Introduction to Adoption Competency Training

Created and Presented by:
Salena Burden, MSW
and
Jennifer Lombardo, MSW
Overview

- Myths of Adoption
- Why Adoption Competency Training?
- What is Adoption Competency Training?
- Who would benefit from Adoption Competency Training?
- Post-Adoption Services and ACT?
Myths
Why Adoption Competency Training?

- Families need Competent Support
- Dependency Case Management, Mental Health Support, Family Assessment and Support, Community Support
- Judges are Ordering Adoption Competent Trained Professionals
- Core Issues of Adoption
Core Issues

* Loss

  * Adoption is created through loss. All members of the adoption triad feel the loss. The hub of the wheel that connects all the triad members is loss.

* Rejection

  * To be chosen into an adoptive family, the child may feel “unchosen” or abandoned by another family. Transracial adoptees can also feel rejected by their culture because no one from that culture chose to adopt them.
Core Issues

* Guilt and Shame
  * The sense of deserving such rejection leads members to experience tremendous guilt and shame. They commonly believe that there is something intrinsically wrong with them or their deeds that caused the losses to occur.

* Grief
  * Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society where adoption is seen as a problem-solving event filled with joy.
Core Issues

* Identity
  * Triad members often express feelings related to confused identity and identity crises, particularly in times of unrelated loss.

* Intimacy
  * The multiple, ongoing losses in adoption, coupled with feelings of rejection, shame, and grief, as well as an incomplete sense of self, may impede the development of intimacy for triad members.

* Mastery/Control
  * Adoption alters the course of one’s life. This shift presents triad members with additional hurdles in their development, and may hinder growth, self-actualization, and the evolution of self-control.
Normative Crisis in the Development of the Adoptive Family

- Developed by Dr. Joyce Maguire Pavao

- Birthparents:
  - Preparation for making an adoption plan
  - Support and education regarding loss and other core issues
  - Working with the family (i.e. “second first child”)
Normative Crisis in the Development of the Adoptive Family

* Adoptive Parents:
  * Adoption Process
  * Future Parenting

* Adoptive Family:
  * Talking about adoption (child, community, family)
  * Integrating a sense of self
  * Search Issues
What is Adoption Competency Training
Florida’s DCF Curriculum

- Rutger’s in 2008, 7 day training
- Current Modified version of 2008 curriculum
- FACT-Florida Adoption Competency Training
  - Florida Certification Board
- Two track: Professional vs. Clinical
Rutger’s

- Psychology of Adoption
- Life Cycle Experience of Adoption: Infants
- Life Cycle Experience of Adoption: Older Children
- Attachment Focused Therapy for Adopted Children
- Therapy with Post-Institutional Children
- Behavior Management and Discipline with Adopted Children
- Individual Therapy with Adoption Children
FACT

⋆ Adoption 101
⋆ Life Cycle of Adoption
⋆ The Psychology of Adoption
⋆ Preparing and Supporting Adoptive Families
⋆ Cultural Competency
⋆ Child Development
⋆ Impact of Trauma
⋆ Practical Strategies for the Therapeutic Process
Who Would Benefit?

* Adoptive Families
* Birth Families
* The Child Welfare System
* Private Adoption System
* The Professionals (Mental Health, Legal Professionals, Teachers, Medical)
Post-Adoption Services and ACT

* Adoptive Parent Handbook and Post-Adoption Resource Guide

* adoptflorida.org

* List of Post-Adoption Specialists/Counselors
How do post adoption groups impact families?
Resources


* adoptflorida.org
Introduction to Adoption Competency Training

Created and Presented by:
Salena Burden, MSW
and
Jennifer Lombardo, MSW
### SEVEN CORE ISSUES IN ADOPTION

<table>
<thead>
<tr>
<th></th>
<th>ADOPTEE</th>
<th>BIRTH PARENT</th>
<th>ADOPTIVE PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOSS</strong></td>
<td>Fear ultimate abandonment; loss biological, genetic, cultural history.</td>
<td>Ruminate about lost child. Initial loss merges with other life events; leads to social isolation; changes in body and self-image; relationship losses.</td>
<td>Infertility equated with loss of self &amp; immortality. Issues of entitlement lead to fear of loss of child and overprotection.</td>
</tr>
<tr>
<td></td>
<td>Issues of holding on and letting go.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REJECTION</strong></td>
<td>Personalize placement for adoption as rejection; issues of self-esteem; can only be chosen if first rejected. Anticipate rejection; mis-perceive situations.</td>
<td>Reject selves as irresponsible, unworthy because permit adoption; turn these feelings against self as deserving rejection; come to expect and causes rejection.</td>
<td>Ostracized because of procreation difficulties; may scapegoat partner; expect rejection; may expel adoptee to avoid anticipated rejection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GUILT/SHAME</strong></td>
<td>Deserving misfortune; shame of being different; may take defensive stance/anger.</td>
<td>Party to guilty secret; shame/guilt for placing child; judged by others; double bind: not OK to keep child and not OK to place.</td>
<td>Shame of infertility; may believe childlessness is curse or punishment; religious crisis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRIEF</strong></td>
<td>Grief may be overlooked in childhood, blocked by adult, leading to depression/acting out; may grieve lack of “fit” in adoptive family.</td>
<td>Grief acceptable only short period but may be delayed 10-15 years; lack rituals for mourning; sense of shame blocks grief work.</td>
<td>Must grieve loss of “fantasy” child; unresolved grief may block attachment to adoptee; may experience adoptee’s grief as rejection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IDENTITY</strong></td>
<td>Deficits in information may impede integration of identity; may see search for identity in early pregnancies, extreme behaviors in order to create sense of belonging.</td>
<td>Child is part of identity goes on without knowledge; diminished sense of self &amp; self-worth; may interfere with future parental desires.</td>
<td>Experience diminished sense of continuity of self; are not parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INTIMACY</strong></td>
<td>Fear getting close and risk reenacting earlier losses; Concerns over possible incest: bonding issues may lower capacity for intimacy.</td>
<td>Difficulty resolving issues with other birth parent may interfere with future relationships; intimacy may equate with loss.</td>
<td>Unresolved grief over losses may lead to intimacy/marital problems; may avoid closeness with adoptee to avoid loss.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL</strong></td>
<td>Adoption alters life course; not party to initial decisions; haphazard nature of adoption removes cause and effect continuum</td>
<td>Relinquishment seen as out of control disjunctive event, interrupts drive for self-actualization.</td>
<td>Adoption experiences lead to “learned helplessness” sense mastery linked to procreation lack generativity.</td>
</tr>
</tbody>
</table>

1986 Silverstein & Kaplan
Lifelong Issues in Adoption

by Deborah N. Silverstein and Sharon Kaplan

Adoption is a lifelong, intergenerational process which unites the triad of birth families, adoptees, and adoptive families forever. Adoption, especially of adolescents, can lead to both great joy and tremendous pain. Recognizing the core issues in adoption is one intervention that can assist triad members and professionals working in adoption better to understand each other and the residual effects of the adoption experience.

Adoption triggers seven lifelong or core issues for all triad members, regardless of the circumstances of the adoption or the characteristics of the participants:

1. Loss
2. Rejection
3. Guilt and Shame
4. Grief
5. Identity
6. Intimacy
7. Mastery/control

(Silverstein and Kaplan 1982).

Clearly, the specific experiences of triad members vary, but there is a commonality of affective experiences which persists throughout the individual's or family's life cycle development. The recognition of these similarities permits dialogue among triad members and allows those professionals with whom they interface to intervene in proactive as well as curative ways.

The presence of these issues does not indicate, however, that either the individual or the institution of adoption is pathological or pseudopathological. Rather, these are expected issues that evolve logically out of the nature of adoption. Before the recent advent of open and cooperative practices, adoption—had been practiced as a win/lose or adversarial process. In such an approach, birth families lose their child in order for the adoptive family to gain a child. The adoptee was transposed from one family to another with time-limited and, at times, short-sighted consideration of the child's long-term needs. Indeed, the emphasis has been on the needs of the adults—on the needs of the birth family not to parent and on the needs of the adoptive family to parent. The ramifications of this attitude can be seen in the number of difficulties experienced by adoptees and their families over their lifetimes.

Many of the issues inherent in the adoption experience converge when the adoptee reaches adolescence. At this time three factors intersect: an acute awareness of the significance of being adopted; a drive toward emancipation; and a biopsychosocial striving toward the development of an integrated identity.

It is not our intent here to question adoption, but rather to challenge some adoption assumptions, specifically, the persistent notion that adoption is not different from other forms of parenting and the accompanying disregard for the pain and struggles inherent in adoption.

However, identifying and integrating these core issues into pre-adoption education, post-placement supervision, and all post-legalized services, including treatment, universalizes and validates triad members' experiences, decreasing their isolation and feelings of helplessness.
Loss
Adoption is created through loss; without loss there would be no adoption. Loss, then, is at the hub of the wheel. All birth parents, adoptive parents, and adoptees share in having experienced at least one major, life-altering loss before becoming involved in adoption. In adoption, in order to gain anything, one must first lose—a family, a child, a dream. It is these losses and the way they are accepted and, hopefully, resolved which set the tone for the lifelong process of adoption.

Adoption is a fundamental, life-altering event. It transposes people from one location in the human mosaic into totally new configuration. Adoptive parents, whether through infertility, failed pregnancy, stillbirth, or the death of a child have suffered one of life's greatest blows prior to adopting. They have lost their dream child. No matter how well resolved the loss of bearing a child appears to be, it continues to affect the adoptive family at a variety of points throughout the families love cycle (Berman and Bufferd 1986). This fact is particularly evident during the adoptee's adolescence when the issues of burgeoning sexuality and impending emancipation may rekindle the loss issue.

Birthparents lose, perhaps forever, the child to whom they are genetically connected. Subsequently, they undergo multiple losses associated with the loss of role, the loss of contact, and perhaps the loss of the other birth parent which reshape the entire course of their lives.

Adoptees suffer their first loss at the initial separation from the birth family. Awareness of their adopted status is inevitable. Even if the loss is beyond conscious awareness, recognition, or vocabulary, it affects the adoptee on a very profound level. Any subsequent loss, or the perceived threat of separation, becomes more formidable for adoptees than their non-adopted peers.

The losses in adoption and the role they play in all triad members lives have largely been ignored. The grief process in adoption, so necessary for healthy functioning, is further complicated by the fact that there is no end to the losses, no closure to the loss experience. Loss in adoption is not a single occurrence. There is the initial, identifiable loss and innumerable secondary sub-losses. Loss becomes an evolving process, creating a theme of loss in both the individual's and family's development. Those losses affect all subsequent development.

Loss is always a part of triad members' lives. A loss in adoption is never totally forgotten. It remains either in conscious awareness or is pushed into the unconscious, only to be reawakened by later loss. It is crucial for triad members, their significant others, and the professional with whom they interface, to recognize these losses and the effect loss has on their lives.

Rejection
Feelings of loss are exacerbated by keen feelings of rejection. One way individuals seek to cope with a loss is to personalize it. Triad members attempt to decipher what they did or did not do that led to the loss. Triad members become sensitive to the slightest hint of rejection, causing them either to avoid situations where they might be rejected or to provoke rejection in order to validate their earlier negative self-perceptions.

Adoptees seldom are able to view their placement into adoption by the birthparents as anything other than total rejection. Adoptees even at young ages grasp the concept that to be “chosen” means first that one was "un-chosen," reinforcing adoptees’ lowered self-concept. Society promulgates the idea that the "good" adoptee is the one who is not curious and accepts adoption without question. At the other extreme of the continuum is the "bad" adoptee who is constantly questioning, thereby creating feelings of rejection in the adoptive parents.

Birthparents frequently condemn themselves for being irresponsible, as does society. Adoptive parents may inadvertently create fantasies for the adoptee about the birth family which reinforce these feelings of rejection. For example, adoptive parents may block an adolescent adoptee's interest in searching for birthparents by stating that the birthparents may have married and had other children. The implication is clear that the birthparents would consider contact with the adoptee an unwelcome intrusion.

Adoptive parents may sense that their bodies have rejected them if they are infertile. This impression may lead the infertile couple, for example, to feel betrayed or rejected by God. When they come to adoption, the adoptors, possibly unconsciously, anticipate the birthparents' rejection and criticism of their parenting. Adoptive parents struggle with issues of entitlement, wondering if perhaps they were never meant to be
parents, especially to this child. The adopting family, then, may watch for the adoptee to reject them, interpreting many benign, childish actions as rejection. To avoid that ultimate rejection, some adoptive parents expel or bind adolescent adoptees prior to the accomplishment of appropriate emancipation tasks.

**Guilt/Shame**
The sense of deserving such rejection leads triad members to experience tremendous guilt and shame. They commonly believe that there is something intrinsically wrong with them or their deeds that caused the losses to occur. Most triad members have internalized, romantic images of the American family which remain unfulfilled because there is no positive, realistic view of the adoptive family in our society.

For many triad members, the shame of being involved in adoption per se exists passively, often without recognition. The shame of an unplanned pregnancy, or the crisis of infertility, or the shame of having been given up remains unspoken, often as an unconscious motivator.

Adoptees suggest that something about their very being caused the adoption. The self-accusation is intensified by the secrecy often present in past and present adoption practices. These factors combine to lead the adoptee to conclude that the feelings of guilt and shame are indeed valid.

Adoptive parents, when they are diagnosed as infertile, frequently believe that they must have committed a grave sin to have received such a harsh sentence. They are ashamed of themselves, of their defective bodies, of their inability to bear children.

Birthparents feel tremendous guilt and shame for having been intimate and sexual; for the very act of conception, they find themselves guilty.

**Grief**
Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society where adoption is seen as a problem-solving event filled with joy. There are no rituals to bury the unborn children; no rites to mark off the loss of role of caretaking parents; no ceremonies for lost dreams or unknown families. Grief washes over triad members' lives, particularly at times of subsequent loss or developmental transitions.

Triad members can be assisted at any point in the adoption experience by learning about and discussing the five stages of grief: denial, anger, bargaining, depression, and acceptance (Kubler-Ross 1969).

Adoptees in their youth find it difficult to grieve their losses, although they are in many instances aware of them, even as young children. Youngsters removed from abusive homes are expected to feel only relief and gratitude, not loss and grief. Adults block children's expressions of pain or attempt to divert them. In addition, due to developmental unfolding of cognitive processes, adoptees do not fully appreciate the total impact of their losses into their adolescence or, for many, into adulthood. This delayed grief may lead to depression or acting out through substance abuse or aggressive behaviors.

Birthparents may undergo an initial, brief, intense period of grief at the time of the loss of the child, but are encouraged by well-meaning friends and family to move on in their lives and to believe that their child is better off. The grief, however, does not vanish, and, in fact, it has been reported that birth mothers may deny the experience for up to ten years (Campbell 1979).

Adoptive Pants' grief over the inability to bear children is also blocked by family and friends who encourage the couple to adopt, as if children are interchangeable. The grief of the adoptive parents continues as the child grows up since the adoptee can never fully meet the fantasies and expectations of the adoptive parents.

**Identity**
Adoption may also threaten triad members' sense of identity. Triad members often express feelings related to confused identity and identity crises, particularly at times of unrelated loss.

Identity is defined both by what one is and what one is not. In adoption, birthparents are parents and are not. Adoptive parents who were not parents suddenly become parents. Adoptees born into one family, a family probably nameless to them now, lose an identity and then borrow one from the adopting family.
Adoption, for some, precludes a complete or integrated sense of self. Triad members may experience themselves as incomplete, deficient, or unfinished. They state that they lack feelings of well-being, integration, or solidity associated with a fully developed identity.

Adoptees lacking medical, genetic, religious, and historical information are plagued by questions such as: Who are they? Why were they born? Were they in fact merely a mistake, not meant to have been born, an accident? This lack of identity may lead adoptees, particularly in adolescent years, to seek out ways to belong in more extreme fashion than many of their non-adopted peers. Adolescent adoptees are overrepresented among those who join sub-cultures, run away, become pregnant, or totally reject their families.

For many couples in our society a sense of identity is tied to procreation. Adoptive parents may lose that sense of generativity, of being fled to the past and future, often created through procreation.

Adoptive parents and birthparents share a common experience of role confusion. They are handicapped by the lack of positive identity associated with being either a birthparent or adoptive parent (Kirk 1964). Neither set of parents can lay full claim to the adoptee and neither can gain distance from any problems that may arise.

**Intimacy**

The multiple, ongoing losses in adoption, coupled with feelings of rejection, shame, and grief as well as an incomplete sense of self, may impede the development of intimacy for triad members. One maladaptive way to avoid possible reenactment of previous losses is to avoid closeness and commitment.

Adoptive parents report that their adopted children seem to hold back a part of themselves in the relationship. Adoptive mothers indicate, for example, that even as an infant, the adoptee was "not cuddly." Many adoptees as teens state that they truly have never felt close to anyone. Some youngsters declare a lifetime emptiness related to a longing for the birthmother they may have never seen.

Due to these multiple losses for both adoptees and adoptive parents, there may also have been difficulties in early bonding and attachment. For children adopted at older ages, multiple disruptions in attachment and/or abuse may interfere with relationships in the new family (Fahlberg 1979 a,b).

The adoptee's intimacy issues are particularly evident in relationships with members of the opposite sex and revolve around questions about the adoptee's conception, biological and genetic concerns, and sexuality.

The adoptive parents' couple relationship may have been irreparably harmed by the intrusive nature of medical procedures and the scapegoating and blame that may have been part of the diagnosis of infertility. These residual effects may become the hallmark of the later relationship.

Birthparents may come to equate sex, intimacy, and pregnancy with pain leading them to avoid additional loss by shunning intimate relationships. Further, birthparents may question their ability to parent a child successfully. In many instances, the birthparents fear intimacy in relationships with opposite sex partners, family or subsequent children.

**Mastery/Control**

Adoption alters the course of one's life. This shift presents triad members with additional hurdles in their development, and may hinder growth, self-actualization, and the evolution of self-control.

Birthparents, adoptive parents, and adoptees are all forced to give up control. Adoption, for most, is a second choice. Birthparents did not grow up with romantic images of becoming accidentally pregnant or abusing their children and surrendering them for adoption. In contrast, the pregnancy or abuse is a crisis situation whose resolution becomes adoption. In order to solve the predicament, birthparents must surrender not only the child but also their volition, leading to feelings of victimization and powerlessness which may become themes in birthparents' lives.

Adoptees are keenly aware that they were not party to the decision which led to their adoption. They had no- control over the loss of the birth family or the choice of the adoptive family. The adoption proceeded
with adults making life-altering choices for them. This unnatural change of course impinges on growth toward self-actualization and self-control. Adolescent adoptees, attempting to master the loss of control they have experienced in adoption, frequently engage in power struggles with adoptive parents and other authority figures. They may lack internalized self-control, leading to a lowered sense of self-responsibility. These patterns, frequently passive/aggressive in nature, may continue into adulthood.

For adoptive parents, the intricacies of the adoption process lead to feelings of helplessness. These feelings sometimes cause adoptive parents to view themselves as powerless, and perhaps entitled to be parents, leading to laxity in parenting. As an alternative response, some adoptive parents may seek to regain the lost control by becoming overprotective and controlling, leading to rigidity in the parent/adoptee relationship.

**Summary**
The experience of adoption, then can be one of loss, rejection, guilt/shame, grief, diminished identity, thwarted intimacy, and threats to self-control and to the accomplishment of mastery. These seven core or lifelong issues permeate the lives of triad members regardless of the circumstances of the adoption.

Identifying these core issues can assist triad members and professionals in establishing an open dialogue and alleviating some of the pain and isolation which so often characterize adoption. Triad members may need professional assistance in recognizing that they may have become trapped in the negative feelings generated by the adoption experience. Armed with this new awareness, they can choose to catapult themselves into growth and strength.

Triad members may repeatedly do and undo their adoption experiences in their minds and in their vacillating behaviors while striving toward mastery. They will benefit from identifying, exploring and ultimately accepting the role of the seven core issues in their lives.

The following tasks and questions will help triad members and professionals explore the seven core issues in adoption:

* List the losses, large and small, that you have experienced in adoption.
* Identify the feelings associated with these losses.
* What experiences in adoption have led to feelings of rejection?
* Do you ever see yourself rejecting others before they can reject you? When?
* What guilt or shame do you feel about adoption?
* What feelings do you experience when you talk about adoption?
* Identify your behaviors at each of the five stages of the grief process. Have you accepted your losses?
* How has adoption impacted your sense of who you are?

This article is available on the internet at the following address:
Adoptive Parent Handbook and Post-Adoption Resource Guide
Orange, Osceola, and Seminole Counties
2015-2016
Important Phone Numbers

Adoption Recruiter
Name ____________________________________________
Office ____________________________________________
Phone ____________________________________________
Address __________________________________________

Case Management Agency
Agency Name ______________________________________
Dependency Case Manager’s Name ______________________
Phone ____________________________________________
Address __________________________________________

Adoption Licensing Agency (if applicable)
Agency Name ______________________________________
Licensing Counselor/Specialist Name ____________________
Phone ____________________________________________
Address __________________________________________

Adoption Attorney
Name _____________________________________________
Phone ____________________________________________
Address __________________________________________

Guardian Ad Litem
Name _____________________________________________
Phone ____________________________________________

CBC of Central Florida County Adoption Manager
Name _____________________________________________
Phone ____________________________________________
Address __________________________________________

Post-Adoption Specialist
Name _____________________________________________
Phone ____________________________________________
Address __________________________________________

Therapeutic Agency
Agency Name ______________________________________
Therapist’s Name __________________________________
Phone ____________________________________________
Address __________________________________________

Other Service Provider
Agency Name ______________________________________
Provider Name _____________________________________
Phone ____________________________________________
Address __________________________________________
# Table of Contents

The People Involved in your Adoption Process…………………………………………………………….3
Adoption Benefits …………………………………………………………………………………………………………4
Frequently Asked Questions/General Information Post-Adoption………………6
Explaining Adoption Medicaid………………………………………………………………………………………….7
Choosing a Therapist to Meet Your Family’s Needs……………………………………10
Clinicians/Therapist/Providers with Experience in Adoption…………………11
The School System………………………………………………………………………………………………………20
(Foster Care Designee Information, Educational Resources)
Pre- and Post-Adoptive Parents’ Rights and Responsibilities………………22
Florida Laws and Regulation Regarding Adoption………………………..24
Utilizing Post-Adoption Services…………………………………………………………25
Verification of Receipt…………………………………………………………………………………26
The People Involved in your Adoption Process

**Adoption Recruiter:** This person facilitates child-focused recruitment programs whose exclusive goal is placing foster care children with adoptive families.

**Adoption Specialist:** This person serves as a guide for the pre-adoptive parent prior to adoption. He/she will also be the one responsible for the completion of your Adoption Home Study and having the adoption subsidy (Financial/Medicaid portion of adoption) approved. They will visit your home throughout the adoption process for interviews and to observe the relationship between you and the child(ren). The Adoption Specialist is a support and resource for any adoption related questions/concerns.

**Dependency Case Manager** (aka “Family Case Manager “, “Caseworker” or “Case Manager”): This person is responsible for assessing the safety and well-being of your child. He/she assess the child’s environment for risk. Until Adoption Finalization, the Family Case Manager is required to visit your child(ren) in their home at least once every thirty days. The Family Case Manager is a support and resource, and may have a bond with the child. They are the point of contact for all legal and medical decisions.

**Dependency Case Manager Supervisor:** This person supervises the Dependency Case Manager. If you are having a difficult time contacting the Case Manager after several attempts, it may be helpful to contact the Case Manager Supervisor. This person is there to provide guidance and support to the Case Manager, your child and the parents involved in the child’s life, including you. They are also there to assess the safety and well-being of your child.

**Guardian ad Litem (GAL):** This court-appointed person represents the best interests of a child in Dependency Court. The GAL will investigate the family situation and provide recommendations to the court based on the best interest of the child.

**Licensing Counselor/Specialist:** This person may have instructed your foster and/or adoptive parenting classes. He/she may also be the one responsible for the completion of your Adoption Home Study.

**Post-Adoption Specialist:** This person works specifically with families after adoption. The purpose of Post-Adoption Services is to assist families after adoption and link them to other community resources and support for their family in adoption. This support comes in the form of service referrals, crisis stabilization assistance, educational support, Medicaid assistance, and other support.
Adoption Benefits

The Federal Adoption Tax Credit
-For adoptions finalized in 2014, there is a federal adoption tax credit of up to $13,190 per child. The 2014 adoption tax credit is not refundable, which means taxpayers can only get the credit if they have federal income tax liability. Taxpayers have six years (the year they first claimed the credit plus five additional years) to use the credit. Please refer to www.nacac.org/taxcredit/taxcredit.html for more information.

Florida’s Adoption Reunion Registry (FARR)
-FARR was established in 1982 by the Florida Legislature for people affected by adoption in Florida to have the opportunity to reunite. FARR is operated by the State of Florida, and the Department of Children and Families. Those eligible to register include adopted adults, birth parents, birth siblings, birth aunts, uncles, birth grandparents, and adoptive parents on behalf of their adopted minor child. For more information call the Florida Reunion Registry at 1-850-488-8000 or Florida’s Adoption Information Center at 1-800-96-ADOPT.

Florida College’s Tuition Exemption
-This benefit is for children adopted through the Department of Children and Families, and includes tuition exemption at a postsecondary career program, community college, or state university. The adoptive parents will receive a Tuition Exemption Letter from either the case management agency or lead agency. This benefit applies only to adoptions finalized after May 5, 1997. Youth may utilize this benefit towards their first postsecondary degree until reaching the age of 28 years old. Please contact your county Adoption Manager to obtain a copy of your child’s college tuition exemption letter.

Florida Adoption Assistance/Subsidy
-Financial assistance and services may be provided to a child and his or her adoptive family. Such assistance may include a maintenance subsidy (a monthly payment made for support and maintenance of a special needs child until the child’s 18th birthday), medical assistance (the cost of medical, surgical, hospital and related services needed as a result of a physical or mental condition of the child which existed prior to the adoption may be subsidized), and reimbursement of nonrecurring expenses associated with the legal adoption (those reasonable and necessary adoption fees, court costs, attorneys fees, and other expenses that are directly related to the legal adoption of a special needs child).

Medicaid
-Each child’s Adoption Medicaid is renewed annually by the lead community-based care agency. All adopted children receive Medicaid until their 18th birthday. However, youth who participate in the PESS Program, who have been adopted after the age of 16 years old that have spent a minimum of six months in foster care within the twelve months preceding adoption will receive Medicaid until their 21st Birthday.

Federal Financial Aid for Youth Adopted After Age 13
-The Fostering Adoption to Further Student Achievement Act became law as an amendment to the College Cost Reduction and Access Act (Public Law 110-84). This law went into effect beginning the 2009-2010 school year and forward. The provision will apply to youth even for adoptions that were finalized before the law was passed in 2007. This law makes it possible for teens in foster care to be adopted without losing access to college financial aid. Under this new law, youth who are adopted from foster care at any point after their 13th birthday will not have to include their parents’ income in the calculations for determining their need for financial aid. Financial Aid applications can be completed at www.fafsa.gov.
Post-Adoption Services and Adoptive Parent Support Group

-Contracted by Community Based Care of Central Florida, Devereux Florida provides post-adoption services to assist families in the Orange, Osceola and Seminole County areas. This service for adoptive parents is provided to enhance safety and promote continued permanency and well-being for adopted children.

Devereux Florida facilitates monthly Adoptive Family Support Groups. For more information call (321) 441-8654 and ask to speak with the Post-Adoption Specialist.

Post-Secondary Education Services and Support (PESS)

-PESS is the program for young adults formerly in licensed foster care that provides a financial stipend to assist with the costs of attending an eligible postsecondary education institution. Adoption Eligibility: Young adults who were adopted after the age of 16 from foster care, after spending at least 6 months in licensed care within the 12 months immediately preceding adoption and have earned a standard high school diploma. Please contact CBC at 321-441-2060 and ask to speak with an Independent Living Manager to determine if you are qualified.
Frequently Asked Questions/General Information Post-Adoption

1. What if I move?
   • If you move or change your address, please put your new address in writing and send it to Community Based Care of Central Florida, Attention: County Adoption Manager 4001 Pelee Street, Suite 200, Orlando, FL, Ph: (321) 441-2060, Fax: (407) 681-0560. If you leave the state of Florida, it is very important that you make the County Adoption Manager aware so that he/she can complete the necessary paperwork to transfer your child’s adoption Medicaid to the new residence. The process to open Adoption Medicaid in another state can take at least 30 days to complete.

2. When are monthly adoption subsidy payments mailed?
   • Subsidies are mailed or directed deposited 3rd Wednesday of the month. Please visit www.cbccfl.org for more information on Direct Deposit. If you are already a foster parent, you do not need to complete a new direct deposit form.

3. Whom should I contact if there is a problem with the adoption subsidy check or if I have not received it?
   • Please contact Community Based Care of Central Florida’s Finance Department at (321) 441-2060.

4. Where can I obtain a copy of my child’s Adoption Finalization Order?
   • You may obtain a certified copy of your Adoption Finalization Order from the Orange, Osceola or Seminole County courthouse, depending on which county finalized your adoption. You will need to bring a form of identification (i.e. Driver’s License, Florida ID Card) to obtain a copy. There is a fee for obtaining a copy. Requesting them from the courthouse is the only way to obtain a certified copy of the Adoption Finalization Order.

5. Where do I get my child’s new birth certificate?
   • Your Adoption Attorney should file the necessary paperwork for you to receive a birth certificate with your child’s new name (if applicable). You will obtain a new birth certificate several weeks after Adoption Finalization.

6. How do I obtain a new Social Security Card?
   • To obtain a new Social Security card you must obtain an application from the Social Security Administration or visit the SSA website at www.ssa.gov.

7. How do I obtain a new Medicaid Gold Card?
   • Please contact CBC of Central Florida’s County Adoption Manager to have a new Medicaid Gold Card requested.
Explaining Adoption Medicaid

The Agency for Healthcare Administration (AHCA) administers the Florida Medicaid program.

Within the Adoption Medicaid system, there are multiple plans from which to choose:

If you need to select or change your child’s Managed Medical Assistance (MMA) Plan please contact a Choice Counselor at 1-877-711-3662 to find out more information about each program.

Managed Medical Assistance Programs (MMAs)
There are several Managed Medical Assistance Programs (MMAs) which are separate plans paid for by Medicaid. Within Orange, Osceola and Seminole counties those plans are listed below.

If your child is enrolled in an MMA, Florida Medicaid pays the MMA an insurance premium for the child’s care each month. The MMA is then responsible for the child’s care. Providers (your child’s doctors or specialists) would bill the MMA, not Medicaid. Therefore, if you tell your doctor that you have Medicaid and they try to look you up in their system for verification, it will not show up. This is because Medicaid pays the MMA, the MMA is not Medicaid.

The MMA would assign the Primary Care Physician (PCP) and if the child needs to see a specialist, the MMA Primary Care Physician (PCP) would have to make a referral to another doctor in the MMA network. If you need to check to see which Primary Care Physician your child is assigned to, you should call the MMA. Due to HIPAA regulations, a case manager or CBC of Central Florida staff cannot call the MMA directly and inquire about your child.

Changing Managed Medical Assistance Programs (MMA Plans)
You may change your child’s plan during the first 90 days of enrollment. After the 90 days you will only be able to change the plan during your open enrollment period or with a State-approved good cause reason. The open enrollment period is the 60 day period each year when you can change plans without State approval. Open Enrollment Occurs every year on the anniversary date of your child’s first enrollment into the plan.

You can explore the MMA plans in more detail by visiting http://www.flmedicaidmanagedcare.com/MMA/PlanInformation.aspx

Specialty Plans

Sunshine Health Child Welfare Specialty Plan
Phone: 866-796-0530
TDD Phone: 800-955-8770
http://www.sunshinehealth.com

This plan provides health care services for children who are adopted and receive Adoption Subsidy and Medicaid assistance; and for children in the custody of the Florida Department of Children and Families.
Children's Medical Services Network Specialty Plan  
Phone: 866-376-2456  
TDD Phone: 800-955-8771  
http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/mma.html

This plan provides health care services for children from birth up to age 21 with special health care needs.

Magellan Complete Care  
Phone: 800-327-8613  
http://www.magellancompletecareoffl.com

This plan provides health care services for all recipients who have a serious mental illness.

Orange County, Osceola and Seminole Counties  
Community Managed Medical Assistance Plans:

Amerigroup Florida  
Phone: 800-600-4441  
TDD Phone: 800-855-2880  
http://www.myamerigroup.com/fl

Molina HealthCare of Florida  
Phone: 866-472-4585  
TDD Phone: 800-955-8771  
http://www.molinahealthcare.com

Sunshine Health  
Phone: 866-796-0530  
TDD Phone: 800-955-8770  
http://www.sunshinehealth.com

UnitedHealthcare of Florida  
Phone: 888-716-8787  
TDD Phone: 711  
http://www.uhccommunityplan.com

Staywell  
Phone: 866-334-7927  
TDD Phone: 877-247-6272  
http://florida.wellcare.com
**Before the Adoption**

Prior to adoption finalization, your child was either in foster care, relative or nonrelative care. It is likely that he/she had the Child Welfare Specialty Plan offered through Sunshine Health Plans/CBC Integrative Health. Upon completion of the adoption subsidy packet and adoption finalization, your child will transition out of their previous Child Welfare Specialty Plan into a Managed Medical Assistance Program (MMA). An MMA will be assigned automatically. This is when you have the option to change your child’s Medicaid plan. Please see above explanation as to changing MMAs.

Keep in mind, your child’s previous doctors MAY or MAY NOT be in your new MMA plan’s network. This is why it is important to ask your primary care physician what types of Medicaid MMAs if any, that he/she accepts.

**If you choose to have your child on your Private Health Insurance Plan**

If your child is assigned to private health insurance, this is referred in the Medicaid World as having Third Party Liability (TPL). According to the Florida Medicaid Website through the Agency for Health Care Administration, TPL is the obligation of any entity other than Medicaid or the recipient to pay all or part of the cost of the recipient’s medical care. If the child has other coverage through a TPL insurer, the provider must bill the TPL insurer prior to billing Medicaid.

Medicaid will cover the cost of services that are covered or partially covered by TPL/Private Health Insurance but it will require the provider to submit a claim to Medicaid to cover the difference of cost. **You may encounter providers who are not willing to submit a claim to Medicaid and require you to pay a co-pay if you have TPL/Private Health Insurance.**

For more information, contact your Medicaid provider directly.

If you find that Medicaid has ended for any reason, please contact CBC of Central Florida and we will do our best to assist you with the situation.
Selecting a Therapist

On the next few pages you will find a listing of clinicians/therapists and agency providers servicing Seminole, Orange and Osceola counties with adoption experience. Selecting a therapist who understands children adopted through foster care can be an important component of your child’s mental health. Choosing a therapist is a very personal decision as this individual will be supporting your family through an emotional journey. Not every clinician is a perfect fit for every family just like any other relationship connection.

If you utilize this list without first consulting a Post-Adoption Specialist, Adoption Recruiter, Adoption Specialist, CBC County Adoption Manager or Dependency Case Manager, please consider the following questions to ask:

1. What type of license(s) do you hold?
2. What is your approach to therapy?
3. What kind of and how much experience in dealing with grief and loss associated with adoption do you have?
4. Are you Adoption Competency Trained?
5. How long will it take to get an appointment and how often do you normally expect to see clients?
6. If my family is in a crisis, will you be able to assist us quickly and what is your expected response time?
7. What are the standard fees for service, insurance, and payment arrangements?
8. What is your understanding of Trauma Informed Care?

What you should expect from a therapist:

1. An understanding of adoption and its impact on families
2. An understanding of trauma
3. A diagnosis, only if appropriate and indicated of any condition affecting your child, or referral to appropriate diagnosticians
4. The ability to ease and help in crisis
5. Willingness to be available during crisis
6. Compatibility with your family and your child

*The Florida Department of Children and Families provided a 42 hour Adoption Competency Training for clinicians, utilizing Rutgers University Adoption Competency Curriculum.*
### Clinicians/Terapists/Providers with Adoption Experience

#### 2-Strive
Barry Daly *Adoption Competency Trained*
2704 Rew Circle, Suite 105F
Ocoee FL 34761
(407)573-1192
twostrive@aol.com

Payment/Insurance Accepted:
Florida Medicaid, Medi-Waiver, Sunshine Health, Staywell, Amerigroup, Cenpatico, Magellan, Florida Kid Care, Citrus Health Care, Healthease, Healthy Kids, Well Care, United Health Care, TANF, CMS

#### A Better Life Counseling Services
Margot Logan, LCSW, *Adoption Competency Trained*
1035 S. Semoran Blvd, Suite 1047
Winter Park 32792
(407) 739-6059 (t)
(407) 977-8639 (f)
ABetterLife@bellsouth.net

Payment/Insurance Accepted:
United Healthcare/United Behavioral Health; Cigna, Tricare; Private Pay; Corphealth; Staywell; Healthease; Lifesynch, Humana, Compcare, Magellan, Cenpatico, CMS, HAS

#### A New Perspective Counseling
Jennifer A. Vestal, M.A.*ACT
Jessica Dawn Bush, M.A*ACT
919 W. 9th St.
Deltona, Fl 32771
407-792-0900

Payments/Insurance Accepted:
United Healthcare, Sunshine State, Straight Medicaid, Self-pay on a sliding scale

#### Alliant Human Services of Florida
Heather Rehberg, Marriage & Family Therapist *ACT*
Kathryn Parker, Registered Mental Health Intern, *ACT*
255 N Grove St Suite C
Merritt Island, FL 32935
(863) 214-8653

Payment/Insurance Accepted:
Private Pay
Angels For Kids On Call
Rochelle Hall, MSW, LCSW*, QCS Adoption Competency Trained
Solange M. Ortiz Rodriguez, M.A.*ACT.
7550 Futures Dr. STE 104-105
Orlando, FL 32819
(407) 520-1470
(844) 743-6224
F (407) 982-7383
www.angelsforkidsoncall.com

Payment/Insurance Accepted:
Sunshine State (Cenpatico), Psychare (Prestige, Beacon, Molina), and contracting with Wellcare (Staywell, HealthEase), Compcare, and Sliding Scale.

Aspire Health Partners
Ryan Fontaine, LMHC*ACT
Angela D’Amelio *ACT
Karla Bilderbeck, ATR, COP Therapist, Registered Mental Health Intern, *
Nicole Thweat, PHD, LMHC, *ACT
1800 Mercy Drive Orlando, FL 32808
407-875-3700(t)
407-245-0049(f)

Attachment Services of Central Florida, Inc
Teresa Guerard, LMHC *Adoption Competency Trained
427 Center Pointe Circle, Ste 1878
Altamonte Springs, FL 32701
(407) 739-7211 (t)
(407) 260-0091 (f)
TGGreat@aol.com

Payment/Insurance Accepted:
Private Pay Sliding Scale; Cash, Credit Card

Carrousel Therapy Center (2nd floor of the Center State Bank)
Dikza Gonzalez *ACT Trained*
Yohara M. Latorre Perez- Targeted Case Manager
Sohail Vargas- Targeted Case Manager
4898 East Irlo Bronson Memorial Highway
St. Cloud, FL 34771
(407) 891-3082(t)
(888) 477-7678(f)

Children’s Home Society Clinical Services
Jamie Cook, B.A., Adoption Specialist
Joy Silas, MSW *ACT
Shazia Mirza, MA, *ACT
5766 South Semoran Blvd.
Payment/Insurance Accepted:
Straight Medicaid, Amerigroup, Amerigroup Healthy Kids, Healthease, Healthease Healthy Kids, Sunshine, Magellan, Staywell, Healthy Kids, Prestige, United, Simply Healthy

Circle of Friends Services, Inc.
Barbara Defazzio, LMHC, President, CEO *Adoption Competency Trained
Emeka Anyiam, Ph.D, LMFT, *ACT
Jennifer Lombardo, Registered Clinical SW Intern, *ACT
Annie Rivera, MA, CAP, Registered Clinical Intern, *ACT
Melita Cogburn, Registered Mental Health Intern, *ACT
DeAn Matthew, LMHC*ACT
Maraima Medina, *ACT
Iris Machado-Acevedo *ACT
Ann-Marie Miglionico, MSW, *ACT
Robyn Smith-McLeish, MA, Registered Clinical Social Work Intern, *ACT
Christina Astorga, Registered Clinical Social Work Intern, *ACT
Amy Iannitelli, MA, *ACT
Cynthia Freeborn, MA, Registered Clinical Social Worker, *ACT
517 Deltona Blvd.
Deltona, FL 32725
(386) 473-4566 (t)

friends@cofsfl.org

Payments/Insurance Accepted:
Straight Medicaid; Harmony; Children’s Medical Services; PediCare; Magellan; Amerigroup, Aetna, Tricare by Humana, Lifesynch by Humana; Harmony; VOCA; United Behavioral Healthcare, Medipass/Florida Health Partners, United Healthcare, Victims of Crime Compensation

Community Counseling Central of Central Florida
Corrie Kindyl, LMHC, LMFT
Director and Coordinator of Referrals
Rebecca Soto, LMHC *ACT
P.O. Box 161585
Altamonte Springs, FL 32716-1585
(407)291-8009 (t)
(407)291-9620(f)

Payment/Insurances Accepted:
Magellan; PPO Panels (flexible); Private Pay Sliding Scale; Title 24, Victim’s Comp, Staywell, Healthease, Straight Medicaid

Connecting Well Counseling
Nancy J Langford, LMHC *Adoption Competency Trained
William B “Terry” Langford, LMFT *ACT
5728 Major Blvd #506
Orlando, FL 32819
(407) 351-1010
connectingwell@gmail.com

Payment/Insurances Accepted:
Magellan; Employee Assistance Programs including CompPsych EAP; FEI EAP; Aetna; United Health Care; Cigna; Tricare; Value Options; Military OneSource

---

**CPAS Counseling**
Maxine Ruddock, Ph.D *Adoption Competency Trained*
2700 Westhall Lane Suite 220
Maitland, FL 32701
(407) 475-1605
info@cpascounseling.com

Payments/Insurance Accepted:
Medicare; Aetna; Humana; Tricare; Blue Cross Blue Shield; Beech Street; Wellcare; Straight Medicaid; Cigna; ComPsych; Multiplan; ValueOptions

---

**Creative Therapy Associates, LLC**
Christine Harris, LCSW, *Adoption Competency Trained*
2020 East Robinson Street
Orlando FL 32803
(407) 399-8855 (t)
(321) 248-0120 (f)

Payment/Insurance Accepted:
Amerigroup Healthy Kids; Citrus Healthcare; Private Pay; United Behavioral Healthcare; Cigna; Aetna; Humana (LifeSynch); ComPsych; AMERIGROUP Community Care, CompCare; MHNet; AVMED; Pacificare; Tricare; Champ VA; CorpHealth, Psychcare, CorpHealth, LifeSynch, Behavioral Health Systems

---

**Cynthia A. Klee LMHC CRT** *Adoption Competency Trained*
407-300-4804 (t)
cklee9556@verizon.net
Kissimmee, Florida
In-home service provider, available evening and weekends

Payment/Insurance Accepted:
Straight Medicaid, FSPT, Magellan, Cenpatico, Amerigroup, Private Pay

---

**Devereux Florida**
Jennifer Kammeraad, Clinical Supervisor and Referral Coordinator
Chuck Mendler, LMHC, *Adoption Competency Trained (ACT)*
Rachael Baker, LMHC *ACT*
Lisa McReynolds, LMHC *ACT*
Faith Scott, Registered Social Work Intern, *ACT*
Kimberly Lincoln, Registered Mental Health Intern, *ACT*
Kristina Garcia, *ACT*
Jacquita Elston, LMHC *ACT*
Judyne Viau, *ACT*
5749 Westgate Drive, Suite 102
Orlando, FL 32835
(321) 441-1030 (t)
(866) 936-8124 (f)

Payment/Insurance Accepted:
Straight Medicaid; AMERIGROUP Community Care; HealthEase of Florida, Inc; Staywell Health Plan, United Healthcare; Magellan; Healthy Kids; Citrus Health Plan; Psychcare/Compcare; Title 21; Sunshine; Prestige/Beacon; FSPT; Children’s Medical Services

---

**Discovery Counseling of Orlando**
Kayla Oliver *Adoption Competency Trained*
100 Crown Oak Centre Dr.
Longwood, FL 32750
(407) 212-7057
kayla@discoveryorlando.org

Payment/Insurance Accepted:
Private Pay

---

**Esperance Counseling Center, Inc.**
Stacey Greenberg, MSW, RCSWI
3827 E. Colonial Dr.
Orlando FL 32803
Office number: (407) 489-2642
Cell number: (407) 205-2689
staceygreenberg@esperancecounselingcenter.org

Payment/Insurances Accepted:
Private Pay, Sliding-Scale

---

**Friends of Children and Families**
Sarah Ashby, RCSWI, MA
11875 High Tech Ave. Ste 200
Orlando, FL 32817
Office: (407) 273-8444, ext. 211 Cell: (407) 860-8477
sashby@friendsofchildrenandfamilies.org

---

**Fern Creek Counseling**
Elizabeth Kunz, *Adoption Competency Trained*
2479 Aloma Avenue
Winter Park, Florida 32792
407-894-4030
Fax: 407-894-6010
lizkunz@msn.com

Payment/Insurances Accepted:
United Healthcare; Pacificare; Tricare; Avmed; Aetna; Psychcare; Cigna; Magellan

**Gerald Button, LMHC, *Adoption Competency Trained**  
(321) 460-9145 (t)  
(561) 431-7661 (f)  
afamilytherapyplace@gmail.com  
*Primarily in home services*

Payment/Insurance Accepted:  
Private Pay Sliding Scale; Ask regarding insurance

**Hope Alexander, LMHC *ACT**  
12200 West Colonial Dr.  
Winter Garden, FL 34787  
407-694-3620

Payment/Insurances Accepted:  
Private Pay, Sliding Scale

**Impower**  
Elizabeth Aulds, MA, *ACT  
Angela Blasini, Psy. D * Adoption Competency Trained  
Sylvia Multari, LMHC, * Adoption Competency Trained  
Felicia Brown, Mental Health Counselor Student Intern, *ACT  
150 Spartan Drive  
Maitland, FL 32751  
(407) 331-8002 ext 125 (t)  
(407) 331-8659 (f)

Payment/Insurance Accepted:  
Medipass; United Healthcare of Florida; Staywell Health Plan/Harmony; HealthEase of Florida, Inc/Harmony; Wellcare/Harmony; Magellan; AMERIGROUP; Straight Medicaid; Florida Health Partners; Healthy Kids-Staywell

**Journeys End Counseling and Training, LLC**  
Tammy Austin, LMHC, NCC, *Adoption Competency Trained  
1035 S. Semoran Blvd Ste 1040  
Winter Park, FL 32792  
(407) 678-9800(t)  
(407) 315-0048(f)  
Web based referrals: www.journeystendcounseling.com

Payment/Insurances Accepted:  
Aetna; Magellan; Private Pay Sliding Scale; Prestige; Staywell; Healthease

**Kids House of Seminole, Inc.**  
5467 North Ronald Reagan Blvd.  
Sanford, FL 32773  
407-324-3036 ext. 265  
407-324-3045 fax
Providing trauma focused therapy to children who have been the victim of physical or sexual abuse or witness to severe domestic violence.

Payment/Insurances Accepted:
Amerigroup, Wellcare, Magellan, Victims of Crime Compensation, sliding scale; Straight Medicaid

Kinder Konsulting & Parents Too
Angie Hilken, LCSW, Clinical Director, * Adoption Competency Trained
Amy Riley, LMHC, * ACT
Linda Ortiz
2479 E. Aloma Avenue
Winter Park, FL 32792
(407) 657-6692 (t)
(407) 894-6010 (f)

Payments/Insurance Accepted:
Staywell, Amerigroup, HealthEase, Harmony, United Behavioral Healthcare, Healthy Kids, CMS, Magellan, Straight Medicaid, Citrus, Medipass/Florida Health Partners

Life and Work Solutions, Inc.
Amanda Percy, LCSW
3400 Hunter’s Creek Blvd.
Orlando, FL 32837
407-340-5708
amandapeercy@lifeworksoul.org

Payments/Insurances Accepted:
Amerigroup Healthy Kids, Amerigroup Medicaid, Clear Health Alliance, Magellan Complete Care, Molina Health Care, Prestige Health Choice, Staywell Healthy Kids, Staywell Medicaid, Sunshine State Healthy Kids, Sunshine State Medicaid

Life Balance Counseling
Cathie Rising-Clarke, MA, LMHC, *ACT
2750 Taylor Avenue
Orlando, Florida 32806
(407) 255-2533

Payment/Insurance Accepted:
Private Pay

Live Life Counseling
DeAne Matthew, LMHC
1345 Clay Street
Winter Park, FL 32789
321-689-9148
DeAne@LiveLifeCounseling.com
LiveLifeCounseling.com
Payment/Insurance Accepted:
Self-pay

Mary Jo McHaney, MA, LMFT, LMHC, *Adoption Competency Trained
EMDR Trained
100 East Sybelia Avenue Suite 165
Maitland, FL 32751
(407) 443-3497

Payment/Insurance Accepted:
Private Pay Sliding Scale

Marie Dauterive, *Adoption Competency Trained
870 Clark Street, Suite 1030
Oviedo, Florida 32765
407-451-4520

Payment/Insurance Accepted:
Self-Pay

The Psychology and Counseling Group, LLP
Maria C Inoa, LCSW*Adoption Competency Training
2101 Park Center Dr.
Suite 270
Orlando, FL 32835
Orange County
Phone: (407) 523-1213

Payment/Insurance Accepted:
Health Choice, BCBS, Cigna, Aetna

ME Solutions Counseling Agency
Tracey Felix-Thomas, MA, LMHC, *ACT
Deirdre Guilloton, ACT*
Christopher Venezia, ACT*
Julie Taylor, M.A
6001 Brick Court
Winter Park, FL 32792
(407) 671-0490 (t)
(407) 429-3923 (f)
www.MESolutions.org

Payment/Insurance Accepted:
Private Pay Sliding Scale; Victim’s Com; Alliance; Amerigroup; CBC Seminole;
Cenpatico/Sunshine State; Cigna-EAP; Cigna; ComPsych EAp; CMS; First Health; HAS;
Humana; Interface EAP; LifeSynch EAP & Commercial; Medicare: MHNet (Managed Health
Network); Mehra Vista; Mines & Associates; MultiPlan; Tricare Prime; Victims Comp.; Work
Partners
Park Place Behavioral Healthcare
Sandra Duarte, *Adoption Competency Trained
206 Park Place Blvd
Kissimmee, FL 34741-2344
(407) 846-0023 ext. 1300
sandrad@ppbh.org

Payment/Insurance Accepted:
Medicaid HMO’s and Medipass; Sliding Scale

Resilience Counseling Center
Ruth Cortez, *ACT
Kori McLaughlin, *ACT
1759 W Broadway St
Oviedo, FL 32765
(407) 977-4335(t)
(407)-977-4370(f)
rcortez@resiliencecc.com
kmclaughlin@resiliencecc.com

Payment/Insurance Accepted:
Aetna, Aetna EAP, Anchor Benefit, Assurant Health, Amerigroup, BlueCross/Blue Shield, Cenpatico(Sunshine), Ceridian EAP, Champ VA, Cigna, Cigna EAP, Horizon EAP (Aetna), Magellan Private and Medicaid, Meritain Health, Military One Source, Tricare, United, Value Options, Value Options EAP, Sliding Scale Options, Value Options EAP, Sliding Scale

Tetrick Counseling, LLC
Martina Tetrick, LMHC, *Adoption Competency Trained
2020 Robinson Street
Orlando, FL 32803
(407)929-6821 office
(407)898-2805 fax
tinatetrick@cfl.rr.com

Payment/Insurance Accepted:
Amerigroup, Cigna, Aetna, MHNet, United, PacifiCare, ComPsych, AvMed, Psychcare, Humana, Horizon EAP, Champ VA, Tricare, Private Pay, sliding scale on a case by case basis.
The School System

Information to know regarding education if your child was in foster care:
While your child was in foster care it was the responsibility of the Dependency Case Manager (DCM) to keep track of your child’s school records; for example, progress reports/report cards, meeting notes, annual IEP reviews (if appropriate), etc. Your child’s school records were confidentially maintained. The DCM also notified the school of any changes in the child’s status in foster care, court dates, mental health and medical exams, etc.

Foster Care Designee/Families in Transition Liaison
The goal of the Foster Care Designee/FIT Liaison is to support the academic achievement and social/emotional needs of student in foster care. Responsibilities include:

- Serving as a resource to the school principal and other personnel to facilitate the provisions of supportive services
- Identifying foster care students to teachers and school personnel who are involved with assessment and/or interventions
- Reporting to Family Case Managers adverse changes in grades, attendance, and behavior
- Maintaining a confidential folder for the school containing information pertinent to a student’s foster care status
- Communicating with designees at other schools to facilitate the transition of students entering your school of transferring to another school
- Developing a working relationship with Community Based Care of Central Florida, and their provider agencies responsible for placement and foster care casework services
- Becoming familiar with Florida’s dependency law (Florida Statue Chapter 39)
- Serving as a direct contact for the OCPS School Court Liaison

Prior to the beginning of each school year, the Principal identifies a professional staff as a Foster Care Designee. This Foster Care Designee’s primary responsibility is to coordinate/monitor the support and educational interventions for the foster care student and communicate with the Family Case Manager, foster care parents, and residential facility designees.

If you are a pre-adoptive parent, introduce yourself to the Foster Care Designee (FCD)/FIT Liaison in your child’s school. If your child is attending the same school he or she was in prior to placement in your home, this FCD may already know your child and can be a supportive and valuable resource for your family.

Educational Resources
Here are some online resources to help you understand your rights to your child’s education and services available:

Wrights Law Website: [http://www.wrightslaw.com/](http://www.wrightslaw.com/)
Orange County Public School System: [https://www.ocps.net/Pages/default.aspx](https://www.ocps.net/Pages/default.aspx)
Tips to Ease Enrollment into School Post-Adoption Finalization

- Request copies of school records from the Dependency Case Manager pre-adoption.
- Request a certified birth certificate and immunization records from the Adoption/Family Case Manager or Adoption Attorney because those documents are required to enroll your child in school. (If your child’s legal name changes, you will have to obtain these documents with a name change on your own post-adoption.)
- Find out if your child has ever been identified as a child with disabilities. If your child has ever been suspected or identified as such, you will need to request several records:
  o If your child has ever received a psycho-educational evaluation you will need to review the results.
  o Request a meeting with the school psychologist to go over any questions that you may have about the assessment.
  o If appropriate, request a copy of your child’s Individual Education Plan (IEP) or 504 Plan from the School.
- Request copies of report cards, discipline records, standardized test scores, etc. to determine if your child has any struggles or learning difficulties that you will need to support and advocate for services.
- Request a school-based meeting to review your child’s cumulative record and speak to any individuals who can offer support such as: Reading Coach, Guidance Counselor, Staffing Specialist, SAFE Counselor, Dean, etc.
- **Maintain a Certified Copy of your Adoption Finalization Order** This is important because if your child’s previous school records state his birth name, and his/her birth name and your child’s adoptive name is different, you need verification of your parental rights. This Adoption Finalization Order will verify your parental rights.

Remember after adoption finalization that this is your child and you have the same rights to and for your child as any parents.
Pre- and Post Adoptive Parents’ Rights

- Be treated with consideration, respect for personal dignity and privacy
- Be included as a valued member of the service team
- Receive post-placement support services for fewer than 90 days from the date the child was placed in your physical custody. Admin. Rule 65C-16.010 (1)
- Be provided all available social and medical history information prior to or at the time of adoption placement, including the Child Study. Admin. Rule 65C-16.002 (7)
- Be informed of all agency policies and procedures that relate to your role as an adoptive parent
- Receive training that will enhance skills and ability to be an adoptive parent
- Not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age or physical ability
- Be informed of any siblings of your adopted child available for adoption and be given an opportunity to apply to adopt the siblings. Admin. Rule 65C-16.002 (4)(e)
- Right to a fair hearing pursuant to Chapter 120, F.S., if you have been wrongly denied subsidy benefits. Admin. Rule 65C-16.013 (2)
- Right to non-identifying information from closed adoption records through the State Office of Family Safety. Admin. Rule 65C-16.016 (1)
**Parent Responsibilities**

- Make a commitment to be the child’s parent as though you gave birth to them upon adoption finalization
- Assist the child in understanding and accepting who he/she is, and help to deal with any feelings about his or her birth parents and the circumstances that brought him or her to adoption
- Provide a loving environment, acceptance, and care to a child without expecting a demonstration of appreciation from the child
- Provide the child with opportunities for normal growth and development
- Refrain from making negative statements about the child’s birth family or the child
- Treat agency staff, the child’s birth family, foster family, and Guardian ad Litem (all team members) with respect and courtesy
- Comply with court orders, visitation plans, and case plan for any child placed in their care pre-adoptive
- Notify your County Adoption Manager at CBC of Central Florida of a potential change in address, living arrangements, marital status, family composition (who is in the home), and conditions that may affect where your adoption subsidy is sent
- Accept the direction and supervision given by the CBC and Case Management Agency (CMA) in caring for the child pre-adoption
- Attend and take part in dependency court hearings and other staffings concerning the child pre-adoption
- Support and encourage religious beliefs, ethnic heritage and language of the child
Where you can locate Florida Laws and Regulations Governing Adoption

http://www.leg.state.fl.us

- Florida Statutes specifically related to Adoptions, Chapter 63.


Adoption Chapter: Section 65C-16

The Florida Administrative Code Website States: “The State Library and Archives’ Administrative Code, Weekly and Laws Section are the filing points for rules promulgated by state regulatory agencies. Agency rulemaking is governed by Chapter 120, Florida Statutes, under the Administrative Procedures Act. The program publishes the Florida Administrative Weekly. The mission of the section is to file, preserve and make available to the public the rules and other public records it receives. Staff provides training and consultation with respect to the requirements for filing rules and publishing rule, meeting and other notices. Finally, this section provides continuing access to materials that are files and have long term value.”
Utilizing Post-Adoption Services

Post-adoption services are available to help families meet the special needs of children adopted from the foster care system. This service can be utilized by adoptive parents for short-term services to enhance safety or to promote continued permanency and well-being for adopted children.

Potential post-adoption services available include but are not limited to:

- Family Counseling
- Psychiatric Services and Medication Management
- Targeted Case Management
- Mentoring
- Adoption Support Groups

Please call Devereux Florida at 321-441-1567 if you are in need of post-adoption services.

Devereux’s Post-Adoption Team Contacts
Supporting Families in Orange, Osceola, and Seminole Counties

Salena Burden, MSW
Post-Adoption Program Supervisor
Office: 321-441-8654
Cell: 321-354-4408
sburden@devereux.org

Chauncey Wesley
Post-Adoption Support Coordinator
Office: 321-441-8657
Cell: 407-489-6830
cwesley@devereux.org

Simone Y. Aldrich, MA
Post-Adoption Specialist
Office: 321-441-8695
Cell: 407-340-5991
sbeatha@devereux.org

Petra Huemmer
Post-Adoption Specialist
Office: 321-441-8663
Cell: 321-354-4343
phuemmer@devereux.org

Robin Thomas
Devereux Operations Manager
Office: 321-441-8652
Cell: 321-354-4391
Rthomas5@devereux.org
**Verification of Receipt**

I/We_______________________________, have received a copy of
Adoptive Parent(s) Name

The Adoptive Parent Handbook and Post Adoption Resource Guide for Orange, Osceola and Seminole Counties 2015-2016 on _______________________

Date

<table>
<thead>
<tr>
<th>Parent</th>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
