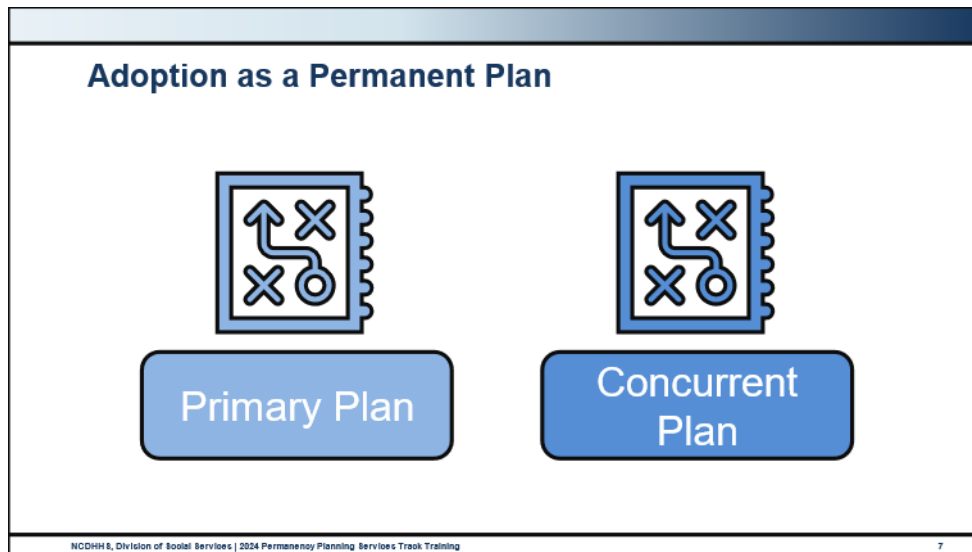
“Adoption is the method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parent.”

- Ensure timely permanence for children through legal adoption;
- Ensure that each child, regardless of race, ethnicity, age, or handicapping condition, has an opportunity for placement in a permanent family;
- Prepare and assist children in their transition to an adoptive family.
- Support and strengthen the adoptive family;
- Provide services to all members of the adoption triad;
- Provide post-adoption services to optimize family functioning and to prevent dissolution of adoption.

Child Welfare League of America, Standards for Adoption Services, Revised Edition, page 11, as quoted in NC Adoption Policy.

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8

Use this space to record notes.



What differences exist in case planning activities for adoption when the plan is primary versus concurrent?

When it is decided that adoption is an appropriate permanent plan, whether primary or secondary, what are some of the crucial tasks and activities to promote adoption that must occur?

Handout: Legal Risk Placements

A legal risk placement is a placement that occurs when the agency believes that adoption is in the best interest of the child; that the child is placed in an approved adoptive home; and that the agency intends to approve this placement for adoption if the child becomes legally free for adoption. When making a legal risk placement, the agency does not yet have the authority to consent to the child's adoption, as parental rights to birth parents are still in effect. The purpose of legal risk placement is to move the child into a permanent home as soon as possible without jeopardizing the legal or social well-being of the child.

A child may be placed in a legal risk placement when one or more of the following is true:

- The child is the subject of a Termination of Parental Rights Order that is under appeal
- There is an approval of legal risk placement by the Adoption Committee
- One parent has consented to adoption and the other parent's identity and/or whereabouts are not known
- The birth family abandoned the child.

In order to receive a legal risk placement, the prospective adoptive parent:

- Is licensed as a foster home or approved by court order to provide placement
- Has an approved preplacement assessment
- Meets foster care licensure standards or has court approval for placement with legal risk parents
- Has been informed of the legal status of the child and understands that the child is currently not free for adoption and there is a risk that the child may not become free for adoption
- Has signed the Information Sharing Acknowledgement (DSS-5246)
- Agrees to sign and abide by the conditions of the Legal Risk Placement Agreement. (DSS5304)

The following information should be shared with the placement provider regarding legal risk placement:

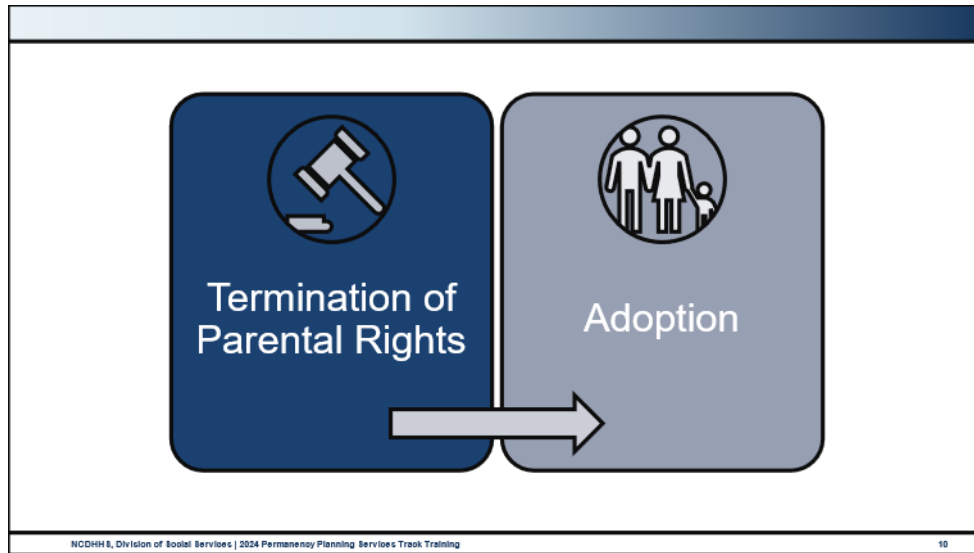
- The child is not and may not become free for adoption
- The home must meet the standards for foster care licensure
- The Agency will pay applicable foster care rates for the child's care
- The Agency is mandated and responsible for working, as appropriate, and if the biological family is identified during the case, or up until the time the child is legally freed for adoption
- There are legal risks involved in this placement
- That the Agency, as the legal guardian, reserves the right to move the child from the Legal Risk Adoptive Parent(s) home at any time, if in the judgment or by order of the court, that the removal is in the best interest of the child.

Termination of Parental Rights

TPR Knowledge Check True or False	
	TPR can be voluntary or involuntary.
	The parental rights of both parents must be terminated for adoption to occur.
	Parents can relinquish their parental rights without a full understanding of the adoption process or it's impact on their child.
	A petition for TPR must be filed within 45 calendar days of a hearing that determines the primary permanent plan as adoption.
	The involuntary TPR process occurs in a juvenile court with a jury.
	Involuntary TPR occurs in two phases. 1. Adjudication in which the court decides if TPR is in the child's best interest 2. Disposition in which legal grounds for TPR is decided.

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TPR can be voluntary or involuntary.	<input type="checkbox"/> True	<input type="checkbox"/> False
The parental rights of both parents must be terminated for adoption to occur.	<input type="checkbox"/> True	<input type="checkbox"/> False
Parents can relinquish their parental rights without a full understanding of the adoption process or its impact on their child.	<input type="checkbox"/> True	<input type="checkbox"/> False
A petition for TPR must be filed within 45 calendar days of a hearing that determines the primary permanent plan as adoption.	<input type="checkbox"/> True	<input type="checkbox"/> False
The involuntary TPR process occurs in a juvenile court with a jury.	<input type="checkbox"/> True	<input type="checkbox"/> False
Involuntary TPR occurs in two phases. 1-Adjudication in which the court decides if TPR is in the child's best interest and 2- Disposition in which legal grounds for TPR are decided.	<input type="checkbox"/> True	<input type="checkbox"/> False



North Carolina policy requires that when a child has been in the custody or placement responsibility of DSS and placed outside the home for 12 of the most recent 22 months, DSS must initiate proceedings to terminate the parental rights of the parents.

What are three circumstances where this is not required?

1.

2.

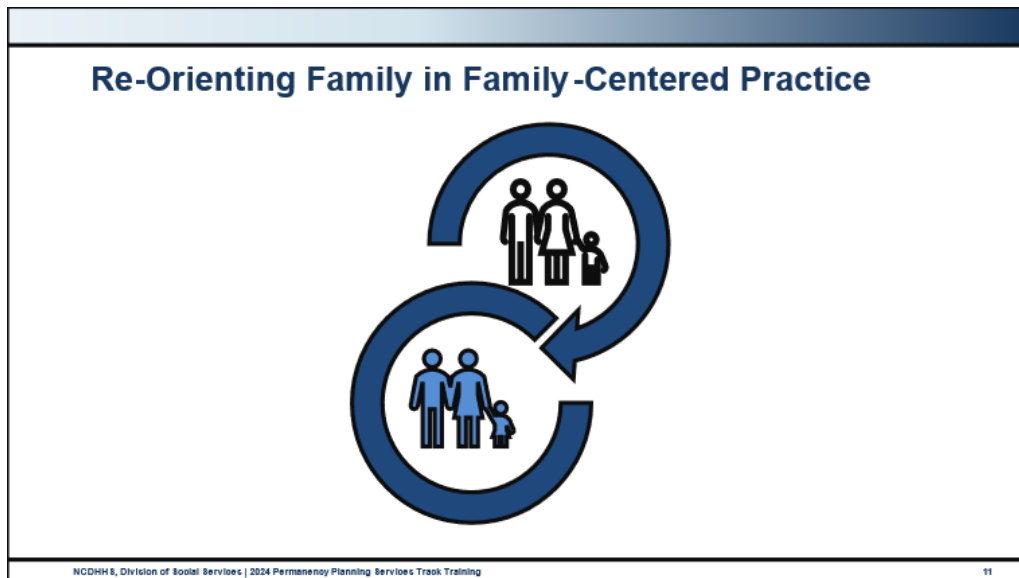
3.

When adoption is being considered as a permanent plan, satisfactory answers to the following questions should be considered:

- Have all relative placement options been considered and eliminated?
- Have the child's ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caretakers who are willing to adopt?
- How soon can the child be placed in an adoptive home?

- How long will the court process take?
- Who will help the child through the placement process?
- Has a pool of potential adoptive families been recruited, or is the agency willing to commit to child-specific recruitment?
- Have the child's specific needs and strengths been thoroughly assessed and evaluated?
- Has a placement option that will be able to meet the child's needs been identified?
- What is the child's relationship with siblings?
- Should the child be placed with siblings and if so, can this be accomplished?
- Is the child able to accept "parenting"?

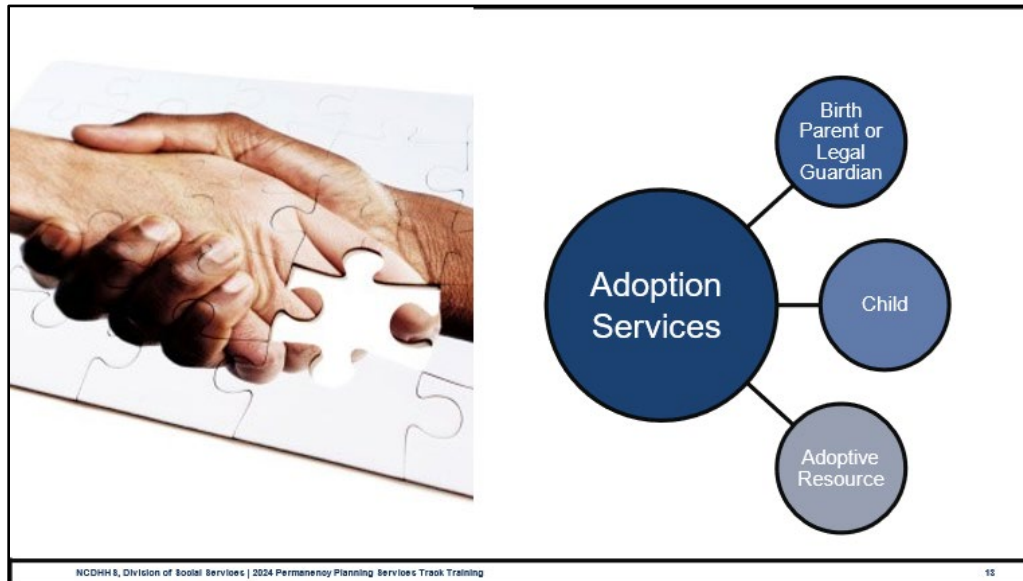
Use this space to record notes.



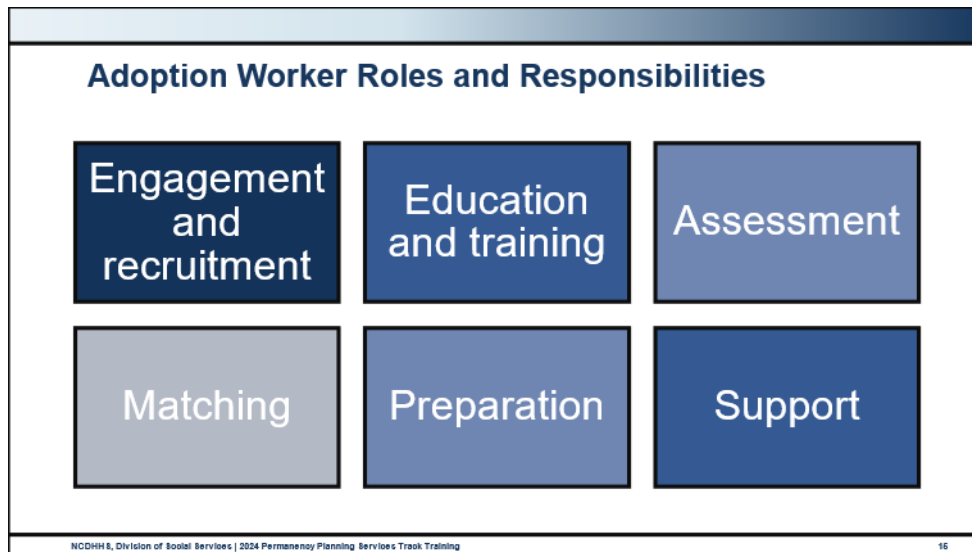
What are some ways that “family” shifts and changes in cases where TPR occurs and adoption is the permanent plan?

What are some opportunities that exist to begin defining and integrating the re-oriented definition of family into the permanency planning process?

The Adoption Process



Use this space to record notes.



Transferring the case to an adoption social worker at the point of adoption has both pros and cons:

Pros: having a dedicated team familiar with the policy and requirements for adoption allows for greater consistency and policy compliance in the delivery of adoption services, and increased knowledge of services for matching, support, and post-permanency services.

Cons: there is a potential loss of case knowledge and relationship at the transfer of a case, children must adjust to a new social worker at a tender point in the permanency planning process.

Use this space to record notes.

Activity: Dynamic Aspects of Adoption

Types of Adoption:

- Foster-to-adopt in which a licensed foster family provides care to a child while in foster care and at the point where the child becomes legally free, the foster parents move forward with adoption. In these cases, the child has an established relationship with the adoption resource through placement provision before the decision to adopt is explored.
- Relative adoption in which a relative or kin moves forward with adoption. In relative adoption cases, the relative could have been providing placement throughout the foster care experience or could be identified as an adoption resource after the child is legally free for adoption.
- Waiting family adoption in which a family is identified who has no previous relationship with the child specifically for the purpose of providing permanency through adoption. In these cases, placement may occur as a legal risk before the adoption is finalized or post-TPR when a child is legally free.

For your assigned adoption type, consider the following:

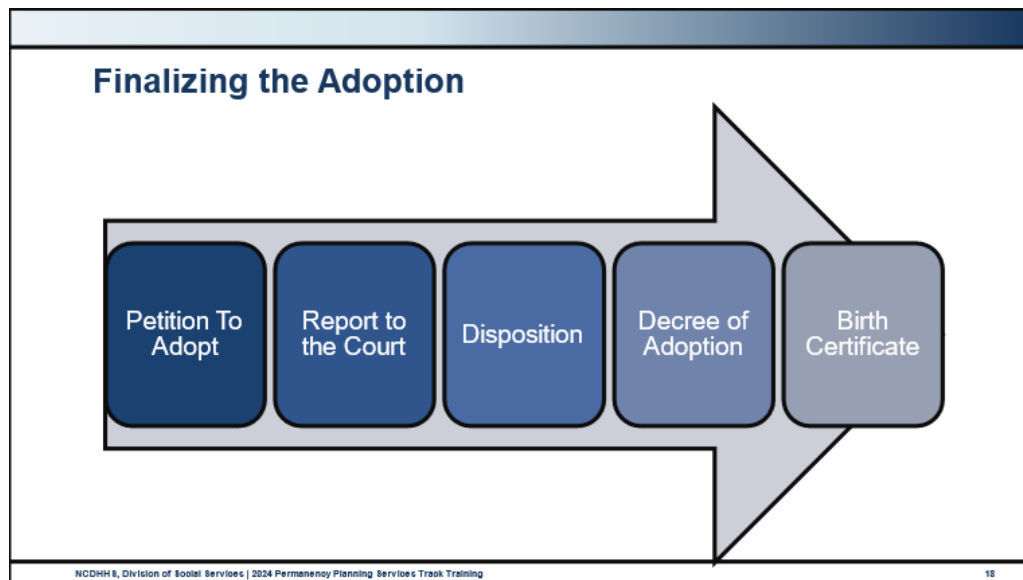
Preparation for placement activities and crucial conversations
Cultural and relational permanence considerations

Ideas for working to transition the new definition of family
Barriers
Post-Permanency Supports

Notes and observations from gallery walk and debrief.

--

Finalizing an Adoption



Use this space to record notes.

Video: Teen Adoption Film: Take a Chance on Me,

Teen Adoption Film: Take a Chance on Me

Use this space to record notes and observations during the video.

Debrief Discussion

Where and how did you see examples of cultural permanence?

What about relational permanence?

How can you support cultural and relational permanence as children near adoption?

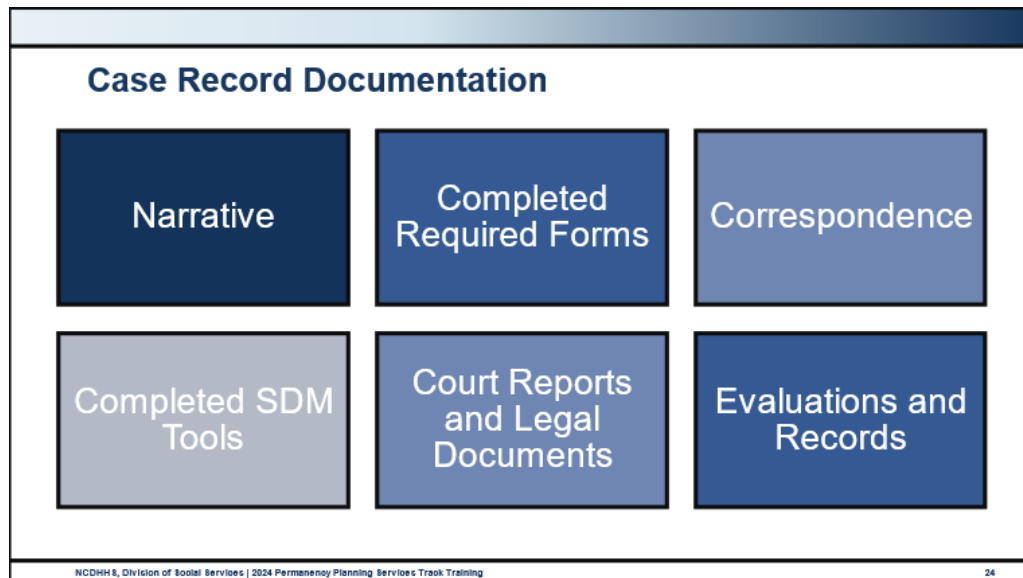
Does that support look different for older youth?

In what ways did you see the adoptive parents honor Darien's voice and choice?

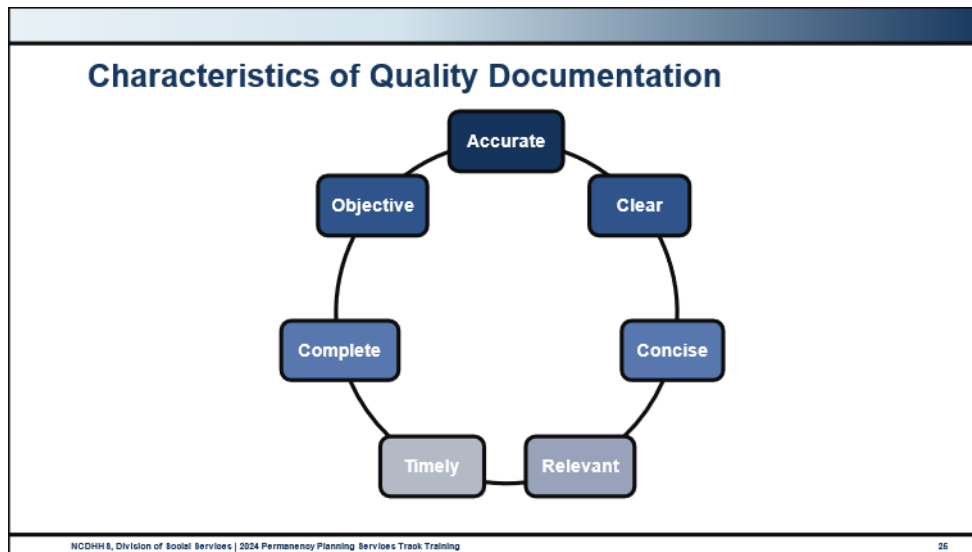
What evidence did you see of Darien's resilience?

Documentation

Communication in Documentation



Why is documentation important?



Use this space to record notes.

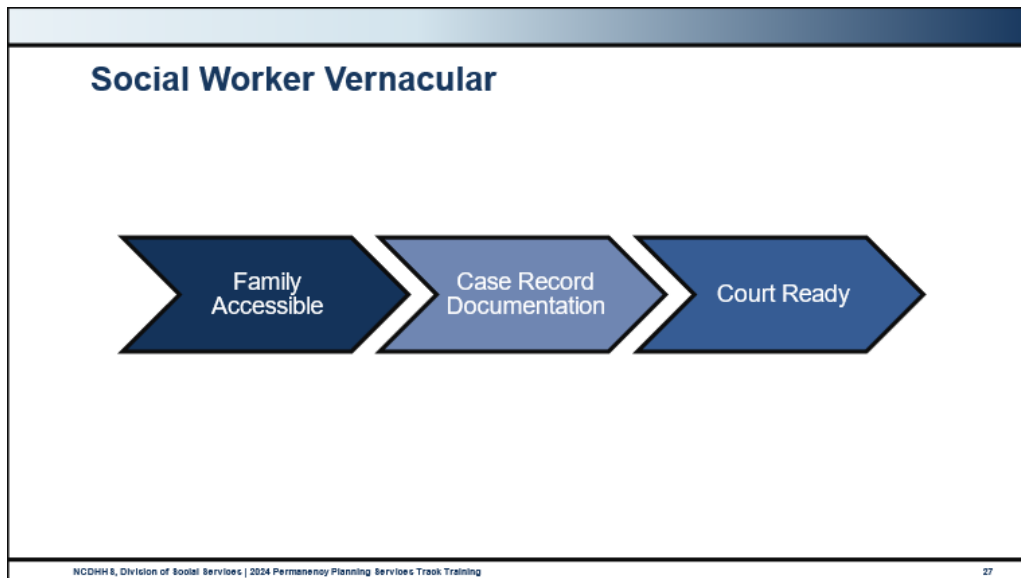
Activity: Objective vs. Subjective

Review the statements to identify if they are objective or subjective. If you identify that the statement is subjective, use the space below to re-write the statement using more objective language.

1. Mom prefers abusing drugs and alcohol over spending her time looking for gainful employment.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement
2. Dad whupped Son leaving marks and bruises on his arm, lower back, and buttocks.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement
3. Son is prescribed Adderall to treat ADHD symptoms.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement
4. Foster mom is not an appropriate adoptive resource.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement
5. Grandma is crazy and the apple doesn't fall far from the tree.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement

Debrief

Use this space to record notes from the debrief discussion.



Use this space to record notes.

Activity: Switching Vernaculars

Activity Scenario:

George completed his parenting classes five months ago. He continues to attend the follow-up drop-in group monthly which is a facilitated group of fathers who have completed the same parenting class.

The facilitator of the group has reported that George continues to make disparaging comments about Raymond's behavior. George has said that Raymond is "lazy" and that he wishes Raymond was more like Van because Van is a hard worker. George has expressed that he feels other caregivers baby Raymond and that Raymond "shouldn't need" reminders for his chores and task completion. Based on what the group facilitator has heard about Raymond and his needs, he thinks that George's expectations are unrealistic

George continues to have visits with the children. Visits are unsupervised at the discretion of the CFT. At this time, visits occur once or twice a week for up to five hours at a time depending on work schedules and Van's basketball games.

Michelle reports that George is on time and consistent when he picks up the children. He comes in to get the children although often drops them at the door and leaves without checking in afterward. Michelle says that Van always seems okay after visits and that Raymond often comes back sulking; he spends a lot of time in his room alone after visits. Michelle has tried to check in, but it has not been easy because Raymond doesn't want to talk.

During interviews with the children, Raymond reports that he enjoys seeing his dad but that his dad "gets on him" too much. Raymond says that his dad just doesn't like him sometimes, especially when he asks him to do things, but Raymond gets distracted or forgets. Raymond cannot provide an example of what his dad does to indicate this to Raymond, Raymond "just feels it." Raymond says that there have not been any incidents of physical discipline but he is still scared of his dad or of making mistakes. Raymond asked that the visits not be increased because of this feeling.

Van reports that their dad has an "edge" with Raymond. They think that their dad doesn't like Raymond as much because he doesn't ever compliment Raymond or smile as much at Raymond's stories or jokes the way he does with them. Van feels bad about this and tries to tell stories that paint Raymond in a good light but this doesn't seem to help. Van is okay with increasing visits although they don't really want to spend more time with their dad, as they have "other things to do."

George says that Raymond is still struggling with respect and getting things done. When he has to remind Raymond to get back on task, George gets angry, and it adds stress to the visit. George doesn't understand how Raymond can't "just keep it together" for the limited time they spend together so that visits can be pleasant.

You are preparing for a CFT meeting to discuss the visitation schedule and for the next court report.

Part One

In your triad, decide the audience for each member.

Working independently, summarize the scenario for documentation to your audience.

Your assigned audience:

Scenario Summary:

Part Two

Share your summary with your trio.

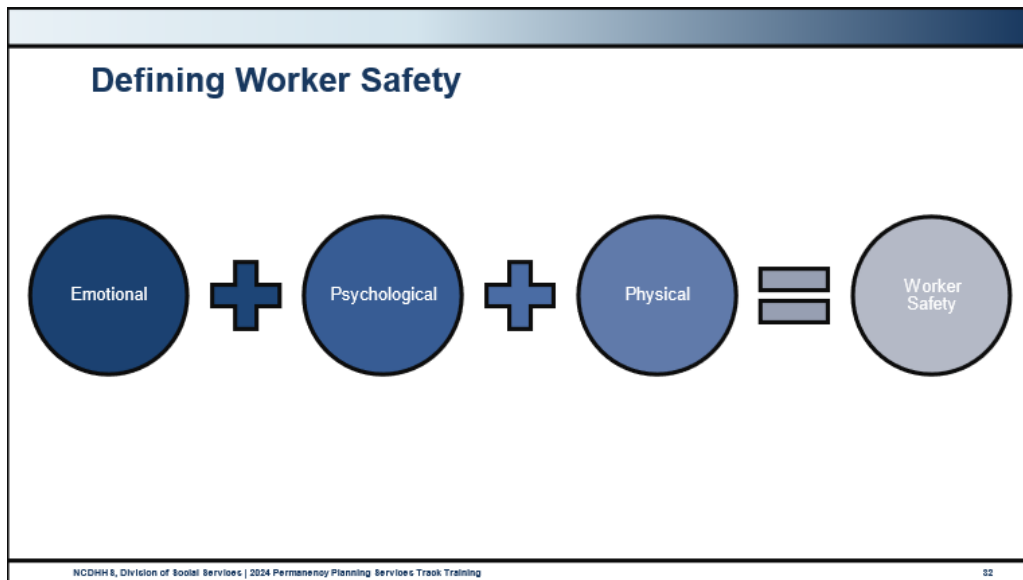
Notice the following:

- Did you highlight the same elements of the scenario?
- Do you notice a different feeling or quality of the documentation for different audiences?
- Why do you think you did or did not have differences in what is highlighted or the feeling of the documentation?

Notes and observations

Worker Safety

Considerations for Worker Safety



Use this space to define each aspect of worker safety:

Emotional

Psychological

Physical

Skills Practice: Worker Safety

List your group's safety concerns from the large group brainstorm in the column on the left. In the middle column, brainstorm techniques and ideas to prevent this safety concern. In the right-hand column, generate strategies to intervene if the safety concern occurs.

Safety Concern	Prevention	Intervention

Considerations for Worker Safety

Consider NC DSS Best Practice for Social Worker Well-Being Appendix 6 (July 2019). You can access this document at <https://policies.ncdhhs.gov/wp-content/uploads/appendix-6-best-practice-for-social-worker-well-being.pdf>

What does policy say about social worker safety in the field?

--

What procedures do you use to inform others of where you will be, when, and why?

--

Name four reasons why you would not enter a home.

1.
2.
3.
4.

Name two reasons you would request law enforcement assistance in the field.

1.
2.

Where should you keep your personal items while you conduct a home visit?

--

How might you make your field work safer?

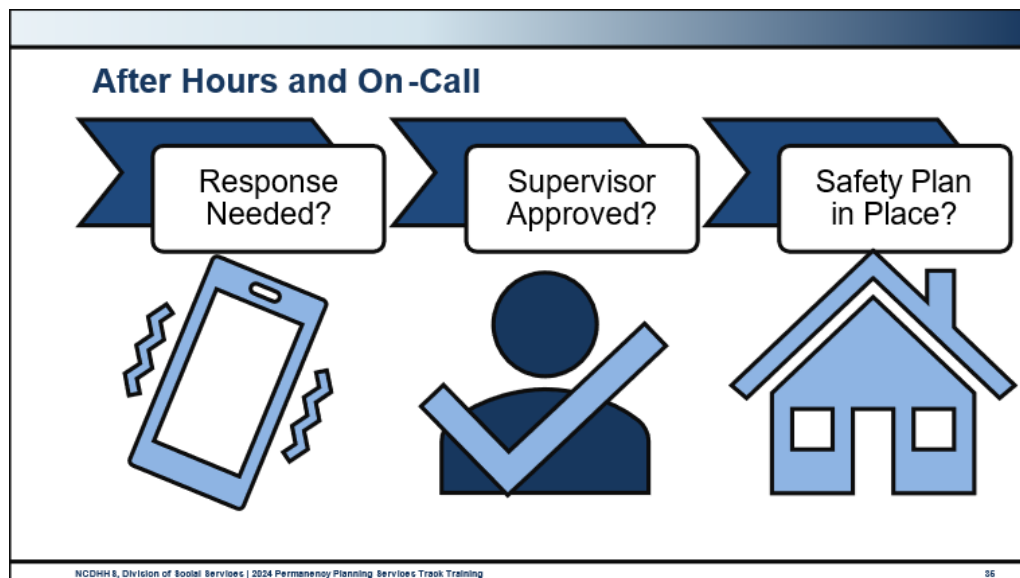
What should you carry with you in your vehicle (as a roadside safety kit)?

Once you have been invited inside and have entered the home, what are three ways to assess your safety?

How much personal information is okay to share with children and families?

How does social media influence your safety as a child welfare social worker?

For more information to promote child welfare worker safety, consider visiting *The Child Welfare Worker Safety Guide* created by the Child Welfare Capacity Building Center for States.



Brainstorm: What are some ways that you can plan for your own safety when going into the field after hours or when performing on-call responsibilities?

Secondary Traumatic Stress and Vicarious Traumatization

Video: Impact of Secondary Traumatic Stress on the Child Welfare Workforce

<https://www.gic-wd.org/impact-secondary-traumatic-stress-child-welfare-workforce>

Use this space to record observations and notes during the video.

Handout: Impact Stress

Secondary Traumatic Stress, or STS, is emotional distress that results when an individual hears about the firsthand trauma experiences of another. It is indirect exposure to threatening events that can result in the presence of post-traumatic stress symptoms.

Compassion fatigue is the physical and emotional exhaustion experienced by those who care for others who are in distress. It is a less clinical and less stigmatizing term and is often used interchangeably with Secondary Traumatic Stress.

Vicarious trauma occurs after empathic engagement with a traumatized client and changes the inner experience of a practitioner. This term focuses less on trauma symptoms and more on cognitive changes that occur following cumulative exposure to another person's trauma. The symptoms of vicarious trauma are disturbances in the cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Sources:

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Decontextualized Trauma

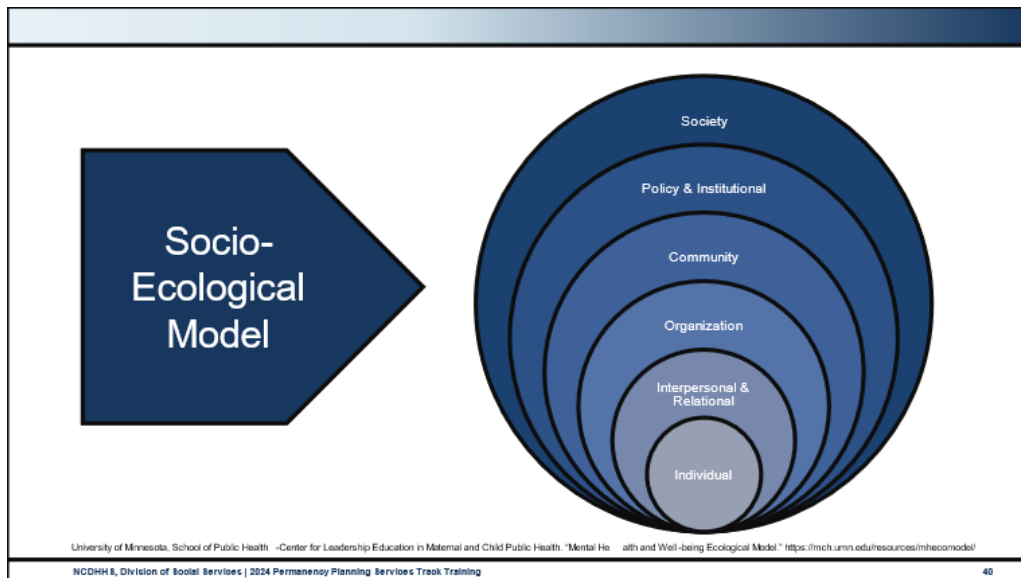
"Trauma, decontextualized in a person, looks like personality."

Trauma, decontextualized in a family, looks like family dynamics.

Trauma, decontextualized in a people, can look like culture."
-Resmaa Menakem

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Use this space to record notes.




Use this space to record notes.

Worker Wellness and Self-Care

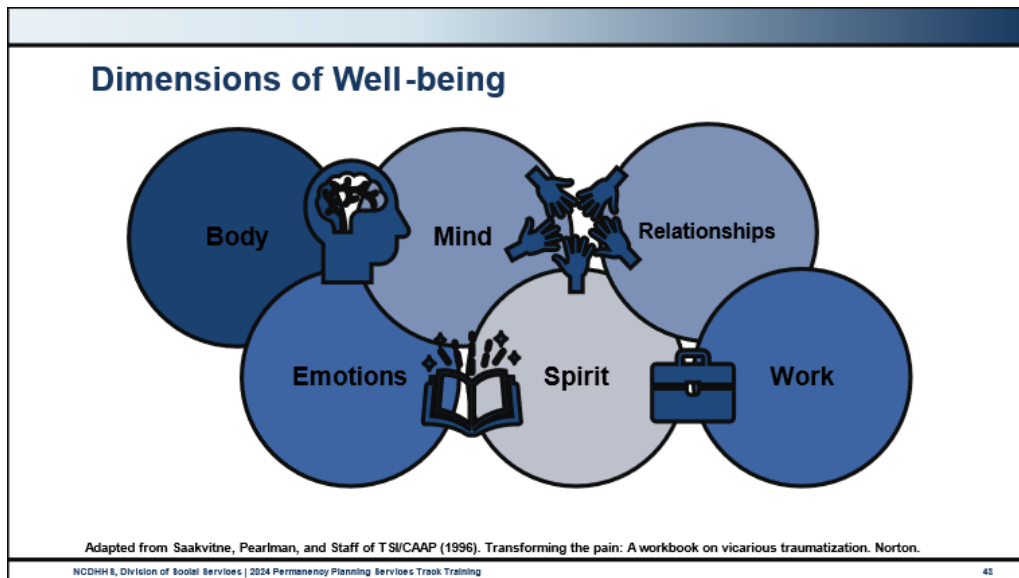
Planning for Self-Care

Self-care planning is a tool for claiming our ability to prevent and intervene in impact stress and building support in the areas where we have control.



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Use this space to record notes.



Use this space to record notes.

Worksheet: Self-Care Plan Check-In

Self-Care Strategies

MIND

EMOTIONS

WORK

RELATIONSHIPS

SPIRIT

BODY

Name:

Date:

Accountability Partner:

Closing and Training Wrap-Up

End-of-Day-Values Reflection

Use this space to record questions and reflections about what you have learned.

In small groups at your table, share at least one value from this training today that will shape how you support and advocate for families in Permanency Planning Services.

Use this space to record notes from the group conversation.

Self-Reflection Training Wrap-Up

Worksheet: Post-Self-Assessment

Did you discover any new areas of strength? Maybe you received some positive feedback from a peer that you never recognized in yourself.

Did you discover areas for growth?

Did you learn and build a skill that will help you continue to grow in the areas you identified?

List any professional development action steps you would like to take based on this training.

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Day Eight

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Appendix: Handouts

Legal Risk Placements..... Error! Bookmark not defined.

Impact Stress Error! Bookmark not defined.

Self-Care Plan Error! Bookmark not defined.

Record of Reflections and Values Error! Bookmark not defined.

Legal Risk Placements

A legal risk placement is a placement that occurs when the agency believes that adoption is in the best interest of the child; that the child is placed in an approved adoptive home; and that the agency intends to approve this placement for adoption if the child becomes legally free for adoption. When making a legal risk placement, the agency does not yet have the authority to consent to the child's adoption, as parental rights to birth parents are still in effect. The purpose of legal risk placement is to move the child into a permanent home as soon as possible without jeopardizing the legal or social well-being of the child.

A child may be placed in a legal risk placement when one or more of the following is true:

- The child is the subject of a Termination of Parental Rights Order that is under appeal
- There is an approval of legal risk placement by the Adoption Committee
- One parent has consented to adoption and the other parent's identity and/or whereabouts are not known
- The birth family abandoned the child.

In order to receive a legal risk placement, the prospective adoptive parent:

- Is licensed as a foster home or approved by court order to provide placement
- Has an approved preplacement assessment
- Meets foster care licensure standards or has court approval for placement with legal risk parents
- Has been informed of the legal status of the child and understands that the child is currently not free for adoption and there is a risk that the child may not become free for adoption
- Has signed the Information Sharing Acknowledgement (DSS-5246)
- Agrees to sign and abide by the conditions of the Legal Risk Placement Agreement. (DSS5304)

The following information should be shared with the placement provider regarding legal risk placement:

- The child is not and may not become free for adoption
- The home must meet the standards for foster care licensure
- The Agency will pay applicable foster care rates for the child's care
- The Agency is mandated and responsible for working, as appropriate, and if the biological family is identified during the case, or up until the time the child is legally freed for adoption
- There are legal risks involved in this placement
- That the Agency, as the legal guardian, reserves the right to move the child from the Legal Risk Adoptive Parent(s) home at any time, if in the judgment or by order of the court, that the removal is in the best interest of the child.

Impact Stress

Secondary Traumatic Stress, or STS, is emotional distress that results when an individual hears about the firsthand trauma experiences of another. It is indirect exposure to threatening events that can result in the presence of posttraumatic stress symptoms.

Compassion fatigue is the physical and emotional exhaustion experienced by those who care for others who are in distress. It is a less clinical and less stigmatizing term and is often used interchangeably with Secondary Traumatic Stress.

Vicarious trauma occurs after empathic engagement with a traumatized client and changes the inner experience of a practitioner. This term focuses less on trauma symptoms and more on cognitive changes that occur following cumulative exposure to another person's trauma. The symptoms of vicarious trauma are disturbances in the cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

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Self-Care Plan

Self-Care Strategies

MIND

EMOTIONS

WORK

RELATIONSHIPS

SPIRIT

BODY

Name: _____

Date: _____

Accountability Partner: _____

Record of Reflections and Values

Reflection and End of Day Values Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two Level Decision-Making

Reflection and End of Day Values Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two Level Decision-Making
Empty space for reflection	Empty space for reflection	Empty space for reflection