On Becoming a Foster Parent

A PRE-SERVICE TRAINING MANUAL FOR PROSPECTIVE FOSTER, ADOPTIVE, & KINSHIP FAMILIES.

utah FosterCare

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class

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Orientation & Teaming

OVER-ARCHING LEARNING OBJECTIVES OF PRE-SERVICE TRAINING

Each of the twelve sessions of the Pre-service training has specific learning objectives related to the content presented during that session. In addition, there are some over-arching learning objectives that are addressed throughout the Pre-service training. These learning objectives include:

- Participants can accurately self-assess if foster parenting or adoption is the right choice for their family
- Participants can describe the importance of the child welfare goals of safety, permanency and well-being and can define their role in supporting these goals for children in their home
- Participants can explain the importance of, and can define their role in, placement stability
- Participants can explain the importance of teaming with the worker, birth family, child and others involved in the case, and can define their role on the team
- Participants can explain the need to parent differently based upon the child's trauma history
- Participants can explain how a caregiver's response to the diverse identities of children and families impacts placement success and child welfare goals

THE NINE ESSENTIAL ELEMENTS OF TRAUMA-INFORMED CARE

- Recognize the impact trauma has on your child.
- Help your child to feel safe.
- Help your child to understand and manage overwhelming emotions.
- Help your child to understand and manage difficult behavior.
- Respect and support the positive, stable and enduring relationships in the life of your child.
- Help your child to develop a strength-based understanding of his or her life story.
- Be an advocate for your child.
- Promote and support trauma-focused assessment and treatment for your child.
- Take care of yourself

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THE ESSENTIAL ELEMENTS OF TRAUMA-INFORMED PARENTING

Instructions: Read each element and place a check mark next to elements addressed in some manner during this module. In the notes section, provide an example from the module.

RECOGNIZE THE IMPACT TRAUMA HAS ON YOUR CHILD: Children who have survived trauma can present incredible challenges. When viewed through the lens of their traumatic experience many of these behaviors and reactions begin to make sense. Understanding trauma can help you identify effective strategies to address challenging behaviors and help your child develops new, more positive coping skills.

HELP YOUR CHILD TO FEEL SAFE: Safety is critical for children who have experienced trauma. Many are in a constant state of alert for the next threat to their well-being. They may be physically safe and still not feel psychologically safe. Keep your child's trauma history in mind and establish an environment that is physically safe and work with your child to understand what it will take to create psychological safety.

HELP YOUR CHILD UNDERSTAND AND MANAGE OVERWHELMING EMOTIONS: Trauma can cause such intense fear, anger, shame, and helplessness that children are overwhelmed by their feelings. Trauma can also derail development so that children fail to learn how to identify, express, or manage their emotional states. Provide calm, consistent, and loving care to set an example for your children and teach them how to define, express, and manage their emotions.

HELP YOUR CHILD UNDERSTAND AND MANAGE DIFFICULT BEHAVIOR: Overwhelming emotion can have a negative impact on children's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children. Help your children understand the links between their thoughts, feelings, and behaviors, and take control of their behavioral responses.

RESPECT AND SUPPORT THE POSITIVE, STABLE, AND ENDURING RELATIONSHIPS IN THE LIFE OF YOUR CHILD: Children learn who they are and what they world is like through the connections they make with other people. Positive, stable relationships play a vital role in helping children heal from trauma. Children who have been abused or neglected often have insecure attachments to other people. Nevertheless, they may cling to these attachments, which are disrupted or even destroyed when they come into care. Help your child hold on to what was good about these connections, reshape them, and build new healthier relationships with you and others as well.

HELP YOUR CHILD DEVELOP A STRENGTH-BASED UNDERSTANDING OF HIS OR HER LIFE STORY: To heal from trauma, children need to develop a strong sense of self, put their trauma histories in perspective, and recognize that they are worthwhile and valued individuals. Help children to develop a strength-based understanding of their life stories.

BE AN ADVOCATE FOR YOU CHILD: Trauma can affect so many aspects of a child's life that it takes a team of people and agencies to facilitate recovery. You are a critical part of this team. Ensure efforts are coordinated and help others to view your children through a trauma lens.

PROMOTE AND SUPPORT TRAUMA-FOCUSED ASSESSMENT AND TREATMENT FOR YOUR CHILD: Children who have experienced trauma often need specialized assessment and treatment. The effects of trauma may be misunderstood or even misdiagnosed. Fortunately, there are trauma-focused treatments whose effectiveness has been established. Use your understanding of trauma and its effects to advocate for the appropriate treatment for your child.

TAKE CARE OF YOURSELF: Caring for children who have experienced trauma can be difficult and can leave resource families feeling drained and exhausted. To be effective, take care of yourself, and take action to get the support you need when caring for traumatized children.

FUNDAMENTAL PRINCIPLES OF CHILD WELFARE

- The first goal of child welfare is to protect children from harm (abuse, neglect, sexual abuse, abandonment, and other forms of child exploitation).

- It is in children's best interests to remain with their own families, if these families can be helped to become safe, stable, and nurturing places for their children.

- It is never in children's best interests to be removed from their families, unless this is the only possible alternative to ensure their safety. When children must be placed out of their homes, safety planning and targeted remedial services should begin immediately to strengthen and support their families, in the hope the children can be returned quickly to their own homes.

- Permanence is essential for all children to develop into healthy adults. All child welfare activities should assure children can grow up in permanent, stable, and secure families, whether these are their own parents, relative families, adoptive families, or permanent legal guardians.

- Children who need out-of-home placement to ensure their safety should always be placed in the least restrictive, most home-like environment, as close to their own home as possible. A properly chosen placement will meet children's physical, emotional, and social needs,

will strengthen and preserve children's attachments and relationships with their families, will promote healthy development, and will minimize the trauma inherent in separation and placement.

RESPONSIBILITIES OF CHILDREN SERVICES

- To investigate and make a determination regarding allegations of abuse and neglect, and to determine the degree of risk to the child of remaining in the sole care of the parents
- To identify the factors in the family that creates risk, and the family strengths and resources that can be used to help reduce and remove risk
- To provide protective services to children in their own homes, whenever possible, to prevent the trauma inherent in separation and placement
- When not possible to protect the child in the birth family's home, to place the child temporarily in a culturally sensitive and supportive family placement that meets the child's individual needs, as close to the child's own home as possible
- To work toward permanence for the child, from the moment of placement in a foster home (the first choice is most often to strengthen the child's family and reunify that child)
- To secure a permanent alternative home for the child when he or she cannot return home

TIMELINE OF A CHILD'S FOSTER CARE JOURNEY

The following information provides a snapshot of the decision-making involved in a typical child's foster care journey. Practices may vary a bit from one county to another, but outlined below is the sequence of events that determine how a case progresses from intake to foster care placement to permanence.

A referral comes to the agency regarding risk of maltreatment to a child or a family of children. The referral may be provided by mandated reporter: a professional such as a teacher, clergy person, or social worker required to report suspicions of child maltreatment. Or the referral may be provided by law enforcement, a relative, a neighbor or family friend, or may be a self-referral by a parent or a child.

The agency determines through a standardized risk assessment whether child maltreatment is substantiated. The intake Caseworker will determine whether the child's safety can be assured within his or her own family. The caseworker also determines what services would be necessary to support the family and assure safety for the child.

If temporary placement outside the home is needed to assure the child's safety, kinship caregivers (relatives or other strong family connections) are sought so the child can be cared for by individuals within the child's attachments, family system, neighborhood, and culture.

If no kin can be identified or located or none can provide safety, the child is removed and placed in a licensed foster home. Temporary custody is awarded to the DIVISION (not the foster caregiver) by Juvenile Court so the child's safety can be assured by the child welfare agency. Attempts are made to keep siblings together when it is necessary to remove a family of children.

If the agency does not already hold temporary custody of the child, the division must file a complaint in the county's Juvenile Court within one business day of the child's removal from his family.

By the 90th day after the child's removal from his family, a dispositional hearing is held in Juvenile Court, and a case plan is filed to identify the goal of the agency in meeting the best interests of the child. If the goal is reunification (the most commonly applied goal in child welfare), expectations of both the family and the division in working to achieve reunification are outlined.

Six months after the child's removal from the home, a review hearing is held with parents, foster caregivers, agency staff, and other service providers to determine progress in meeting the goal identified on the case plan. Revisions or addenda to the case plan can be made at this time.

Twelve months after the child's removal, a permanency hearing is held to review progress toward the identified goal. At this time, the court may choose one of the following options:

- Return the child to the primary parents with no restrictions
- Return the child home with protective supervision by the division
- Give legal custody to kin
- Appoint a legal guardian
- Terminate parental rights and/or reunification services and give permanent custody of the child to the agency for purposes of adoption
- Extend the agency's temporary custody of the child up to six months due to extenuating circumstances
- Change the child's legal status to Individualized Permanency. This legal status is typically given to children who cannot be reunified with their primary parents, have no safe kinship options, but who are refusing adoption as a case plan goal.

GLOSSARY

ABANDONMENT: Leaving a child without care by either parent or guardian and showing a conscious disregard for parental obligations leading to the destruction of the parent/child relationship, such as leaving a child in the care of another adult and neither parent demonstrating intent to resume physical custody or make arrangements for ongoing care. No effort to communicate with the child is made.

ABUSE: Actual or threatened non-accidental physical or mental harm, negligent treatment, sexual exploitation, or any sexual abuse.

ADJUDICATION: The initial phase of the court proceeding, wherein the court must find by clear and convincing evidence, that the child is an abused, neglected, or dependent child. Only if the court so finds, does it have the power to change custody or to order the parents to participate in services.

ADOPTION: The creations of parental rights and responsibilities by the juvenile or district court after the termination of all rights and responsibilities of the birth parents or any other person holding legal rights to the child. Children become available for adoption in the United States through one of two routes: Parental rights are terminated by the court due to abuse, neglect or dependency, and permanent custody is given to the division who is then responsible to find a permanent family for the child; or the individual holding custody of a child offers to sign a permanent surrender to an agency without adversarial proceedings.

ADOPTIVE SEARCH: A process by which adoptees, adoptive parents, or birth parents secure information about each other and the circumstances surrounding the adoptive process. While some adoptees search for information about birth parents, searches for siblings often motivate the individual to find out more about their early histories. By Utah law, the Department of Health, Division of Health Care Resources, Bureau of Vital Records and Health Statistics maintains an adoptive registry where birth parents and legal aged adoptees may register when they wish to be reconciled.

ADOPTION SUBSIDY: Financial support to adoptive parents of a child whose needs or conditions have created barriers which would prevent successful adoption. The subsidy may include state medical assistance, reimbursement of non-recurring adoption expenses, a monthly financial subsidy, and/or supplemental adoption assistance.

APPEAL: The legal process by which a party who has lost his case at trial level petitions a higher court for a review of the case, claiming that a lower court erred in its judgment. Following a decision by the court to terminate parental rights, the parent has thirty days to file an appeal with the Utah

Court of Appeals, requesting a reversal of the lower court's decision. Children placed with an adoptive family during the appeal process are said to be in a legal risk placement. This implies that the child could be returned to the birth family based on the court's decision.

CASA: Court Appointed Special Advocates, are volunteer child advocates appointed by the court. The CASA is responsible for presenting the court with reports and recommendations concerning the course of action she believes to be in the best interest of the child.

CULTURE: Culture refers to a system of values, beliefs, attitudes, traditions, and standards of behavior that govern the organization of people into social groups and regulate both group and individual behavior. Culture is created by groups of individuals to assure the survival and well-being of group members. Culture is learned and is more complex than either ethnicity or race.

CUSTODY: A relationship established through the courts granting custody, protective custody, or temporary custody which provides the following rights and duties:

[UCA 78-3A-103 (1) (N)]:

- The right to physical custody of a child;
- The right and duty to protect, train and discipline a child
- The duty to provide the child with food, clothing, shelter, education and ordinary medical care.
- The right to determine where and with whom the child shall live; and
- The right, in an emergency, to authorize surgery of other extraordinary care.

DEPENDENCY: The condition of a child who is homeless or without proper care through no fault of the child's parent or guardian [UCA 62A-4a-101(7)]. Dependency may be due to a lack of education or understanding by the child's parent or guardian or due to a mental, emotional or physical

disability. Dependency may also be due to a parent or guardians lack of economic resources or the institutionalization or incarceration of a parent or guardian. Dependency may be a legal finding of the Juvenile Court.

DISPOSITION: The second phase of the court proceedings which follows the adjudication and which focuses on the issue of custody and the best interest of the child.

FAILURE TO THRIVE: A serious medical condition usually seen in children less than one year of age. The child's height, weight, and motor development fall significantly short of the average growth rates or normally developing children. In the majority of cases, no medical cause can be found in children with this syndrome. The syndrome appears to be caused by a disturbed parent/child relationship which results in the parent being unable to meet her child emotional and physical needs including, most often, is failing to feed the infant.

FINALIZATION: Court hearing at which the Juvenile or District Court terminates custody by the agency and awards full custody, including all rights and responsibilities, to the adoptive family. Utah law requires that a child be in the adoptive home a minimum of six months [UCA 78-30-24.7] before the child can be legally adopted.

GUARDIAN AD LITEM (GAL): A special guardian appointed by the court to represent the best interest of the child. In some counties a GAL may be either an attorney or a Court Appointed Special Advocate (CASA). A GAL must be appointed to every case alleging abuse, neglect, or dependency. The agency shall inform foster care providers of the name, address, and phone number of the GAL for each child placed.

GUARDIANSHIP: The authority to consent to marriage, to enlistment in the armed forces, to major medical, surgical, or psychiatric treatment, and to legal custody, if legal custody is not vested in another person, agency, or institution [UCA 78-3a-103(1)(m).

HOME STUDY: The process of assessing a family for the purpose of adoption, foster care or kinship care. The process generally involves at least three contacts between the family and the licensor, an on-site visit to the family home and interviews with all the family members including the children. The finished product is written document that may be presented to the agency, the court and other parties to approve or deny the applicants the ability to foster or adopt a child.

INDEPENDENT LIVING: Basic life skills services and supervised living for youth age 16 or older in the custody of the agency to prepare for the transition from state custody to independence. Youth must be attending school or working full or part-time to be eligible. Basic life skill training includes community resources; job search; employment maintenance; money management; housing and food purchasing and preparations. Youth who are actually living in an independent setting may receive the basic out-of-home care maintenance payment to assist with expenses.

KINSHIP CARE: Out-of-home care which is provided to children by relatives, members of their tribes or clans, godparents, step-parents or to whomever a child, child's parents and family members ascribe a family relationship. Preferential consideration shall be given to a relatives request for placement of a child [UCA 78-3a-307] if this is in the best interest of the child and if the relatives are approved or licensed as foster parents.

LEGAL RISK PLACEMENT: Legal risk is the placement of a child who is not yet legally free for adoption with adoptive parents who are also licensed as foster parents. The adoptive home and the placement of the child must be approved by the regional adoption committee. The child's legal availability for adoption cannot be guaranteed to the prospective adoptive family. Prospective adoptive parents have the right to be informed of this circumstance prior to placement of the child in their home.

LIFE BOOK: A scrapbook, diary, or log kept for or by the child which recreated the child's personal history including birth, placements, important persons in his life, personal achievements and information about the child's experiences in foster care and adoption.

MINIMUM COMMUNITY STANDARDS: Community standards are developed by the juvenile court and the local DCFS agency with input from the other community sources. These state the minimum level of acceptable child care practices in that particular community. The standards should take into account cultural norms and practices as well as accurate information about child development. The standards are used to make decisions about what constitutes sufficient risk to warrant CPS (Child Protective Services) involvement. Standards may also affect placement decisions. This is not the same standards as the best interest of the child.

NEGLECT: Generally defined as abandonment of a child or subjecting a child to mistreatment of abuse or lack of proper parental care by reason of the fault or habits of the parent or guardian to provide proper parental care or necessary sustenance, education, or medical care, including surgery or psychiatric services when required or any other care necessary for the child's health, safety, morals or well-being. A child may be at risk of being neglected or abused because another child in the same home is neglected or abused.

OPEN ADOPTION: The practice of providing information between a child's birth parents, adoptive parents and or the child as the child matures. Most adoptions in the United States have some degree of openness, from very little written information to full disclosure and face to face contact before, during and after the adoption is finalized. Open adoption is a voluntary agreement that cannot be enforced after the adoption is finalized.

PARTIES: Those persons who are deemed necessary by law to be participants in a court action. In a dependency, neglect, and/or abuse case, the parties include the child, legal parents or guardians, and any other individual who appears to the court to be proper or necessary to the court proceeding. All

parties are entitled to legal representation at all stages of the proceedings, and if indigent, are entitled to a court-appointed attorney.

PEER PARENTS: Foster parents who are trained and paid to serve as mentors and role models to parents. Skills which peer parents may teach are cooking, cleaning, and managing a household; shopping economically and budgeting; physically caring for infants or young children/ effective discipline; playing with children; nurturing behaviors; behavior management strategies; accessing community resources; social skills; effective communication; and problem solving.

PERMANENT CUSTODY & GUARDIANSHIP: A legal status created by the court, and granted to a county child protection agency following the termination of all parental rights, privileges, and obligations from the birth or custodial family or guardian. This gives the agency full authority and responsibility to provide a permanent, safe, and nurturing family for the child.

POST ADOPTION SERVICES: Services offered to an adoptive family following finalization of the adoptive placement. Many adoptive families of children with special needs require continued support and services from the agency. These services shall be focused on matters related to the adoption and pre-existing conditions of the child. Services may include respite care, out-of-home care, parenting classes, adoptive parent support groups, and information and referral. These services may be accessible through the use of subsidy payments.

PRE-PLACEMENT VISITS: In either foster care or adoption, a series of visits are made by the child to the prospective home to prepare the child for the eventual move and lessen the trauma to the child. In all adoptive placements and when possible in foster care, there should be a series of visits designed to familiarized the child with the home, family and surrounding community. The younger the child, the more frequent the visits and the quicker the move; the older the child, the slower and longer the pace of the visits. However, the pace and frequency vary from case to

case and must take into consideration the child's needs and developmental level.

PRE-TRIAL: An informal hearing which is scheduled as soon as possible after the shelter hearing. All the parties involved in court action discuss the case in an effort to agree on issues of adjudication (whether the case is dependency, neglect, or abuse) and the disposition (custody, service plan contents, visitation, criminal prosecution, etc.) In some instances the case is settled at this point and court involvement may end.

PRIMARY FAMILY: The persons with whom the child welfare system is working to reunify a child. This may include birth parents, extended family members, or others with whom the child has strong prior attachments. The child's family should help determine who is included in their family and the child welfare system should respect this determination.

PROTECTIVE CUSTODY: The shelter of a child by the agency from the time the child is removed from his home until the shelter hearing or the child's return home whichever occurs earlier [UCA 62A-4a-101(5) AND 78-3A-103(2)(b)].

RESIDUAL PARENTAL RIGHTS: Those rights and duties remaining with the parent after legal custody or guardianship, or both, have been vested in another person or agency, including the responsibility for support, the right to consent to adoption, the right to determine the child's religious affiliation, and the right to reasonable visitation unless restricted by the court. If no guardian has been appointed, residual parental rights and duties also include the right to consent to marriage, to enlistment, and to major medical, surgical, or psychiatric treatment [UCA 78-3a-103(u)].

SERVICE OR CHILD AND FAMILY PLAN: A written plan between the agency and the parents which outlines roles, responsibilities, and activities to be completed within a limited time period. A plan shall be developed for each child in foster care within 45 days after a child's removal from his home or placement in DCFS custody and shall include a permanency goal for the

child (return home, adoption, custody/guardianship, or independent living). An interdisciplinary team (Child and Family Team) shall be used to develop each plan including the birth parents, foster parents, caseworker, supervisor, guardian ad litem, and mental health and education representatives. All parties to the plan, including foster parents, shall sign and be given a copy.

SEXUAL ABUSE: Acts or attempted acts of sexual intercourse, sodomy or molestation directed towards a child [UCA 62A-4a-402(7)], which may include digital or object penetration in the vagina or anus, touching the anus, buttocks or any part of the genitals, touching the breast of a female, or otherwise taking indecent liberties with intent to cause substantial emotional or bodily pain to any person or with the intent to cause substantial emotional or bodily pain to any person with the intent to arouse or gratify the sexual desire of any person. A child under the age of 14 cannot legally consent to any sexual act. A child under the age of 16 cannot legally consent to sexual intercourse: a child under the age of 18 cannot consent to sexual relations within the family [UCA 76-5-406].

SHELTER HEARING: Shall be held within 72 hours (excluding weekends and holidays) of removal of a child from his home due to abuse, neglect, or dependency [UCA 78-3a-306]. An Assistant Attorney General files a petition in the juvenile court asking for temporary custody of a child who is alleged to be in imminent danger of physical or emotional harm if not removed from his home environment.

SIX-MONTH CASE REVIEW: This review is to be held every six months as long as a child is in DCFS custody. The review may be held by the court, a DCFS administrative review panel, or a citizen review panel [UCA 78-3A-313]. Foster parents may attend, give input, provide written comments prior to the review, or participate by telephone if unable to attend administrative or citizen reviews.

VOLUNTARY AGREEMENT: A voluntary agreement between the agency and the parents which grants temporary custody of a child to the state without court involvement for a period less than 45 days. (A second 45 day extension may be granted.) Voluntary placements are to be used to crisis situations where a short time placement will help resolve the family's and the child's difficulties. The agency will not assume responsibility to pay for any medical care of children placed into foster care on a voluntary basis.

THE MULTI-ETHNIC PLACEMENT ACT (MEPA) OF 1994

AMENDED BY THE INTERETHNIC ADOPTION PROVISIONS, 1996

The Howard Metzenbaum Multiethnic Placement Act of 1994 (MEPA) was signed into law by President Clinton on October 20, 1994 as part of the Improving Americas Schools Act. It was amended in 1996 by the Interethnic Adoption Provisions. The legislation, as amended, is designed to:

- Decrease the time children wait for adoption
- Prevent discrimination in the placement of children, and
- Facilitate the identification and recruitment of foster and adoptive families that can meet children's needs

MEPA, as amended, has three basic requirements to achieve these goals:

- It prohibits foster care and adoption agencies and other entities that are involved in the placement of children and that receive federal funds from delaying or denying or otherwise discriminating in making a placement decision on the basis of race, color or national origin.

- It prohibits those federally assisted agencies and entities from denying the opportunity for any person to become an adoptive or foster parent on the basis of race, color or national origin of the adoptive or foster parent or the child.

- It requires states to develop plans for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

SCENARIO 1

You are an adoption social worker at a public agency. The following messages are waiting in your box when you return to the office following a lengthy court hearing. You only have 45 minutes in the office before you leave for your final appointment of the day, an appointment for a first interview with a family interested in applying for adoption of special needs children. You know you wont have time to return all of these telephone messages today. Which ones can you call today? Which ones will have to wait?

- Ms. Miller is interested in nine sibling groups in the Adopt USKids photo listing — can you call the agencies for more information?
- Mr. Smith — is calling to set up a second home study visit
- Sue Social Worker — is calling to get more information about a child your agency has waiting for whom she thinks she has a family
- Ms. Kelly — is a foster mom calling about problems her child is having in pre-placement visits with a prospective adoptive family
- Mr. Bryant — is an adoptive parent calling- his recently placed adopted child was expelled from school

- Johnson Elementary- principal calling about the child placed with the Bryants
- State Office- is calling to get information about a consumer complaint regarding how an application and police check were processed
- Mr. Williams- is a therapist calling about sexual contact between an adoptive parents birth child and the recently placed adoptive child

SCENARIO 2

It is Monday morning, and you are a child protective services caseworker. Here are items on your To Do list this week. You have 40 hours. Prioritize tasks. Why did you choose this order? Who or what has to wait?

- A relative has called to express an interest in providing care for a niece in foster care. You will need to expedite a homestudy process. You will need to visit her home and begin the process as soon as possible because there is a court hearing next week.
- Home visits are needed to be completed with the Smiths, Johnsons, and Williams families. You must make one visit to each family. Each visit and travel time will require 3.5 hours.
- Facilitate a Child and Family Team Meeting. The preparation time, room set-up, and class time will require 4 hours.
- Write two Child and Family Plans. This will take 3 hours
- You have 20 requests for personal references to mail out. It takes about 10 minutes to process and log each request.
- You have four Semi-Annual Case Reviews to attend. Each will take about an hour. MANDATORY
- You have two court hearings to attend. Each will take four to five hours. MANDATORY
- You must help supervise visits with three sibling groups and their birth parents. The visits, including child transportation, will each require two hours. MANDATORY
- The Guardian ad Litem for Johnny Jones wants to meet with you about the case plan. You will need one hour, at least.

- The weekly staff meeting and your supervisory conference will require at least two hours. MANDATORY
- You need to transport a child to a new residential facility that is in another county. You will need approximately six hours for travel and time at the facility.

WHAT CAREGIVERS NEED TO KNOW ABOUT JUVENILE COURT

FOSTER CAREGIVER PARTICIPATION IN COURT

The federal law Adoption & Safe Families Act (ASFA) was passed in 1997 and gives foster and kinship caregivers, as well as pre-adoptive parents, the right to be heard in certain court hearings about the child in their care. Juvenile courts must give notice to foster caregivers in any review or hearing with respect to the child. In other words, the child's current foster caregivers must be given the opportunity to give the child's judge information they believe will be helpful in decision-making about the child's best interests. The federal law also mandates that foster caregivers have input into 6-month case reviews and permanency hearings.

While foster caregivers have a right to be informed of court hearings and have an opportunity to be heard, they are not entitled to be made parties to the case. Parties are those people designated by the law or the court to participate fully in the court hearings. Parties have rights that non-parties do not. Parties in child welfare cases normally include birth parents, the child welfare agency, and the child. While foster caregivers can be made parties to the case, this is not an automatic process, and courts are not required to grant this status to foster caregivers.

Foster caregivers are not required to attend court proceedings or provide input in reviews. Caregivers who do not wish to provide information to the court are not forced to do so.

DEFINITIONS OF ABUSE, NEGLECT, & DEPENDENCY

- Done *to* a child, as opposed to *by* a child
- Civil in nature
- Laws are for the protection of the child
- Filed through Protective Services Department of Juvenile Court
- Filed by Children Services, private citizen, relatives, anyone
- May or may not be accompanied by criminal charge against an adult in adult court
- If there is a criminal charge, it will be brought in appropriate court based on statutory level of crime

Note: When parents admit to an abuse or neglect finding, it is not equal to pleading guilty. However, a parent may be reluctant to make such an admission if they or their attorney think a criminal filing may be forth-coming as such a finding could be used against them in adult criminal court.

NEGLECT

- Child is abandoned
- Child lacks proper parental care because of faults or habits of caretakers
- Caretaker refuses to provide child with proper or necessary subsistence, medical care, education, etc., or refuses special care
- Caretakers omissions cause injury or suffering

DEPENDENCY

- Child is homeless, destitute, without proper care or support not because of faults or habits of caretakers
- Child lacks proper care or support because of parents medical condition
- Condition or environment is such as to warrant state involvement in child's best interest
- Child resides in a home where parent, household member, or other sibling is abused or neglected or because of the abuse or neglect that child is in danger or potential danger

ABUSE

- Child is victim of sexual activity-but no conviction is necessary
- Child is endangered-but no conviction necessary
- Evidence of physical or mental injury or death by other than accidental means

POTENTIAL PLAYERS IN ABUSE, NEGLECT, AND DEPENDENCY

PROSECUTOR

- Represents the state
- Main presenter of evidence

ATTORNEY FOR PARENTS

- Represents parent(s), stepparents, significant others, or alleged parents
- Client must be a party to the court action
- Court appointment list, public defender, or privately retained

GUARDIAN AD LITEM (GAL) OR CASA

- Represents best interest of child (as opposed to what child wants)
- Public defender, court appointment list, or volunteer
- Can also have a GAL for mentally impaired or retarded adult
- Can have two GALs on a case if mother of child is also a minor

ATTORNEY FOR CHILD(REN)

- Not normally necessary
- Necessary if child's desires are different from the GAL position
- Court appointment list or public defender

TIPS FOR TESTIFYING IN COURT

- Arrive at least 30 minutes before the scheduled court time.
- Be prepared to wait, Juvenile courts are busy, and hearings do not always start on time.
- Before you enter the courtroom, turn off your cell phone.
- Do not chew gum, eat or drink anything in the courtroom.
- Dress professionally (as you would for a job interview).
- Come organized and prepared.
- Always stand when the judge enters the room.
- Tell the truth.
- Speak loudly and clearly.
- Testimony must be spoken so it can be recorded in the court record. Do not nod or shake your head in response to a question.
- Be serious, calm, polite, and sincere, even if you are challenged or criticized.
- Wait until a question is completed before you begin your answer. Listen carefully to the question and make your answer directly responsive to it.
- If you do not understand a question, ask the lawyer for clarification.
- If you do not know the answer to a question or cannot remember something, just say so. DO not guess at an answer.

CASE STUDY

Alice Turner, a 26-year-old single mother, has six children, ages two to ten. The five youngest children are in two foster homes, and the oldest child is in a residential treatment facility for emotionally disturbed children.

The children entered foster care four months ago because the mother, who suffers from anxiety and depression, chronically neglected the children and left them with no adult supervision.

The 10-year-old, Billy, sees a psychiatrist bi-weekly; Billy is destructive and hyperactive. He has significant learning problems and is in a special education class at school. Billy is making poor progress academically, but

the caseworker, mother, and psychiatrist have not met with the school personnel to adjust his individualized Education Program. Furthermore, the psychiatrist provides monthly written reports to the caseworker about Billy's progress in counseling, but Alice has never met with the psychiatrist.

The court ordered supervised visitation because Alice has made threats to kidnap the children from placement. Since the children have been in placement, they have visited intermittently with their mother at the agency (a case aide from the agency transports the children and supervises the visits), but visits have never been coordinated so that the children can see each other. The children have not telephoned each other, and they frequently ask the caseworker about their brothers and sisters. One foster parent has decided that Alice should be able to see her children more often and has dropped three of the children off at Alice's home twice for the afternoon. The caseworker and the court do not know about these extra visits. The two sets of foster parents have not talked with each other, and one foster family has not met or talked to Alice. The mother, in fact, does not know where her two youngest children are in placement. The foster mother for the two youngest children has identified some developmental delay in one of the children. Agency staff have not talked with her about her concerns, and no services to address these delays have been added to the case plan.

The caseworker has developed the case plan without input from the mother or the foster families. The semi-annual review of the case plan will be held in a few weeks, but the caseworker has forgotten to invite the foster parents.

A great aunt, Wanda, cared for the children on and off for many years when the mother was unable to manage them. The children talk about her all the time. The caseworker does not seem to be aware of her importance to the children.

The Court Appointed Special Advocate (CASA) for the six Turner children believes that the agency should pursue adoption planning in this case. The caseworker and her supervisor are planning to reunify the Turner family.

There is significant disagreement between the CASA and the caseworker about the minimum standard for reunification. Finally, Alice's case plan says that she must locate suitable housing; but she has been too depressed to follow through with a plan to find housing she can afford, particularly since her TANF benefits were cut off 90 days after the removal of the children.

QUESTIONS:

- Who are the team members?
- What's wrong with this picture? Underline problem areas of team functioning in the case study.
- What would you do to correct ineffective team functioning for the benefit of the Turner children?

HOMEWORK ASSIGNMENT: FILL IN THE BLANKS!!

Using the Glossary of Terms found at the beginning of this section, please fill in each of the blanks with the correct term:

In order to assure the best interest of the child is being represented, the court will appoint a _____ , which may be either an attorney or a Court Appointed Special Advocate.

The _____ may include birth parents, extended family members, or others with whom the child has strong prior attachments. These are persons with whom the child welfare system is working to reunify a child in foster or kinship care.

A _____ is a good way of organizing a child's personal history and can help initiate conversations about adoption and birth parents.

When a child not yet legally free for adoption is placed in your home as a foster child, but with the likelihood of adoption at some point in the future, this is referred to as a _____ .

_____ are a series of visits made by a child to a prospective home to prepare the child for the eventual move.

A system of values, beliefs, attitudes, traditions, and standards of behavior that governs the organization of people into groups and assures the survival and well-being of members is known as _____ .

After the child has resided in your home for six months, you can _____ the adoption, terminating agency custody and granting full parental rights and responsibilities to you.

The term _____ refers to abandonment of a child or to the absence of adequate medical care, supervision, clothing, food, shelter, or education provided for children by persons responsible for their care.

A _____ is a written document that outlines agreements about the tasks of agencies and families in efforts to reunify children with their primary families. The document includes visitation arrangements, level of financial support, and time frames for completion of tasks leading to reunification.

class

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Child Development

RECOMMENDED CHILD DEVELOPMENT WEBSITES

American Academy of Pediatrics
healthychildren.org

Child development Institute
childdevelopmentinfo.com

American Psychological Association
apa.org

Jim Casey Youth Opportunities Initiative
jimcaseyyouth.org

Zero to Three
zerotothree.org

Child Development Interactive Application
calswec.berkeley.edu/mobile-learning
brightfutures.aap.org/familyresources.html

Free ASQ* Screening
archive.brookespublishing.com/documents/ASQ-screening-toolkit.pdf
es.easterseals.com/site/pageserver?pagename=ntlc10mffchomepaeasq

*ASQ is part of the Easter Seals Make the First Five Count campaign. Parents can fill out a free ASQ questionnaire to see if their child's developmental progress is on track, and results will be mailed to them within two weeks.

ATTACHMENT, SELF-REGULATION, & INITIATIVE

According to the Devereux Center for Resilient Children, there are three foundational developmental tasks:

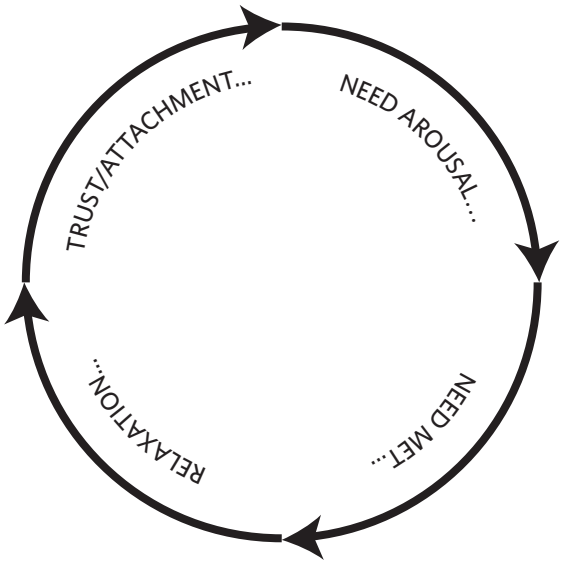
ATTACHMENT: Attachment is a child's ability to promote and maintain mutual, positive connections with other children and significant adults.

SELF-REGULATION: Self-Regulation is the child's ability to express emotions and manage behaviors in healthy ways

INITIATIVE: Initiative is the child's ability to use independent though and action to meet his or her needs.

ATTACHMENT

The Arousal/Relation Cycle developed by pediatrician Dr. Vera Fahlberg is a basis of attachment.



The caregiver learns to be attuned to the infant, recognizing when a need is being expressed and meeting that need timely and consistently.

SELF-REGULATION

Self-regulation allows a child to recognize and feel the emotion without responding to it right away. It gives the child the time to think and plan an appropriate reaction.

As demonstrated in the arousal/relaxation cycle, the experiences of infants (hunger, sleepiness, cold, hot) elicit emotions (hungry, anger, contentment, happiness) and expressions of these emotions are limited to mostly cooing or crying. Caregivers help the infant organize these experiences through routines and close physical contact.

As the infant matures, he learns from the caregiver new ways to express his emotions. The greater the attachment, the more open the child is to the caregivers guidance around self-regulation. The goal of a caregiver is to regulate the child in infancy, then gradually shift the responsibility of regulation over to the child as she grows.

Learning to self-regulate takes place in the context of the familys definition of what is acceptable behavior. The temperament of the child can also impact self-regulation.

INITIATIVE

The Circle of Security model, developed by Glen Cooper, Kent Hoffman, and Bert Powell, is a good way to explain how initiative develops. The model describes two tasks of the caregiver:

- Provide a secure base for the child
- Provide a safe haven for the child

In healthy attachment, the caregiver is attuned to the child and knows when to encourage exploration and when to provide comfort. Children learn to feel competent in interacting with their environment and feel safe taking initiative.

YOUNG CHILD

Exploration:

- Squirm to get down
- Playing happily
- Wandering off
- Banging, throwing, trying to open objects

Comfort-seeking:

- Crying
- Rubbing eyes
- Looking fearful
- Arms extended

OLDER CHILD

Exploration:

- Going out with friends
- Trying new activates/sports
- Taking risks
- Testing limits/arguing

Comfort-seeking:

- Crying/moody
- Withdraw
- Staying in close proximity
- Asking to help around the house

BRAIN DEVELOPMENT

As you watch Brain Architecture, fill in the missing words in the blanks below:

_____ provide the blueprint, but _____ shape the process.

Billions of brain cells called _____ send electrical signals to communicate with each other.

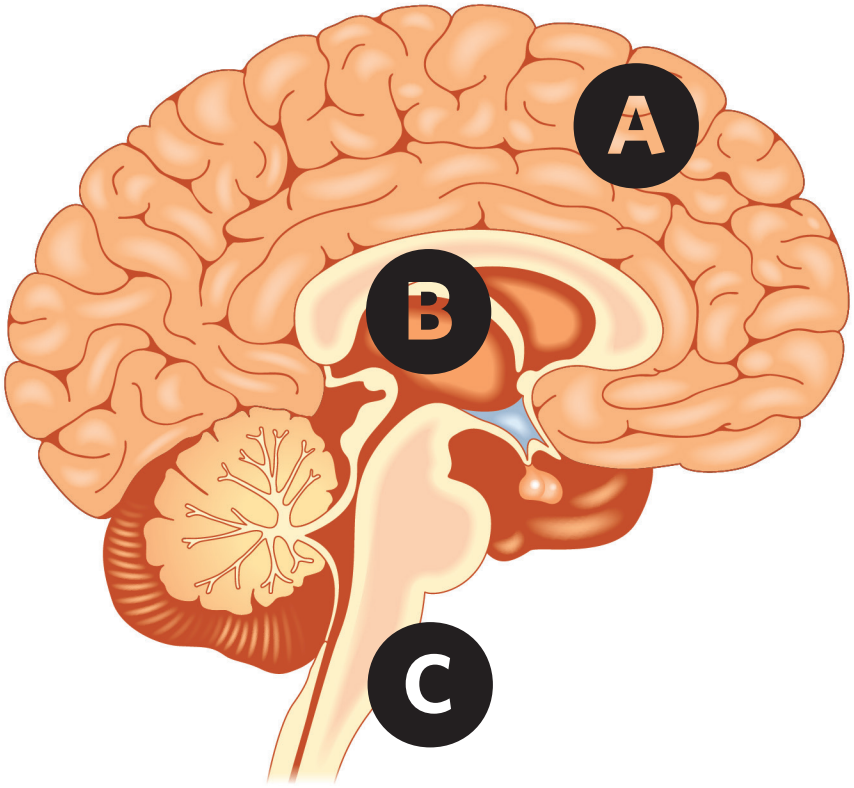
The basic foundation of brain architecture is _____ .

Connections that are used more grow stronger and are more _____ .

Connections used less fade away through a process called _____ .

The circuits of the brain are _____ . You cant have one type of skill without the others to support it.

This ability for the brain to develop and strengthen pathways and prune unused pathways is called plasticity. The plasticity of the brain gives us both potential, because it is adaptable, but also risk because it is vulnerable to unwanted changes.



A The cortex is the last area of the brain to develop. This part of the brain controls executive functioning such as goal formation, decision making, reasoning, empathy and planning.

B The limbic system is considered the emotional center of the brain and controls attachment. This area of the brain also controls the body's involuntary, subconscious responses to emotions, including perceived threat.

C The brain develops from the bottom up (at the brain stem), starting with basic survival controlled by the brainstem. This includes things like blood pressure, body temperature, and heart rate and breathing.

WELL-BEING WEBSITES

SEARCH INSTITUTE

DEVELOPMENTAL ASSETS
search-institue.org/research/developmetal-assets

In 1990, Search Institute released a framework of 40 Developmental Assets, which identifies a set of skills, experiences, relationships, and behaviors that enable young people to develop into successful and contributing adults.

DEVELOPMENTAL RELATIONSHIPS
search-institue.org/what-we-study/developmetal

Search Institutes newest research-to-practice initiative will focus on studying and strengthening the developmental relationships that help young people succeed. A developmental relationship helps young people attain the psychological and social skills that are essential for success in education and in life.

CENTER FOR THE STUDY OF SOCIAL POLICY

STRENGTHENING FAMILIES
cssp.org/reform/strengthening-families/the-basics/protective-factors

Five protective factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research shows these protective factors are also promotive factors that build family strengths and a family environment that promotes optimal child and youth development.

YOUTH THRIVE
cssp.org/reform/child-welfare/youth-thrive

This initiative has examined the research knowledge-base to identify protective and promotive factors that build healthy development and well-being for youth as they move through adolescence into adulthood

DEVEREUX CENTER FOR RESILIENT CHILDREN
centerforresilientchildren.org/home/about-resilience

DCRCs Mission is to promote social and emotional development, foster resilience and build skills for school and life success in children birth through school-age, as well as to promote the resilience of the adults who care for them.

KEY POINTS

Fill in the blanks using the words below:

Attachments Attuned Biology Brainstem Cortex Domains Effective interventions Experience External Individual differences Initiative Internal Lymbic system Neuroplasticity Potential Risk Safe Self-regulation

Development is shaped by both _____
and _____ .

Developmental influences can present both _____
and _____ .

There is a broad range of _____ within typical development.

Rather than consider a child delayed, delays should be considered in term of _____ .

_____ , _____ , and _____ are the fundamental building blocks of early childhood development.

When a caregiver is _____ to a child's needs, the child learns to trust the caregiver and views the word as _____ .

_____ is the term for the use-dependent feature of the brain, meaning the brain can change based on experience.

Three key areas of the brain are the _____ (survival), the _____ (emotions) and the _____ (executive functions).

The course of development can be altered by _____ that change the balance between risk and protections.

In young children, the protective factors that enhance development and well-being can be categorized as _____ (attachment, self-regulation, initiative) and _____ (caregivers who are resilient, have strong social connections, are knowledgeable about parenting and child development, and have access to concrete support in times of need).

class

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Trauma & its Effects

Sexual Abuse

FINDING YOUR ACE SCORE

The ACE Score attributes one point for each category of exposure to child abuse and/or neglect. Circle YES or NO for each bullet point, and add up the number of times you circled YES; this is your ACE Score (questions continue onto next page).
acestudy.org/ace_score

While you were growing up, during your first 18 years of life, did a parent or other adult in the house hold often or very often:

YES NO Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

YES NO Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

YES NO Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

YES NO Did you often or very often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

YES NO Did you often or very often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

YES NO Were you parents ever separated or divorced?

YES NO Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

YES NO Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

YES NO Was a household member depressed or mentally ill, or did a household member attempt suicide?

YES NO Did a household member go to prison?

Write down your ACE Score: _____

SUBSTANCE USE DISORDERS

Adopted from Drug Facts: Understanding Drugs & Addiction. (November 2012). Retrieved Aug. 15, 2014, from drugabuse.gov/publications/drugfacts

SUBSTANCE USE CONTINUUM

Substance use occurs along a continuum from no use to heavy use. When individuals experience problematic patterns related to substance use they could be diagnosed with a substance abuse disorder or SUD. A substance abuse disorder can be identified as mild, moderate or severe based on the number of symptoms and severity identified in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.;DSM-5; American Psychiatric Association, 2013). Substance use disorders are commonly referred to as alcohol and other drug addictions.

BRAIN DISEASE

A substance abuse disorder is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to use alcohol or take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted persons self-control and hamper his or her ability to resist intense impulses.

TREATMENT & RELAPSE

Through scientific advances, there is more known about how drugs work in the brain than ever. Drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives. Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And as with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal treatment failure. It indicates that treatment should be reinstated or adjusted. An alternative treatment may be needed to help the individual regain control and establish recovery.

INFORMATION SOURCES

Drug Free Action Alliance
drugfreeactionalliance.org/know

National Institute on Drug Abuse
nida.nih.gov

Partnership for a Drug-free America
drugfree.org

Substance Abuse & Mental Health Services Administration

samhsa.gov

CHILDREN PRENATALLY EXPOSED TO OPIATES

Prenatal substance abuse continues to be a problem worldwide. The most common substances involved in fetal exposure include: nicotine, alcohol, marijuana, opiates, cocaine and methamphetamines. Substance use during pregnancy can adversely affect a growing fetus. Early in pregnancy, fetal malformations may occur while, later in pregnancy, it is the developing fetal brain that is more vulnerable to injury.

Based on data averaged across 2010 and 2011, among pregnant women aged 14 to 44, 5.0 percent (109,000) were current illicit drug users in the United States. Of the 5%, opiate use accounted for 0.2% (4,000) of these numbers.

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mothers womb. Between 55% and 94% of babies exposed to opioids prior to birth exhibit signs of withdrawal, according to the American Academy of Pediatrics. Symptoms of opiate exposure can include any of the following:

- Less time between feedings because difficult to settle after feedings
- Difficulty breathing, cold-like symptoms, asthma
- Increased startle responses and hypervigilance — harder to put to sleep or soothe
- High-pitched, increased frequency cry
- Bad eater uncoordinated suck, increased reflux, vomiting
- Overwhelmed in new or loud or crowded environments hard to go out

SHORT & LONG TERM EFFECTS

- Neurological Deficits
- Decreased Self-Regulation Abilities
- Increased Sensory Processing Problems
- Motor Skill Developmental Delays
- Attachment Problems/Concerns

- Feeding Difficulties and Lag in Communication Development
- Delays in Cognitive Development
- Behavioral and Emotional Functioning Concerns

THE IMPACT OF TRAUMA

Complex trauma can affect the following areas: biology, affect, behavior control, dissociation, self-concept, and cognition.

BIOLOGY

- Problems with sensorimotor development
- Hypersensitivity to physical contact
- Problems with coordination, balance and body tone
- Increased medical problems

AFFECT

- Difficulty with emotional self-regulation
- Difficulty describing and knowing feelings
- Problems knowing and describing internal states

BEHAVIOR CONTROL

- Poor control of impulses
- Self-destructive behavior
- Aggression against other
- Pathological self-soothing behaviors such as Hair pulling, cutting and rocking
- Sleep disturbances
- Eating Disorders
- Substance abuse
- Oppositional behavior
- Difficulty understanding and complying with rules
- Re-enactment of trauma in day to day behaviors or play

DISSOCIATION

- Distinct alteration in state of consciousness
- Amnesia
- Depersonalization and derealization

SELF-CONCEPT

- Lack of a continuous predictable sense of self
- Poor sense of separateness
- Disturbance of body image
- Low self esteem
- Shame and guilt
- Can't afford to be wrong

COGNITION

- Difficulties in affect regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing and completing tasks
- Difficulties planning and anticipating
- Problems with understanding own contribution to what happens to them
- Problems with language development
- Acoustic and visual perceptual problems

The effects of a potentially traumatic event are determined by both:

- The objective nature of the event
- The child's subjective response to it

TRAUMA & DEVELOPMENTAL STAGES

A child's developmental stage can impact how he perceives, and copes with, trauma.

YOUNG CHILDREN lack an accurate understanding of cause and effect; believe their thoughts and wishes have the power to become real/make things happen. They may blame themselves or their parents for not preventing the trauma or not changing the outcome. In addition, young children often do not have the language needed to describe what they have/are experiencing. They must express their feelings through behaviors, for example regressive behaviors such as bed-wetting or aggressive outbursts such as tantrums.

SCHOOL-AGE CHILDREN recognize the danger they face and their inability to protect themselves. This may create feelings of guilt or shame and fantasies about what they could have done. They are triggered by concrete reminders of the trauma (ex: the smell of specific cologne). They fluctuate between aggression and withdrawal. Often they have difficulty sleeping, which can interfere with their ability to concentrate in school.

ADOLESCENTS are more likely to have taken some action during the trauma and may have guilt about how they responded. They are more aware of their trauma reactions and may feel weak, different, or like they are going crazy. They may be very angry at the adults in their life for not providing protection. Adolescents may re-enact their trauma through reckless behavior or they may have avoidant behavior that prevents them from fully enjoying their adolescence. Sleep problems and substance abuse are common in adolescents who have experienced trauma.

TRAUMA & CULTURE

There are also cultural influences on trauma reactions. People of different backgrounds may define trauma in different ways and use different expressions to describe their experience. Their symptoms may be expressed differently, based on what is culturally accepted. In addition,

people who are members of marginalized groups may find it difficult to access services, influencing the familys perception of helping agencies.

Additional trauma is created when children are removed from their families. Children experience ruptured relationships and separation from all that is comfortable and known, and are given new routines and rules. Strangers are introduced and given authority over the, creating an uncertain and instable world.

ADAPTED FROM

Cook, A., Blaustein, M., Spinazzola, J.,& VANDER Kolk, B. Eds., (2003). Complex trauma in children and adolescents: White paper. National Child Traumatic Stress Network.

HELPFUL WEBSITES:

National Child Traumatic Stress Network
nctsn.org

Child Trauma Academy
childtrauma.org

National Center for Trauma-Informed Care (through the Substance Abuse and Mental Health Services Administration)
samhsa.gov/nctic

Sidran Institute
sidran.org

Trauma Center at Justice Resource Institute
traumacenter.org

TOXIC STRESS KEY FACTS

As you watch the brief video Toxic Stress by Harvard's Center for the Developing Child, write down any facts that are new to you or known facts that were re-enforced by this video.

_____

_____

_____

_____

_____

_____

POSITIVE STRESS RESPONSE is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.

TOLERABLE STRESS RESPONSE activates that body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

TOXIC STRESS RESPONSE can occur when a child experience strong, frequent, and /or prolonged adversity- such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship- without

adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult year.

From the Center for the Developing Child
developingchild.harvard.edu/index.php/key_concepts/toxi_stress_response

CHILD MALTREATMENT

Although some forms of abuse and neglect are more difficult to detect than other, there are usually indicators which suggest that a child might be in need of help.

PHYSICAL INDICATORS include aspects of the child's appearance and the presence of bodily injury. These clues are generally easier to detect and diagnose.

BEHAVIORAL INDICATORS may be in the form of acting out behavior, Behaviors which reflect the child's attempt to cope with or hide the abuse or neglect, or behaviors that suggest developmental problems or emotional distress. These clues Behavioral indicators are more difficult to detect and interpret than physical indicators.

Caregivers should not try by themselves to determine if a child is being abused or neglected. The child's safety and the serious ramifications of alleged child abuse and neglect make it critical that a trained and experienced professional social worker or physician make this determination. Caregivers can help by asking for assistance, and should immediately report any suspicion of child abuse or neglect to their local public children services agency.

Each case is different in its causes and its outcomes. There is no blueprint for identifying an abused or neglected child. While any of these clues may occur without cause for alarm, caregivers should be especially alert to frequent repetition, or the presence of multiple indicators.

It is important to note that the indicators are often quite different, depending on the age of the child.

Child maltreatment falls into one or more of four general categories:

- Physical Abuse
- Psychological Maltreatment
- Neglect
- Sexual Abuse

PHYSICAL ABUSE

PHYSICAL INDICATORS:

- Extensive bruises, especially in areas of the body that are not normally vulnerable
- Frequent bruises, particularly on the head or face, the abdomen, or midway between the wrist and elbow
- Bruises in specific shapes, such as handprints or belt buckles
- Marks that indicate hard blows from an object like an electrical cord
- Bruises on multiple parts of the body or in various stages of healing
- Unexplained or repetitive dental injuries
- Unexplained or multiple broken bones
- Major head injuries
- Extreme sensitivity to pain or complaints of soreness and stiffness
- Bald spots from hair pulling
- Adult-sized human bite marks
- Burns from objects such as an iron, cigarettes or rope
- Immersion burns from having certain body parts held in very hot water

BEHAVIOR INDICATORS:

- Being aggressive, oppositional, or defiant
- Cowering or demonstrating fear of adults
- Exhibiting destructive behaviors toward oneself or others
- Repeatedly being reluctant to go home, which may indicate a possible fear of abuse at home
- Being described as accident prone
- Wearing clothing that may be inappropriate for them to conceal injuries
- Having persistent or repetitive physical complaints, such as a headache or a stomachache, of an unclear cause
- Disliking or shrinking from physical contact

PSYCHOLOGICAL MALTREATMENT

PHYSICAL INDICATORS:

- Eating disorders
- Self-abusive behaviors
- Sleep disorders
- Developmentally inappropriate bed-wetting
- Speech disorders
- Ulcers
- Failure to thrive due to nonmedical causes

BEHAVIORAL INDICATORS:

- Extremes in behaviors
- Excessive dependence on adults
- Fear of a parent or generalized fearfulness
- Belief that the maltreatment is their own fault
- Habit disorder
- Depression or crying easily
- Withdrawal or decreased social interaction with others
- Numerous I cant statements

- Running away from home
- Aggression or unexplained temper tantrums
- Blank or empty facial expression a great deal of the time

NEGLECT

PHYSICAL INDICATIONS:

- Height or weight that is significantly below the accepted standards of physical development
- Wearing inappropriate clothing for the weather
- Poor physical hygiene
- Scaly skin and dark circles under the eyes
- Fatigue or listlessness

BEHAVIORAL INDICATORS:

- Refusal to go home
- Stealing, begging, or hoarding food
- Dependency or teachers or alternate caregivers to meet basic needs
- Withdrawal and depression
- Intense feelings of inferiority, guilt, embarrassment, shame, or anger

A specific category of physical neglect is non-organic (i.e., no medical basis) failure-to-thrive, which occurs when the parent or the caretaker fails to provide the nurturing atmosphere the child needs to grow and to do well. Signs and symptoms that a child may have non-organic failure-to-thrive include:

- Being thin and emaciated
- Having limp, weak muscles
- Having cold, dull, pale, or splotchy skin
- Seeming to be tense and miserable or apathetic and withdrawn
- Appearing to be insensitive to pain or having self-inflicted injures
- Wetting the bed at a developmentally inappropriate age

- Eating or drinking from the garbage can, toilet bowl, or a pets dish
- Experiencing insomnia or disrupted sleep, typically due to hunger

SEXUAL ABUSE

PHYSICAL INDICATORS:

- Difficulty or pain in walking, running, or sitting
- Recurrent urinary tract infections
- Problems with urination
- Frequent yeast infections
- Pain, itching, bruises, bleeding, or discharges in the genital, vaginal, or anal areas
- Venereal diseases
- Unexplained gagging
- Torn, strained, or bloody underwear

BEHAVIORAL INDICATORS:

- Compulsive interest in sexual activities
- Exceptional secrecy
- Being overly complaint or withdrawn
- Engaging in destructive behavior to self or to others
- Fear of the abuser or an inordinate fear of a particular gender
- Regressive behaviors, such as bed-wetting, soiling, and thumb sucking
- Reported sleep problems or nightmares
- Showing fear or resistance at nap time
- Sudden fearful behavior
- In-depth or unusual sexual knowledge or behavior with peers that is developmentally inappropriate
- Self-mutilation

Karageorge, K. & Kendall, R. (2008). The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect. Office on Child Abuse and Neglect, Children's Bureau.

MY ROLE & RESPONSIBILITY

Instructions: As a team, read each case study and list at least one role and/or responsibility you, as a foster parent, would have if the child were in your home.

CASE STUDY: ANGIE

Angie, eight years old, has been with you for three months. You are her third foster family. The two previous families asked her to be removed, saying she was too difficult to handle. You think she is overly affectionate and seems to need a lot of physical contact. Today, you observed her playing with small dolls and overheard her say, Its OK to touch here, but don't tell anyone because well go to jail.

Describe your role and responsibility:

_____

_____

_____

_____

_____

_____

CASE STUDY: LOUIS

Louis is twelve and has been with your family for eight months. He is active in sports, gets along with everyone, and does well in school. Last night, while watching a TV show about a girl who was sexually abused, he suddenly left the room. When you checked on him you could hear him sobbing in his room. He granted you permission to enter and eventually, in tears, disclosed that he had also been sexually abused. He begged you to tell no one.

Describe your role and responsibility:

_____

_____

_____

_____

_____

_____

Adopted from: The National Child Traumatic Stress Networks Caring for Children Who Have Experienced Trauma
nctsn.org

LEARN MORE

ONLINE COURSES

TRAUMA INFORMED CARE FOR FOSTER AND ADOPTIVE PARENTS OF SEXUALLY ABUSED CHILDREN
fcasv.org/trauma-informed-care-sexually-abused-children

Three-hour, free online course

Discusses common behaviors exhibited by sexually abused children; how the trauma of sexual abuse can impact a child's thought, feelings and actions; basic concepts of Trauma Informed Care and how it can help children who have been sexually abused; and different ways that foster and adoptive parents can help their children recover from the trauma of sexual abuse.

CARING FOR CHILDREN WHO HAVE BEEN SEXUALLY ABUSED
fosterparentcollege.com

Four-hour online course ($20.00 or free if approved through your RFC)

Explores the emotional and behavioral effects of child sexual abuse on children in care and offers strategies to help overcome the challenges foster parents face.

WHAT CAREGIVERS NEED TO KNOW ABOUT HUMAN TRAFFICKING
ocwtp.net/Articulate_Projects/Human_Trafficking_Session_1/story.html

One-hour free online course

Helps increase awareness of the scope of human trafficking; understand the dynamics of human trafficking; know factors that increase youths vulnerability to human trafficking; recognize indicators that a child has

been trafficked; and know strategies to help prevent youth from being trafficked.

ONLINE READING MATERIAL

PARENTING A CHILD WHO HAS BEEN SEXUALLY ABUSED: A GUIDE FOR FOSTER AND ADOPTIVE PARENTS
childwelfare.gov/pubs/f_abused

This factsheet from the Child Welfare Information Gateway discusses how foster and adoptive parents can help children and adolescents who have experienced sexual abuse. It provides basic information about sexual abuse and links to other information so that parents can educate themselves about the topic. The factsheet suggests ways to establish guidelines for safety and privacy in the family, and it offers suggestions about when to seek professional help and where to find such help.

CARING FOR KIDS: WHAT PARENTS NEED TO KNOW ABOUT SEXUAL ABUSE
nsvrc.or/publications/websites/caring-kids-what-parents-need-know-about-sexual-abuse

This resource from the National Child Traumatic Stress network-available as one large document or individual documents-has resources about many topics surrounding child sexual abuse, including managing sexual behavior problems.

class

4

Minimizing the Trauma of Placement

ADDRESSING A CRISIS

Because of the trauma children in care have experienced, and the often ineffective coping skills they have learned. Caregivers and adoptive parents may find themselves dealing with a child who is experiencing an emotional crisis. These children are flooded with emotions they have not learned to deal with, and respond reflexively with behaviors they have not yet learned to control.

In general, there are three steps to addressing a crisis: establish safety, communicate with the caseworker, and document the crisis.

ESTABLISH SAFETY

Protect other children in the home. Children not involved in the conflict should be removed from the scene of the conflict and sent to their rooms. Removing an audience can be an effective tool in de-escalating a family crisis. Any objects nearby which could be harmful to the child or others in the family (knives or other sharp objects, objects that could become missiles) should be removed from the proximity of the child in crisis. Many foster caregiver and adoptive parents choose to store family heirlooms and treasured possessions before a child arrives rather than risk they be damaged during a crisis.

Foster caregivers or adoptive parents may decide to go to their rooms. This removes an audience for the child's or youths tantrum and, at the same time, removes the adult from a potentially dangerous confrontations. Removing the adult from the conflict will sometimes keep a crisis from escalating beyond a manageable level.

The caregiver or adoptive parent interacting with the child should be an emotional container (NCTSN, 2010). This term refers to the ability of the caregiver to tolerate their own emotional reactions and control their behavior, including body language, tone of voice, and phrasing. Being an

emotional container is not an easy thing, and additional training and lots of practice is needed.

If the child is engaging in dangerous behavior, the caregiver or adoptive parent may need to ask for help from another adult, or in an emergency, from the police.

COMMUNICATE WITH THE CASEWORKER

Caregivers and adoptive parents should talk with their worker ahead of time to find out who should be contacted if the caseworker is unable to be reached or it is not during her work hours and other agency-specific protocol. Caregivers and adoptive parents should contact the caseworker as soon as they are able after they have established safety during the crisis, and report what has happened. Always de-brief following a crisis so that the opportunity to learn more about successful strategies is not lost.

Develop plans with the child and the caseworker or therapist for avoiding or resolving similar problems in the future. Consider what triggered the child and how the trigger can be avoided in the future.

Advocate for additional support for the child in learning to manage emotions and behaviors. The caregiver or adoptive parent should ask the worker what additional supports there are for them and where they can get additional crisis prevention/management training.

DOCUMENT THE CRISIS

Caregivers and adoptive parents should document the incident as soon as possible while the details are fresh in their memory. If other children or adults witnessed the incident, they should be asked to describe or document what they saw. A copy of the documentation should be sent to the caseworker as soon as possible and caregivers and adoptive parents should keep a copy for themselves. The therapist, if one is involved, should also receive a copy.

THE IMPORTANCE OF GATHERING BACKGROUND INFORMATION: EDDY

EDDY'S HISTORY

Eddy has lived with his mother and grandmother in his grandmothers home for most of his life. His mother is addicted to alcohol, is known to use cocaine, and periodically disappears for weeks at a time, leaving Eddy with his grandmother. When she is home, the mothers approach to parenting Eddy is very unpredictable. Much of the time, she ignores him completely, particularly when she is sleeping after a binge. At other times, she punishes him for even the smallest transgressions, particularly when she has a headache and cant tolerate noise. She most often yells at him, threatens him, and uses physical punishment, generally a quick slap, or a whipping with her hand or a belt. Eddy's mother will often back off from punishment if Eddy uses baby talk, curls up in a ball, or begins sucking his thumb, because she thinks its so cute. When the grandmother complains, Eddy's mother makes excuses for Eddy, saying, He's just a baby, mother. Let him alone. Hell have to tow the line soon enough when he grows up.

Eddy's grandmother is 72 years old, has arthritis, and has difficulty moving around. She typically lets Eddy do what he wants in order to avoid his raging temper tantrums. At times, when she thinks Eddy has been particularly bad, or when she is just plain tired of his behavior, she yells at him and sends him to his room. If he yelled back and refused to go, she would give up lock herself in her room. On occasion, she has also whipped him.

Eddy's mother has a boyfriend who occasionally stays in the home. He seems to ignore Eddy until he cant take it anymore, then he will try to control the kid by creating and enforcing extremely rigid rules, and physically punishing Eddy for any and all misbehavior. This only seemed to make Eddy's behavior worse. The boyfriend will then leave for a few weeks, and return and start the same cycle again. Often when the boyfriend is staying in the home, Eddy will take the family dog, Fred, and roam the neighborhood for much of the day and even into the night.

Food is scarce in the home and Eddy has gone days at a time without eating. The grandmother does the grocery shopping once a month, and often will cook a nice meal when she gets home with the food. Any leftovers are eaten by the boyfriend within a few hours. Eddy will sometimes sneak food into his room and hide it so that he has something to eat, but if he gets caught, he is severely beaten.

Eddy appears to be delayed in many areas of development. He can feed himself, but needs help with other self-help skills, like bathing and dressing. He will approach his mother for attention, and when she doesn't respond to him, he screams, hits her, and throws tantrums. Eventually, his mother will yell, lecture him to quit, or try and send him to his room. Like his grandmother, she would eventually give up on sending him to his room if he yelled and fought.

Eddy can identify some simple words, but he cannot read. He often skips school, or will just sit at his desk and refuse to do his work. He has few interactive play skills, and is unable to keep friends. He chooses simple toys, like racing trucks on the floor, or tossing a ball.

QUESTIONS FOR DISCUSSION:

- What impression do you have of Eddy now?
- How did Eddy previously benefit from his behaviors?
- Would your parenting strategies change now that you know a little more about Eddy?

PRACTICE SCENARIOS

DONNIE — TODDLER

Donnie, age two and a half, has to be removed from his foster home because the foster mother has become ill with an incurable form of cancer. Donnie has been with her for six months, where he was spoiled by four teenage foster brothers. Prior to that, he was with his birth mother who could not

meet his needs because of chronic drug addiction. His birth mother gave little history, but she did report that Donnie was a very fussy baby and preferred his crib to being held. Sometimes he would drink his bottle very quickly and spit up, and other ties he had little interest in eating. The mother reported they lived for a few weeks at a time at various friends homes, and she worked odd jobs. When she was working, Donnie was cared for by whoever was willing and available. Once when she picked Donnie up from a babysitter, he was very fussy for several hours after, and she noticed a bruise on his ribs the next day. She did not take him to the doctor but made sure not to ask that person to watch Donnie anymore.

When Donnie arrived at the previous foster mothers home he was malnourished and extremely timid. When voices were raised, he would hide behind furniture or run to his room. He played very violently with toys, smashing them into each other over and over. He preferred to sleep during the day and stay up at night. He would stay to himself and protested if someone picked him up. He didn't seem to have any preference in caregivers.

The foster mother documented Donnie's development and behavior in a notebook she passed on to the caseworker. However, there is little documentation for the last 3 months, when the foster mothers cancer made her very ill.

She noted that Donnie at first gorged on food, but was beginning to eat more normal portions. He continues violent play. He hates bath time, and puts up a fight each time. He loves to watch Sesame Street and a few other toddler shows. He doesn't like hugs, but seems to enjoy having her sit close by his side.

He is being placed in your home next week.

MICHAEL — SCHOOL AGE

Michael, age 12, was removed, along with his two younger sisters, from his single father following repeated episodes of serious physical abuse. He and his sisters were placed with a paternal aunt and uncle. The aunt and uncle want to keep his sisters, but after one week, they asked for Michael to be removed. Michael has refused to acknowledge that the abuse occurred, and wants very much to remain with his father, in his school and with his circle of neighborhood friends.

Michael's mother abandoned the family when he was five years old, and he has not seen her since. Michael states that he has no memories of his parents together, but in first grade he drew a picture of a man hitting a woman. When the teacher asked him about it, he said that it was his mother and father. CPS was called, but when they interviewed Michael, he said he was just joking. The mother was no longer in the home, and the father denied ever hitting his wife.

At his aunt and uncles home, Michael refused to follow their rules and would often go out without permission. He was very protective of his sisters, and would get in arguments with his aunt and uncle if he did not agree with their parenting techniques. Once, Michael got so angry that he pushed his aunt. This is what prompted their request for his removal.

Michael is excellent at soccer and plays on a neighborhood travel team. He is also in the schools art club. He was an A/B student until third grade, when his grades dramatically dropped to Ds. He just barely passed the third and fourth grades. He has been suspended once for fighting a classmate and he received a red card once playing soccer for deliberately kicking a boy. Michael claims in both instances the other boy made a derogatory remark about his mother.

Childcare for Michael's younger sisters was provided by a neighbor, and Michael would spend a lot of time there as well. He would pick up his sisters from there every day after school, bring them home, and feed them dinner.

His father would return from work late at night, and Michael would leave to go to a friends house or hang out at the local pizza shop. The manager there would pay him cash to do odd jobs around the restaurant.

Michael has been living with you for two days. He has been very moody and has kept to himself. The only time he seems to smile is when he is talking with his sisters on the phone.

RACHEL — ADOLESCENT

Rachel, age 15, has been in trouble for chronic home and school truancy. She seems to be out of her mothers control and acts out through promiscuity, smoking, and drinking.

Rachel lived with her mother and father up until age 10, when her father was killed in a car wreck. After her fathers death, Rachel's mother became withdrawn and seldom came out of her bedroom. Rachel did most of the cooking and cleaning and even made sure bills were paid. Rachel had been active in girl scouts and gymnastics, but needed to quit these to save money and to take care of her mother and the house.

Her paternal grandmother made monthly visits from out of state for several years after her fathers death and Rachel cherished these visits. However, her grandmother became ill two years ago and could no longer travel. They talk on the phone and Skype several times a month. Once the grandmother paid for Rachel to come out to visit, but Rachel had a hard time enjoying herself. She worried too much about how her mother was doing without her.

About one year ago, Rachel's mother began seeing a therapist and taking medication. She is coping with her grief and managing her depression and is trying to be part of Rachel's life again. She reports that Rachel responds angrily to many of her efforts. When she tries to discipline Rachel, they end up in a yelling match, then Rachel eaves the house for hours or even days. The school often calls to report that Rachel is not in attendance.

Rachel has had a number of boyfriends since about 12 years old. Her mother knew many of them stayed the night, but she felt too weak to address the issue until recently. When she tried to talk to Rachel about her boyfriends, Rachel said they made her feel special and loved and made a comment under her breath about her mother not showing her any love.

Recently Rachel was at her first drivers ed class when she started getting fidgety and being disruptive. The teacher asked her politely to sit still and be quiet, and this made Rachel throw her book across the floor and storm out of the building.

Rachel has been in the detention center for truancy and will be moving to your home tomorrow.

class

5

Understanding Primary Families

BENEFITS & CHALLENGES

Benefits that are likely to result when primary families and foster, adoptive, or kinship families work together in a collaborative manner:

- Separation trauma and anxiety are greatly reduced.
- Continuity of care and attachments are maintained for the child in care.
- Planning and implementing visits are simplified, making it possible to visit more frequently, and helping to assure more productive visits.
- Reunification can occur more quickly, or an alternative plan for permanence can be made in a timelier manner.
- The primary family can use the caregiving family as a role model and can be mentored to make changes that enhance their personal development and parenting skills.
- When the two families work collaboratively, loyalty issues for the child are reduced, and the child is less likely to create divisiveness and resentment between the two families.
- Caregiving families can maintain contact with the child after reunification, which prevents additional separation trauma.
- Caregivers can become a permanent support system for the child and family.
- Challenges that are likely to result when primary families and foster, adoptive, or kinship families work together in a collaborative manner.

Families may have different values, backgrounds, cultures, parenting styles, beliefs, knowledge, and skills. This may create disagreements, particularly on the best means of caring for the child. These disagreements may need to be negotiated before the families can work together successfully.

The families may not like one another. This may interfere with the establishment of a relationship. In some cases, unresolved disagreements may lead to distance in the relationship.

The caregiving family may be fearful of primary family members. Some families who have had their children removed may behave in a hostile, sometimes irrational manner. Primary parents may at times have substance abuse problems or mental illness, which may make it difficult to predict their behavior. Parents may have been convicted of serious offenses or crimes. It may be difficult for caregivers to discern when primary parents are simply acting out their anger or frustrations, or are dangerous. This must be fully discussed with the caseworker.

The primary familys presence may, at time, interfere with the caregiving familys schedule, habits, traditions, or decisions. This may increase the difficulty of caregiving and contribute to disruption.

The primary family may be jealous of the foster family and may believe the foster family can offer their child more than they can. The family may feel embarrassed and ashamed, and may worry that the child may not want to return home. They may respond by competing with the foster caregivers for the children's attention and affection.

MYTHS & REALITIES

MYTH: Primary parents who abuse, neglect, or relinquish their children do not care about them.

REALITY: Primary parents do not plan to abuse or neglect children. Maltreatment of children usually occurs following overwhelming stress. Parents who maltreat their children may, in fact, love their children dearly, but may not be able to cope with circumstances or may not know how to parent successfully. Furthermore, parents who voluntarily relinquish their children usually do so with tremendous ambivalence; they do not walk away from these relationships without significant, lifelong grief.

MYTH: Most primary parents are violent, dangerous people who pose a threat to the foster families caring for their children.

REALITY: Some primary parents have a history of violence or mental health problems that indicate risk for caregivers. Most primary parents, however, can build a collaborative relationship with foster or kinship parents that can be invaluable in the rapid reunification of the family. When the caseworker or foster parent is unsure about the level of risk posed by a primary family, relationships should be built with deliberate care along a continuum of openness, with the safety of the foster caregivers of paramount concern.

MYTH: Foster families are expected to function as caseworkers or therapists for primary families.

REALITY: Foster families may serve in key roles as mentors with primary families. When foster and primary families develop a partnership, this will be part of a total intervention plan developed by the child welfare team. The intervention planning will involve the foster parent and will spell out the expectations for the foster parents, when those interventions will occur, and why they are planned to improve the outcomes for the child.

MYTH: The agency is setting up foster families to be hurt by dangerous primary parents.

REALITY: The agency will not expect foster families to place themselves at risk in working with primary families. The agency will always consider risks when developing a partnering plan for primary and foster families, and foster families will be involved in the development of the plan. Communication between foster and primary families may, at times, need to occur through an agency intermediary, usually the caseworker, to protect the safety of the child and the foster family.

MYTH: Foster families are expected to work with all primary families of children who come into foster care.

REALITY: Foster families are expected to communicate with the primary parents of all children. That communication may take many forms, depending on the characteristics of the primary family, the wishes of the foster family, and the stage of the developing relationship between the foster and primary families. Relationships may begin with a journal of the child's progress, move into telephone calls between the primary and foster parents, meetings during supervised visits at the agency, and eventually evolve into unsupervised visits at the foster or primary home prior to reunification.

MYTH: Foster parent will be responsible for caring for the primary parents as well as the child.

REALITY: The role of the foster parent is to provide a safe, temporary home for children who are unable to remain in their primary homes. Foster parents are part of a team whose primary goal is reunification. Visitation and communication are essential to achieving that goal. However, caring for the primary parent is not an expectation of the foster parent; it would actually be counterproductive to the development of adult, responsible behavior by the primary parent.

GUIDELINES TO PRODUCE POSITIVE OUTCOMES FOR CHILDREN & THEIR FAMILIES

RESPECT FOR ONE ANOTHER: The primary team members must recognize that each member brings individual viewpoints, values, and culture to the team process. The primary care team should seek to utilize diversity to achieve benefits for the child.

SEEK CONFLICT RESOLUTION: The primary care team must be committed to resolving differences of opinion regarding the case plan or intervention strategies. Differences of opinion that do not affect the case plan are irrelevant to the care planning process.

PERMISSION FOR HONESTY: The primary care team needs to set an atmosphere of honesty with one another regarding case goals and planning. Each member needs to be honest regarding the actual agenda for the case process. There must be freedom for members to explore the meaning of behaviors and words with one another.

FOCUS ON THE BEST INTERESTS OF THE CHILD: The primary care team must agree to act in a manner that helps children. The primary care team must keep revisiting what is best for the children.

COMMUNICATION: The primary care team must have established channels of communication that provide information in a timely and efficient manner.

The primary care team should:

- Be committed to using effective methods of communication
- Communicate their expectations through a well-written case plan
- Communicate clearly an document progress through the use of monthly reports
- Use journals that can be passed between the foster parent and the primary family to prevent miscommunication (these journals need to have some structure so they can be useful materials concerning journaling are available at your local Regional Training Center).

Should the goal of the case plan change, the primary care team continues to plan for the best interest of the child. The actual caregiver may change as in situations of adoption and kinship care, but the primary family can remain involved in the planning process.

ANTICIPATED BEHAVIOR OF PARENTS WHOSE CHILDREN COME INTO CARE

SHOCK OR DENIAL

- The parent acts in a robot-like fashion, and does not display feelings.
- The parent agrees with the agency.
- The parent denies the need for services or evaluations.
- The parent avoids the agency professional or caseworker.
- The parent believes the paramour over the child's allegations of abuse.

ANGER OR PROTEST

- The parent is verbally aggressive to agency caseworker, foster parents, or related professionals, and appears irritable when dealing with the system.
- The parent writes letters to the editor complaining about Children's Services.
- The parent gets an attorney.
- The parent threatens to sue the agency caseworker or foster parent.
- The parents threaten to hurt the agency caseworker or foster parent.
- The parent tries to get the child to recant, sometimes using threats to the child or others in the primary family.
- The parent tells the child the placement in his or her fault.
- The parent criticizes the way the child is dressed.
- The parent destroys property of the child, foster parent, or agency.
- The parents tell the child not to listen to the foster parent.
- The parent complains about the agency.

BARGAINING

- The parent promises to do anything necessary to get the children back.
- The parent promises to stop drinking or using or using drugs, or to get rid of a perpetrator in order to have the children returned.
- The parent is basically compliant.

- The parent requests more visits in exchange for completing part of the case plan.
- The parent calls the foster home at 2 a.m. to ask the foster parent the time of the visit the following day.
- The parent tells the child that he has to get better grades and do his chores before he can come home.
- The parent buys the child elaborate gifts.
- The parent promises unrealistic things to the child upon returning home.
- The parent compares himself to other parents to prove that they are not as bad as the other parents, or makes statements that the foster family does improper things and that they get paid to take care of the children.

DEPRESSION

The following are symptoms of depression, whether the depression is caused by grief or other sources, such as chemical imbalances in the brain.

- The parent forgets appointments or visits.
- The parent acts whiney or helpless.
- The parent exhibits little initiative or ambition.
- The parent sees everything as futile.
- The parent resumes or beings using alcohol or drugs (note: this behavior could appear at other stages).
- The parent seems to have unresolved or undiagnosed somatic complaints.
- The parent seems to take unnecessary risks or reverts to earlier harmful patterns of behaviors, such as prostitution.
- The parent spends much energy that is misdirected or diffused.
- The parent begins steps to compete tasks but does not complete them.
- The parent seems irritable and may make suicidal gestures.

RESOLUTION & ACCEPTANCE

- The parent fails to respond to the team after a period of apparent cooperation.
- The parent stops visiting.
- The parent does not show up for court or does not offer defense in court.
- The parent voluntarily moves to a home with too few bedrooms for the children.
- The parent sells the children's beds or possessions.
- The parent gets pregnant.
- The parent marries someone with children.
- The parent makes statements such as The children would be better off without me, or Look what an adoptive family can offer her.

BRIDGING THE GAP OF SEPARATION

A CONTINUUM OF CONTACT FOR FOSTER PARENTS

- Exchange letters with child's family via social worker
- Call child's parents on phone
- Request pictures of child's family to display in child's room
- Give parents pictures of child
- Share copies of homework and report cards with family
- Have positive view about birth parent(s)
- Talk openly about family to child
- Send snack/activity for visit
- Praise parents progress
- Dress child up for visits
- Provide written report for SAR
- Share monthly progress reports
- Host/arrange sibling visits
- Brag to parent about child
- Request cultural information from birth parent(s)
- Transport child to visit
- Talk with parent at visit
- Encourage parent to phone child

- Meet child's family at placement
- Evidence a non-threatening attitude
- Refer to child as your child to birth parent
- Share parenting information
- Attend staffings, SARs, reviews
- Help bp find community resources
- Encourage/reassure reunification
- Share child's life book with parents
- Attend training to learn how to work directly with parent
- Learn about, understand, and respect primary parents culture
- Transport child to/from parents home
- Review child's visits with parents
- Give parents verbal progress reports
- Ask parent to come to appointments.
- Transport birth parent(s) to meetings
- Invite child's family to attend school programs
- Assist in planning child's return to primary home
- Welcome child's parents into your home
- Attend parenting classes with parents
- Serve as support to family following reunification
- Foster parent provides respite care
- Include birth parent in farewell activities

class

6

Managing Emotions & Behaviors

Effects of Caregiving

PARENTING STRATEGIES TO HELP CHILDREN UNDERSTAND & MANAGE EMOTIONS, BEHAVIOR

All behavior has meaning. Trauma-informed caregivers act as detectives to determine the meaning behind the behavior and choose their strategies based on what the child is communicating.

Parenting strategies for a child who has experienced trauma:

- Focus on connection, not control respond to the feelings and needs, not the behavior
- Be an emotional container (NCTSN, 2010) - manage your own emotions and behavior
- Tinker and repair (Hughes & Baylin, 2012) - mistakes will happen and children's needs will change, continually evaluate your choice of strategies to determine if they were, and still are, effective.
- Use Win/Win strategies that allow everyone to share control and gain something
- Give specific, clear feedback about exactly what the child is, or should be, doing.
- Be careful not to accidently reinforce unwanted behaviors
- Allow natural consequences to occur when possible

If you must use consequences, make sure they are logically connected to the unwanted behavior and that you provide an opportunity for the child to perform the desired behavior

* * *

Given the totality of my relationship with the child, is it likely that she sees me as being on her side?

— Hodas Cardinal Questions, 2006

REMEMBER "PACE"

FROM HUGES & BAYLIN, 2012

PLAYFULNESS: Spontaneous, expressive, laugh at mistakes, simply enjoy being together

ACCEPTANCE: No risk for rejections, ridicule or disappointment (might reject behavior but child knows she is not her behavior)

CURIOSITY: Acts of discovery with the child, want to know more about the child

EMPATHY: Comfortable with the emotions the child is experiencing, not always trying to fix the problems but trying to experience as the child is

USE THE SAFETY SCRIPT

FROM VICARIO & HUDGENS-MITCHELL

"This is a safe place and I wont let anyone _____ you, so I can't let you _____ , because this is a safe place."

TRY TO CONNECT & CORRECT

FROM HUGES & BAYLIN, 2012

- Make a statement that connects you with the child
- State the rule
- Suggest an alternative that allows the child to get what he wants while still following the rules

DO NOT USE PHYSICAL PUNISHMENT:

There are three main reasons Utah law does not allow foster caregivers to use any form of physical punishment:

- Fear of re-traumatizing
- Hurts the relationship between the caregiver and the child
- Protection for caregivers

Moreover, physical punishment is ineffective at modifying behavior:

- Physical punishment does not help a child learn to self-regulate
- Physical punishment does not help a child build competence
- Physical punishment may reinforce undesired behaviors

RESOURCES:

Essentials for Parenting Toddlers and Preschoolers is a free, online resource developed by the Centers for Disease Control & Prevention (CDC).
cdc.gov/parents/essentials

Breathe, Think, Do with Sesame Street is an app for the iPhone that helps young children learn to calm themselves and problem solve.
itunes.apple.com/us/app/breathe-think-do-with-sesame/id721853597

The PAX Good Behavior Game teaches students self-regulation, self-control, and self-management in context of collaborating with others.
goodhehaviorgame.org

The Connected Child by Dr. Karyn Purvis

Beyond Consequences by Heather Forbes

WIN/WIN NEGOTIATION

Read your assigned conflict and a common "win/lose" solution; then identify a solution that allows both parties to win.

CONFLICT	WIN/LOSE SOLUTION
Child refuses to call her adoptive parents Mom and Dad, insisting they are not her real parents.	Adults refuse to answer her unless she calls them Mom and Dad.
Child refuses to surrender a smelly security blanket (bought from his birth family's home) to be laundered.	Caregivers take the blanket away while the child is sleeping and washes it.
Child hoards food in his bedroom. The food spoils and is attracting ants.	Parents take food back to kitchen and punish child for taking food from kitchen. Parents establish rule that food cant leave kitchen.
Child has broken a number of items in the foster home, creating hard feelings with the owners of broken items.	Caregivers ground child for breaking items. Caregivers isolate child by not allowing him to go in certain rooms.

ARE YOUR EXPECTATIONS REALISTIC?

While rewards may be realistic expectations of foster care or adoption, some prospective parents are not prepared for the time and energy that may be expended before those rewards are enjoyed. Many prospective caregivers may have unrealistic expectations about their foster care or adoption experiences. Some of the unrealistic expectations held by disappointed foster and adoptive parents include the following:

- Our love will be enough. Some parents believe that they can erase years of maltreatment and mistrust by providing a child with love and stability. While nurturance and permanence do promote healing, improvement occurs over a long period of time.

- We will feel love and connection to this child quickly. Attachment develops over time, and many children protect themselves from rejection by refusing to allow themselves the vulnerability of attachment. When child are slow to connect emotionally, it is only human to anticipate other family members will likewise need time to develop attachment to the child.

- This child will step into our family system and easily learn how to function within our rules, goals, and ambitions. Of course the child will be asked to make significant adjustments to a new family, but the foster and adoptive family will also be required to make significant adjustments as well. Those families who recognize the areas in which flexibility will be essential (e.g. scheduling, behavior management, diversity impacting life style and values) will be much more successful.

- This child's needs will be just like those of our biological children. When children have experienced the traumas of child maltreatment as well as separation, of course they will have experiences that impact their feelings and behaviors. The parenting strategies that proved successful with children who have always been in stable, nurturing homes may not

be effective with traumatized children. New skills and strategies, empathy, patience, and flexibility will be required of foster and adoptive parents.

- Our biological children will embrace this new child as a sibling. Whenever a new child joins the family, whether by birth, foster care, or adoption, the existing children in the home will be affected by the changing family system. The permanent children in the family may be initially excited about the prospect of having a foster or adopted sibling, but feel very differently after the child arrives.

- Our child will fit into well into our extended family and be welcomed by them. Sometimes the extended family does not have the same commitment to the foster care or adoption plan of the caregiving family. If problems surface after the placement, the extended family may withdraw support. This can lead to disappointment and strained family relationships.

- Our friends and acquaintances will validate our role as parent in the child's life. Like the extended family, some friends may withdraw support from the foster or adoptive family, leading to feelings of isolation. The friends may even question why the foster family should have to deal with challenges: why don't you just send him back? You're not the real parent anyway.

- Our child will forget about his birth family and his past. Moving into a new family does not erase a child's past attachments. Even if the child has not memory of the birth family, the birth parents are psychologically present for the child.

- We can do for this child what was not done for us, or we will not do to this child what was done to us. Parenting a traumatized child can trigger a parents own painful memories of victimization or abandonment. Sometimes a prospective foster and adoptive parent is motivated to

rescue a child from a difficult family situation that is possibly very similar to his or her own. Providing a safe haven for a traumatized child can release long-buried feelings from a parents own past.

- We will never feel any second thoughts or ambivalence about providing a foster or adoptive home for a child with a traumatic past. It is not uncommon for children to test the stamina and commitment of their substitute caregiver, and it is only human to anticipate this testing will lead to moments of doubt or ambivalence about the decision to foster or adopt. These feelings are normal and should be expected.

SELF-CARE ASSESSMENT WORKSHEET

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items of the list that hadn't even occurred to you? Listen to your internal responses and dialogue about self-care, and take note of anything you would like to prioritize moving forward.

Rate the following areas according to how well you think you are doing. Use a scale of 0–3 (0=never, 3=Frequently), mark with a "?" if the practice never occurred to you.

PHYSICAL SELF-CARE

__ Eat regularly (breakfast, lunch, and dinner)
__ Exercise
__ Get regular medical care for prevention
__ Eat a healthy diet
__ Get medical care when needed
__ Get massages
__ Take time off when sick

__ Take vacations
__ Wear clothes I like
__ Get enough sleep
__ Do fun physical activity
__ Think positive thoughts about my body

Other: _____

PSYCHOLOGICAL SELF-CARE

__ Take day trips or mini-vacations
__ Make time for self-reflection
__ Have my own personal psychotherapy Write in a journal
__ Make time away from technology or internet Attend to minimizing life stress
__ Read something unrelated to work
__ Be curious
__ Notice my thoughts, beliefs, attitudes, feelings
__ Say not to extra responsibilities
__ Engage my intelligence in a new way or area
__ Be okay leaving work at work
__ Do something at which I am not an expert

Other: _____

EMOTIONAL SELF-CARE

__ Spend time with people whose company I enjoy
__ Love myself
__ Stay in contact with important people in my life
__ Allow myself to cry
__ Re-read favorite books, re-view favorite movies
__ Give myself affirmation/praise
__ Identify and seek out comforting activities/places
__ Find things that make me laugh

__ Express my outrage in social action or discussion

Other: _____

SPIRITUAL SELF-CARE

__ Make time for reflection
__ Spend time in nature
__ Find a spiritual connection/community
__ Be open to inspiration
__ Appreciate non-material aspects of life
__ Cherish my optimism and hope
__ Try at times not to be in charge or the expert
__ Seek out reenergizing or nourishing experiences
__ Identify what is meaningful to me
__ Be open to not knowing
__ Meditate
__ Find time for prayer or praise
__ Contribute to causes in which I believe
__ Have experiences of awe
__ Read/listen to something inspirational
__ Do some fun artistic activity

Other: _____

RELATIONSHIP SELF-CARE

__ Schedule regular dates with my partner
__ Make time to be with friends
__ Call, check on, or see my relatives
__ Ask for help when I need it
__ Share a fear, hope, or secret with someone I trust
__ Communicate with my family
__ Stay in contact with faraway friends
__ Enlarge my social circle

__ Make time for personal correspondence
__ Spend time with animals
__ Allow others to do things for me

Other: _____

WORKPLACE OR PROFESSION SELF-CARE

__ Take time to chat with coworkers
__ Make quiet time to work
__ Identify projects/tasks that are exciting
__ Take a break during the day
__ Balance my load so that nothing is way too much
__ Set limits with my boss/peers
__ Arrange work space to be comfortable
__ Have a peer support group
__ Get regular supervision or consultation
__ Identify rewarding tasks
__ Negotiate/advocate for my needs

Other: _____

OVERALL BALANCE

__ Strive for balance within my work-life and work day
__ Strive for balance among my family, friends, and relationships
__ Strive for balance between play and rest
__ Strive for balance between work/service and personal time
__ Strive for balance in looking forward and acknowledging the moment

Other: _____

AREAS OF SELF-CARE THAT ARE RELEVANT TO YOU

_____

_____

_____

_____

_____

_____

Adapted from Saakvitne, Pearlman, & Staff o Ftsi/caap (1996). Transforming the Pain: A Workbook on Vicarious Traumatization. Norton. Adapted by Lisa D. Butler

CREATING A PRE-PLACEMENT SURVIVAL PLAN

A. DRAWING ON STRENGTHS IN YOUR FAMILY

Draw a picture of your family as it is now. Once you have drawn this picture, identify all members of the family as individuals. (Include as many individuals as you consider part of your family regardless of where they live and if they are blood family/in-laws or friends, neighbors, teachers or others.) On the left side of each figure, identify the strengths of the person; to the right side, identify the areas of stress each person will likely encounter as your family begins to provide foster care or adopt. Near each person write a sentence describing how you will help each person use their strengths to help deal with the stresses.

EXAMPLE: Johns strengths include participating in sports and a good sense of humor. He will likely have difficulty sharing his possessions, and giving up his position as only child. I will make sure I go to Johns games and will take time to talk to help him see the humor in situations that will occur as a result of fostering siblings.

Now draw lines between the family members illustrate relationships. Use solid lines to illustrate relationships that are close and well connected. Use dotted lines to illustrate relationships that are less important on a day-to-day basis. Put slashes through the line of any relationship that is currently under stress or is problematic.

At the bottom of the page, or on the back, write a sentence about the relationship and how stress may be reduced or increased due to fostering.

EXAMPLE: Mary, my adult daughter, lives nearby. She will be an excellent, supportive respite person for our foster child. However, my stress will increase because I will wonder about the safety of my three-year-old grandchild.

Finally, if you are unable to complete the drawing in the class session, please complete it and hand it in as homework to your agency worker.

B. PRE-PLACEMENT SURVIVAL WORKSHEET

The greatest strength my family brings to fostering, caregiving, or adopting is: _____

In the past my family experienced a great deal of stress when _____

Fostering or adopting will increase the stress described above because _____

C. GETTING SERIOUS ABOUT A SURVIVAL PLAN

I'll attend the next Foster Family support group meeting on _____

I'll conduct the first family meeting on _____

I'll contact my worker about respite plans by _____

Something I'll do to take care of myself before getting my first placement is _____

I'll take the opportunity to receive additional training by signing up for the training entitled _____, on _____

Other considerations that I want included in my survival plan: _____

Please make a copy of this completed form to give to your home coordinator to use in the family assessment process.

class

7

Long-term Separation

Adoption Issues for Families

THEMES IN ADOPTION

Children who have suffered a loss through death, divorce, foster care, adoption, or other separations seem to share several common issues. However, each child will react or respond to the loss dependent upon:

- The significance of the loss
- Whether the loss is temporary or permanent
- Inherent coping abilities of the child
- Availability of supports
- Age and cognitive abilities of the child
- At the time of loss
- At the present time

Consequently, while some children may react in very extreme ways, others may respond mildly or not at all. In addition, while one child may be affected in the area of loyalty, for example, another may be preoccupied with identity issues. What follows is a discussion of these common themes with particular attention to their appearance in adoption.

GRIEF

When children have been separated from significant figures, their emotional response is one of grief and mourning. For the child adopted as an infant, the loss is of the fantasy or dream parent they have never met and of what might have been. For the child adopted at an older age, it most likely is a real loss of biological family or foster family. Grief is a process. There are five identifiable stages. However, not every individual will experience each stage or experience them in the order presented:

SHOCK/DENIAL: The child is emotionally numb and cannot accept the loss. The child may deny his/her own past or ethnicity. The child denies that s/he is adopted or may refuse to talk about being adopted. This stage is the minds attempt to prevent the individual from feeling the pain of loss.

ANGER/RAGE: Now the numbness has worn off. Unfortunately, for the adopted child/youth, this stage frequently coincides with adolescence, creating great chaos and confusion. Youth may be angry at themselves for causing the separation, thus feeling guilty, and many punish themselves via self-defeating behaviors. The youth may be angry with the adoptive parents, perceiving the adoption as a kidnapping and may be verbally abusive, defiant, physically aggressive, truant, irritable, or oppositional. And the teen may be angry at the birth family for abandoning him/her.

BARGAINING: In this stage, youth attempt to regain the lost figure through manipulation. The sophistication of the bargaining behaviors is dependent as good as gold thinking that they'll be rewarded for their behavior. Older Adolescents may run away, make allegations of abuse, or try to negotiate the return of the lost figure. Children in this stage of grief also spend a great deal of time fantasizing about the birth family, often looking for them in favorite teachers, movie stars, or even in crowds.

DEPRESSION: Once the youth recognizes that the attachment figure is not returning, s/he will enter into depression, a state of mourning and sadness. Here, the youth withdraws from normal activities; eating and sleeping patterns change. S/he is moody and cries easily. Suicidal ideations and gestures as well as substance abuse may also appear as problems for some youth.

RESOLUTION/UNDERSTANDING: Under normal circumstances, one cannot tolerate lengthy periods of psychic pain or depression. Consequently, the youth will begin to move towards resolution, slowly at first. It should be noted though, that grief is never fully resolved. Given time and support, it does become manageable. Occasions will arise such as holidays, anniversaries, or other significant events during which the youth may re-grieve their loss. When a child enters resolution, there is a return to age-appropriate activities and developmental tasks. Life is fun again. School performance and appearance improve. The child re-engages in the family.

CONTROL

For children who have experienced a loss, many feel that they have had no control or decision-making power over their own lives. The adopted child/youth did not choose to lose his/her birth family. This generates a feeling of frustration and helplessness for many children. Consequently, they may try to regain control of their lives by being orderly, compulsive, neat-needing routine or planning ahead. Other youth may demonstrate their need for control via constant power struggles with authority figures, truancy, defiance, substance abuse, or tantrums. The bright, sophisticated child may hide things, hoard food, develop eating disorders, or utilize more creative means to control family life. In fact, some adopted children create chaos in the family as a means of controlling other family members.

LOYALTY

Having at least two sets of parents creates quite a conflict for the child (whether the parents are real or fantasy). This is also frequently the case for children of divorce. The child may feel that closeness and love for one set of parents may be an act of disloyalty towards the other set of parents, thus hurting them. The child finds himself/herself in a dilemma and may be overwhelmed by feelings of guilt. Behaviors frequently seen are: distancing from family members, fantasizing about birth family, confusion/conflict regarding search, guilt over being happy in the adoptive family, denial of having questions or curiosity regarding their adoption. The issue of divided loyalty frequently crops up around the time of the child's birthday or around Mothers Day.

REJECTION/FEAR OF ABANDONMENT

Regardless of the actual circumstances surrounding the child's adoption, the child's perception is frequently one that s/he was rejected and subsequently abandoned by the birth family. Consequently, some adopted children/youth may feel hurt or angry toward their birth parents. Some adopted children feel that they are unlovable and unkeepable, and they may

act out to test the commitment of the adoptive family. To avoid rejection, some adopted persons may not allow themselves to get close to others, or they will reject others before they can be rejected. Some adopted persons react by continually seeking acceptance and approval from those around them, being almost too good. It is not surprising that developing and maintaining relationships is a difficult task for some.

SELF-ESTEEM

The perception of being rejected is a direct blow to the adopted child's self-esteem. As one adopted youth said, How can someone who never knew me give me away? Some adopted persons believe that something is wrong with them. They may feel unwanted. Some adopted individuals assume the worst about their birth families and believe that their genetic make-up is flawed. School performance and self-confidence are frequently affected. Because they believe themselves to be less, they may settle for less-than-ideal friends, or act out their negative self-image. They may engage in self-endangering behaviors. Some adopted youth seem to fear success which would challenge their negative self-concept.

TRUST

This is a particularly crucial issue for children who have had multiple moves during their young lives. Separations at an early age may threaten the establishment of a basic trust and attachment critical for healthy growth and development. Many older adopted children have a history of abuse and neglect, and homes where broken promises are the norm. These children may avoid closeness, or may require longer times to warm up. They may have difficulty with intimacy or become involved in clinging, dependent relationships. Stealing, lying, and delayed conscience development may occur in some cases.

IDENTITY

The lack of information and secrecy that frequently surround the child's history and birth family make it difficult for the adopted youth to establish his/her identity, a major task of adolescent development. The teen may find this issue confusing, frustrating, and scary. They may have no known history or connection to formulate a base for the self. "Who am I?" is no longer a rhetorical question. For the child adopted at an older age, the information may be negative (mental illness, substance abuse, abuse/neglect) or chaotic.

Adolescent who are experiencing extreme difficulty may run away, try out multiple (and usually bizarre) identities, hang out with less-than-ideal peers, engage in promiscuity, or develop pregnancy, depression, or extreme anger. Some adopted persons state that they have always felt different and have never fit in with their peers, as being adopted prevented them from being like everyone else. Consequently, they may initiate a search to satisfy this need, or they may create a blood tie though pregnancy.

Not all adopted youth experience problems with these issues. Some may experience minor difficulties at different developmental stages. These minor difficulties may be handled successfully by the adoptive family, sometimes with the help of a knowledgeable professional. A small percentage of adopted youth find these issues overwhelming and require more intensive services. It is recommended that adoptive families experiencing extreme distress find post adoptive services that can provide support and assistance that is specific to the adoption-related issues of the child.

Developed by Denise Goodman, PhD and Betsy Keefer, LSW

THE SEVEN WONDERS OF ADOPTION

LOSS & GRIEF: I wonder why I lose everyone and everything that is important to me. What's the matter with me?

REJECTION/ABANDONMENT: I wonder if these people are going to keep me.

GUILT & SHAME: I wonder what I did to make my own parents throw me away.

TRUST: I wonder if I can believe what these people are telling me.

IDENTITY: I wonder who my people are and if I will be like them.

CONTROL: I wonder why everyone else makes decisions about my family, my name, how much information I get, how old I have to be to meet my siblings or birth parents. When do I get to make important decisions about my life?

DIVIDED LOYALTIES: I wonder if I should remain loyal to my birth mother or if I should allow myself to love and be loved by my adoptive mother.

CONTINUUM OF DEVELOPMENT OF ADOPTED CHILDREN

0-3 YEARS

Adopted child does not realize difference between themselves and non-adopted children

STRATEGIES FOR PARENTS

- Collect as much concrete information as possible (goodbye letters from birth parents and pictures are helpful).
- Develop LifeBook for child, including these concrete bits of information.
- Begin talking comfortably and positively with your infant, family and friends about adoption.
- Reassure child that he/she will not lose adoptive family.
- Continue to let child know that you love him/her no matter what.

3-7 YEARS

Child asks a lot of questions. Loves to hear his/her adoption story. Can repeat it verbatim bus has little understanding of the concepts.

STRATEGIES FOR PARENTS

- Encourage questions and answer honestly. Difficult issues may be omitted (but never changed) until child is older.
- Tell Adoption Story as a favorite bedtime story.
- Use and add to Life Book.
- Be firm in limit-setting. Establish preset consequences for broken rules. Allow child to experience natural consequences of behavior.

8-12 YEARS

Child understands concept of adoption. Begins grieving process. May stop asking questions as part of denial. Realizes that he/she had to lose something to be adopted.

STRATEGIES FOR PARENTS

- Don't force child to discuss issues but let him/her know you are open and comfortable when he/she is ready.
- Let child know it is understood that he/she can love both sets of parents. He/she does not have to choose. Ask if child has questions or feelings he/she would like to discuss.
- Let child know you are not threatened or angry about questions regarding birth family and/or past history.
- Provide supportive opportunities for independence and freedom.

12-16 YEARS

Child enters anger stage of grieving. May resist authority and try on new identities. May be angry over loss of control in his/her life.

STRATEGIES FOR PARENTS

- Allow child to exercise control whenever possible. Provide opportunities for decision-making.
- Child has a right to his birth information. Help child access and accept.
- Try to keep from responding to child's anger with more anger. Understand that much of his anger is directed at the birthparent.

16-19 YEARS

Young adult may be depressed and over-react to losses. May be anxious about growing up and leaving home.

STRATEGIES FOR PARENTS

- Let child know he/she may remain at home after graduation if he/she chooses.
- Be alert for sadness when relationships with peers fail or during anniversary reactions such as birthdays or Mothers Day.
- Continue to keep adoption topic open within the home.

Adapted from a handout developed by Parenthesis Family Advocates, Columbus, Ohio

QUESTIONS FOR PROSPECTIVE ADOPTIVE PARENTS TO ASK

Some of the questions are specific to infant adoption and some to older adoption.

- What is known about the child's birth history? (It is especially important to gain as much information as possible at the time of the adoption of a foreign child.)
- What is known about the child's developmental history — physically, mentally, emotionally, socially?
- Is there any evidence of handicap? Any suspected learning difficulties?
- When was last contact with any birth family member?
- Is there a possession the birth family can pass on? Pictures?
- Is there a life book?
- Are there siblings? Would it be possible or beneficial for ongoing contact with siblings?
- What social and medical history is available on parents? On extended family members or siblings?
- Do the parents have a history of drug or alcohol abuse? Was the mother using substances during the pregnancy?
- What was the home environment like? What was the environment of foster homes like?
- How many moves or placement and why did they occur?
- What is the child's current adjustment?
- Has the child been prepared for adoptive placement? How can you help?
- What is the child's current health? Any allergies?
- Is there any history of physical, sexual, or emotional abuse? What treatment has been pursued?
- What method of discipline works best?
- Does the child accept and give affection?
- Are there therapeutic needs or plans?
- What adoption subsidy options are there for this child?

MARCUS

Marcus is a 14-year-old boy who was placed with his adoptive family at 12 months of age following one foster placement. His adoptive family includes an older adopted sister, now age 17 (not biologically related to Marcus and also placed at age one year). The sister became pregnant when she was a high school junior. She delivered a baby on the preceding Christmas Day. She decided to raise the baby with help and support from the adoptive parents. Both the sister and her baby are now living in the adoptive home.

Marcus began struggling with school work when he entered middle school. His grades became even worse, often to the point of failing, when he entered high school the preceding fall. He is often verbally abusive and he is particularly angry at his sister for becoming pregnant. He is embarrassed that his first year in high school is spent as the brother of the only pregnant girl in his small school.

Marcus searched for and found his birth mother. He made contact with her before even telling the adoptive parents about the search. The adoptive parents first became aware of the search when the birth mother called them to talk about her recent conversation with Marcus. The adoptive parents are horrified and are still reeling from the pregnancy of the older child. The parents feel as though their efforts in raising these two children have been an abject failure. The entire family immediately has gone into crisis.

What are the adoption issues that you perceive for Marcus? For the adoptive parents?

What are the triggers you noticed in the familys recent predicaments?

ADOPTION TERMINOLOGY

Adopted from the work of the Parenthesis Post Adoption Program

Certain adoption related terminology evokes negative feelings and should be avoided. Below are suggested alternatives that communicate the same information in more positive ways.

POSITIVE	NEGATIVE
Birthparent (father, mother) Biological (parent, child, ancestry) Woman (lady) who gave birth	Real parent Natural parent
Adopted person Adoptee Adult Adoptee	Adopted child (when speaking of an adult)
Adoption Triad Adoption Triangle	
Adoption plan was made for The baby joined the family The older child moved in with his/her family An adoption was arranged for He/she was placed	Adopted out Put up for adoption Given away Given up
Birthchild Their real children	Their own child
To opt for, to take on, to choose, to continue parenting	Keeping
Born outside of marriage Born to a single person (Divorced, Single, Never married, Unwed mother) Unwanted child	Illegitimate child Bastard
Termination of parental rights;	Gave up for adoption

POSITIVE	NEGATIVE
Unable to continue parenting (older child) Court termination	
Made an adoption plan Legally released Voluntary release	Gave away
My child	Adopted (when it is used constantly, it can become a label)
The waiting child Child with special needs Child available for adoption	Hard to place child
Search Reunion Making contact	Finding ones real family Locating ones parents

Language is important in describing adoption — adoptees are sensitive to feeling different. We want to try to avoid negative terms and use less judgmental language. How is language used in your own family? What does Granma say? Peers? Outsiders? Help to educate yourself and others to routinely use positive and constructive language.

SURVIVAL SKILLS FOR ADOPTIVE PARENTS

- Acknowledge the child's grief and let the child understand your losses.

- Network with other adoptive families to avoid isolation.

- Don't over react to problems. Not all problematic behaviors or feelings are related to adoption: many are developmental or are related to circumstances in the child's environment. Talk with other parents and/or knowledgeable professionals to determine whether problems are really related to adoption, or are a normal parent of growing up.

- Don't under react to problems. Get post adoption services early, if needed. Adoptive families often need post adoption support at key times in the life or their child. Families should be aware of available services prior to onset or crisis.

- Talk openly about adoption in the family. It is often necessary to initiate conversation, as children can be fearful of hurting the adoptive parents feelings.

- Encourage the child to have positive feelings about his/her birth family. To enjoy positive self-esteem, s/he must feel good about his/her roots. Remember that parents are allowed to love more than one child. Children should be allowed to love more than one parent. Don't force your child to choose between you and the birth parent.

- Get as much information as possible about the birth family and the child's history. Remember that the trail gets cold quickly; get as much information as possible at the time of placement. You can return to the agency at any point in the future to clarify information or to obtain additional information.

- Always be honest in sharing information about the birth parent and the birth history. If the information is very difficult, some facts may be

deferred while the child is very young. Facts should never be changed. As a rule of thumb, children should have complete information by the time they enter adolescence

- Be alert for signs of distress when losses or transitions occur. Remember to be sensitive to anniversary reactions and increased emotional stress around birthdays, holidays, and Mothers Day. Be sure to discuss feelings and fears openly.

- Allow the adoptive father to become the primary parent during adolescence. Much of the child's grief anger regarding abandonment and divided loyalties are directed toward the birth mother. This anger is often transferred to the adoptive mother. The mother/ teen relationship can become very strained. The adoptive father should handle limit-setting whenever possible.

- Avoid control battles. You may need to lose a few battles in order to win the war. Parents can successfully work on only one or two behaviors at a time. Prioritize your battles, and be prepared to let a lot of other less important issues slide for the time being.

THE TRUTH

THE TRUTH AND NOTHING BUT THE TRUTH

By Jayne Schooler, 1996

Sharing with Children about Their Unpleasant Past: The Adoptive Partents Challenging Task

If we aren't straight with our children about their past, they will pick up on it and fantasize something that may be much worse. Carol Williams, University of North Carolina

WHY IS IT DIFFICULT TO DO?

Sharing with a child about an unpleasant past is difficult for both workers and parents. The details seem far too painful. Yet, according to Claudia Jewitt, the missing pieces are often those pieces that make sense to the child and fill in the blanks.

The information is a relief for these children, Jewitt says because it takes the responsibility for what happened off the child. They need to know that they weren't placed for adoption because of something they did.

Knowing that it is the right thing to do, and knowing just how to do it are two different things. Just how does a worker or parents carry out this unpleasant task?

SHARING ABOUT ABANDONMENT

Adults abandon children when life circumstances become overwhelming. One thing a parent can point out, according to Jewitt is to ask the child, Have you ever had a real hard thing to do? Did you get frustrated? What did you want to do? Leave it is generally the answer. The child perhaps can relate to the emotion of frustration.

Points parents and workers can make:

- People abandoned children out of fear, confusion and frustration
- Children are hard to care for and some people can not handle the responsibility
- A child's behavior is not the cause of an abandonment
- Adoptive parents will not abandon the child in tough times.

SHARING ABOUT PHYSICAL ABUSE

A child is not slapped, screamed at, or hit because he is a bad child. He is treated that way because the adults in his life are out of control.

In helping a child to understand parental angry, Jewitt suggest to ask the child, When you are angry, do you feel like hitting someone? This question will help a child understand in a small way why people hit when they are angry, even though they know it is wrong.

Points parents and workers can make:

- When children are hit, the adult is out of control.
- Parents, often frustrated by life circumstances take their anger out on their children, even when they know it is wrong.
- It is possible that their parents experienced the same trauma of abuse growing up an it is the only way they know to handle their anger.
- It is not the child's fault for what the parent does.

SHARING ABOUT SEXUAL ABUSE

Sexual abuse is a type of abuse that children do feel partially responsible. Perhaps the abuser indicated this to the child. An abuser perhaps told the child he wanted to be close to him in a special way, yet he knew it was wrong. The child often suffers with fear by keeping the secret and guilt after releasing the truth. Both those emotions must be recognized by parents and workers and addressed.

Points parents and workers can make:

- Sexual abuse is never the fault of the child
- The abuser touched you in ways that were not right and he/she is totally responsible for their actions.
- The child was completely right in disclosing the abuse, even if the remaining parent expressed anger or unbelief.
- The child may have feelings of anger and confusion that he/she should feel safe to express.

SHARING ABOUT SUBSTANCE ABUSE

Children who were placed for adoption may have vivid or vague memories of what life was like living with someone who abuses alcohol or drugs. Children need to have the opportunity to talk about their memories of not having food to eat, not having clean clothes to war or a clean bed to sleep in. Children need to share their fears of the chronically absent, abusive or spaced-out parent.

Points parents and workers can make:

- You did not cause your parents drinking or drug problem
- Your parent acted like they did toward you because he/she was taking drugs or drinking too much.
- They did not have control over their problem and you needed to be in a safe and secure place to finish growing up.

SHARING ABOUT MENTAL ILLNESS

Claudia Jewitt says that children who are placed for adoption because of parents mental illness can be helped to remember or understand behavior that used not consistent with appropriate parenting. Perhaps the child remembers the parent being depressed or observed rapid mood changes making it hard to know what to do.

Jewitt encourages adoptive parents or workers to help the child make the connection with their life experiences. They may have been afraid of something that other people told them not to be afraid, or they may have had difficulty knowing if they were d reaming or awake.

Points parents and workers can make:

- Your parent was very upset in his feelings and that kept him/her very confused. They couldn't make good decisions on how to take care of you.
- It was important that you could finish growing up in a safe home.
- Your parent had this problem before you were born.
- You didn't cause your parents condition.

SHARING ABOUT LAWBREAKING

Occasionally, children enter into the system, and eventually into foster care and adoption because their parents is incarcerated. Although this knowledge casts a shadow over the child's perception of his parent, it is important he knows the truth.

Children need to understand that sometimes parents make bad decisions that have long term consequences. When their parent choose to break the law (and name the offense age appropriately), he/she will suffer long term consequences.

Points parents and workers can make:

- Your parent chose to break the law because he/she thought it would help him/her solve her problems. It did not.
- Your parents decision resulted in their being sent to jail for a long time.
- Because they will be in jail for a long time, the court decided that it would be too long a time for you to be without a family.

Whatever the situation regarding a child's history, the truth is paramount. One adult adoptee, in learning of the criminal past of her parents said. It is not a pretty truth, but at least it is the truth. Now I can go on with my life without the make-believe.

SUBSIDY OPTIONS

An adoption subsidy is financial assistance that enables families to adopt children who have special needs. A child qualifies as having special needs if they are:

- Older
- One of a sibling group; Has medical or developmental disabilities, or emotional problems;
- Has an emotional dependence on foster parents and therefore should not be moved;
- Has factors in the medical history or genetic background that place the child at risk of developing a disorder or condition later in life or
- Is a member of a minority ethnic or racial group.

There are three types of subsides. They may be used separately or together, depending on the circumstances.

MAINTENANCE SUBSIDIES

These subsidies are used for food, clothing, shelter, school supplies, and personal incidentals. The child may also receive a Medicaid card.

The Federal Maintenance Subsidy, Title IV-E is available for children whose parents met ADC (TANF) or SSI requirements. There are no income eligibility requirements for adoptive parents applying for Title IV-E subsidies.

The State Adoption Maintenance Subsidy is available for children who are not eligible for Title IV-E. There are income restrictions for adoptive parents applying for a State Maintenance Subsidy.

SPECIAL SERVICES

The Post Adoption Special Services Subsidy (PASSS) Program is available for a child's special needs not covered by insurance or other subsidies. PASSS is especially helpful for children whose special needs may not have been identified at the time of adoption.

PASSS is a unique subsidy designed to assist families after the finalization of their adoption. Adoptive families must apply for, and be determined eligible for PASSS. The subsidy is available to adoptive families, with the exception of step-parent adoptions, regardless of the type of adoption (international, attorney, public or private agency). The child does not have to meet either the federal or state definition of special needs.

The program is implemented on a State Fiscal Year (July 1st and ends June 30th).

NON-RECURRING COSTS

This is a federal adoption subsidy which provides up to $2,000 per child for adoption-related expenses, such as legal fees, medical exams, transportation costs, etc.

LIST OF SUGGESTED READING MATERIALS

BOOKS FOR PARENTS OR PROFESSIONALS

Adopted Like Me. 2005. Michael Watson. Gallery of Diamonds Publishing. A beautifully written story of an adoptees search for his birth family and an integrated identity.

Adopting and Advocating for the Special Needs Child. 1997. L. Anne Babb and Rita Laws. Westport: Bergin and Garvey. A guide for adoptive parents of children with special needs.

After Adoption: The Needs of Adopted Youth. 2003. Jeanne A. Howard and Susan L. Smith. Child Welfare League Press. Overview of research into the needs and adjustment of children adopted from the foster care system.

Being Adopted, The Lifelong Search for Self. 1993. Brodzinsky, Schecter, & Henig. Doubleday. A book to help adoptive parents and adoptees understand the struggles and stages of developing an identity when an individual experiences separation from his birth family.

Beyond Consequences, Logic, and Control: A Love-Based Approach to Helping Children with Severe Behaviors. 2008. Heather Forbes and Bryan Post. Beyond Consequences Institute. A book about providing emotional safety for traumatized children.

The Black Parenting Book. 1999. Ann C. Beal, M.D., M.P.H.; Linda Villarosa,; and Allison Abner. A book that presents information on raising Black children with a healthy racial identities.

Brothers and Sisters in Adoption: Helping Children Navigate Relationships when New Kids Join the Family. 2009. Arleta James. Perspectives Press.

Children's Adjustment to Adoption: Developmental and Clinical Issues. 1998. Anne B. Brodzinky, Daniel W. Smith, David M. Brodzinsky. Sage Publications. An excellent professional summary of pertinent adoption issues.

Child with Special Needs: Encouraging Intellectual and Emotional Growth. 1998. Stanley Greenspan and Serena Wieder. Addison Wesley. A book about promoting and enhancing development.

A child's Journey Through Placement. 1992. Vera Fahlberg, M.D. An invaluable guide for professional placing children or treating children who have experienced separations.

The Connected Child. 2007. Karyn Purvis, David Cross, and Wendy Lyons Sunshine. McGraw Hill. A therapist gives strategies to help children from hard places.

Connecting with Kids Through Stories. 2005. Denise Lacer, Todd Nichols, and Joanne May. Jessica Kingsley. A guide to parents or therapists who want to help children understand adoption through storytelling.

Clinicians Guide to PTSD: A Cognitive Behavioral Approach. 2006. Guildford Press. Guide for improving therapists competence in using CBT.

Growing Up Again, Parenting Ourselves, Parenting Our Children. 1998. Jean Illsley Clarke and Connie Dawson. Hazeldon Book/Harper Collins. Helps parents who did not have a good start themselves.

Healing Trauma: Attachment, Mind, Body, and Brain. 2003. Marion F. Solomon and Daniel Siegel. W.W. Norton and CO. Research and theory on attachment and trauma.

Helping Adolescents with ADHD &Learning Disabilities: Ready-to-Use Tips, Techniques, and Checklists for School Success. 2001. Judith Greenbaum and Geraldine Marke. Jossey-Bass. Helpful for parents in dealing with school issues.

Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom. 2012. Heather Forbes. A pragmatic manual to help guide families and educators who are struggling with traumatized children with school-related challenges.

Inside Transracial Adoption. 2000. Gail Steinberg and Beth Hall. Perspectives Press. Practical advice for parents who have adopted transracially or transculturally.

Parenting Children Affected by Fetal Alcohol Syndrome-A Guide for Daily Living. 1998. Ministry for Children and Families, British Columbia. May download from snap@snap.bc.ca. Practical guide with approaches for parenting children who are affected by prenatal exposure to drugs or alcohol.

Parenting from the Inside Out. 2003. Daniel Siegel and Mary Hartzell. Penguin/Putnam. Explores family relationships through the lens of brain-based, attachment-focused work.

Risk and Promise: A Handbook for Parents Adopting a Child from Overseas. 2006. Ira Chasnoff, Linda Schwartz, Cheryl Patt, and Gwendolyn Neuberger. National Training Institute. A thorough description of issues for parents adopting internationally.

Skills Training for Children with Behavioral Problems-Revised Edition. 2006. Michael Bloomquist. Guilford Press. A guide for parents and professionals who need practical suggestions for reducing anger and anxiety.

Supporting Brother and Sisters: Creating a Family by Birth, Foster Care and Adoption. 2006. Arleta James. AJ Productions. A curriculum with tips for helping siblings in a foster or adoptive home. An accompanying DVD is provided.

Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past. 2000. Betsy Keefer and Jyne Schooler. Bergin & Garvey. A book to help parents and professionals talk to children in a developmentally appropriate way about adoption.

Twenty Things Adopted Kids Wish Their Adoptive Parents Knew. 1999. Sherrie Eldridge. Dell Publishing A book written by an adult adopted person who provides insights into the feelings and concerns of adopted children.

Welcoming a New Brother or Sister Through Adoption. 2013. Arleta James. Comprehensive guide with practical advice.

What Every Adoptive Parent Needs to Know. 2008. Kate Cremer-Vogel and Dan and Cassie Richards. Mountain Ridge Publishing. Offers insights into understanding adoption dynamics.

The Whole Life Adoption Book. 2008. Jayne Schooler and Thomas Atwood. Navpress. Realistic advice for building a healthy adoptive family.

BOOKS FOR CHILDREN OR YOUNG ADULTS

The Adopted One. 1979. Sara Bonnet Stein. Walker & Co., NY. Unusually insightful book for pre-school and early elementary age children. Outstanding text is provided for adoptive parents and older children about normal feelings of adoptees.

Adopted Like Me. 2013. Ann Angel. For ages 8+. Biographies of famous adoptees.

All About Adoption. 2004. Marc Nemiroll and Jane Annunziata. Magination Press. A children's book for ages 6-11 with good information about children's feelings, adoptive families, and birth parents.

A Place in My Heart. 2004. Mary Grossnickle, Illustrated by Alison Relyea. Speaking of Adoptions. A beautiful crafted, insightful story of preschool or early school age children about a chipmunk adopted by a family of squirrels and his feelings about his birth family.

Being Adopted. 1984. Maxine Rosenberg and George Ancona. Harper Collins. Helpful for children, ages 5-10, when they first have questions about adoption. Three children relate their adoption stories.

The Best Single Mom in the World: How I was Adopted. 2001. Mary Zisk. Albery Whitman and Co. A good book for children adopted by a single parent.

Borya and the Burps. An Eastern European Adoption Story. 2005. Joan McNamara. Perspective Press. A book that is fun to read and helpful for young children in understanding their adoption history.

Can I tell You About Adoption? 2013. Anne Braff Brodzinsky. For ages 7+. A child adopted from foster care explains how it feels to be adopted.

Filling In the Blanks: A Guided Look at Growing Up Adopted. 1988. Susan Gabel. Perspectives Press. A book for pre-teens and early teens working on identity formation.

How I Was Adopted. 1995. Joanna Cole. A story of what makes people different and what makes them the same.

I Wish for You a Beautiful Life: Letters from the Korean Birth Mothers of Ae Ran Won to Their Children. 1999. Edited by Sara Dorow. Yeong and Yeong Book Co. Letters collected from mothers in a home for unwed mothers in Seoul, Korea.

Is That Your Sister? A True Story of Adoption. 1992. Catherine and Sherry Bunin. Our Child Press. Six-year-old tells what is like to be adopted in a multiracial family. For children ages 4-8.

The Mulberry Bird. 1996. Anne Braff Brodzinsky. Perspectives Press. A book for elementary school-age children.

Sams Sister. 2004. Juliet Bond and Dawn Majewski. Perspectives Press. A read-aloud book for children who have birth siblings living in another family.

Teenagers Talk About Adoption. 1989. Crook, Marion. Seven Hills Books. Based on interviews with more than 40 adopted teens in Canada, this book conveys the feelings they have about their birth parents, being adopted, and the attitudes of other toward adoption.

Tell Me Again About the Night I Was Born. 1996. Jamie Lee Curtis. Harper Collins. Helps children understand the excitement of adoptive parents awaiting a child.

Tell Me a Real Adoption Story. Betty Lifton and Claire Nivola. 1993. Alfred Knopf Publishing Co. A book for children ages 6-12 regarding identity formation.

Twenty Life Transforming Choices Adoptees Need to Make. 2003. Sherrie Eldridge. Pinon Press. Book for older teens and young adults. Reads like a novel while addressing adoption issues.

We See the Moon. 2003. Carrie A. Kitze. EMK Press. A book for young school-age children adopted from China.

When You Were Born in China. 1997. Sara Dorow. Yeong and Yeong. A book to help children adopted from China understand their histories in a realistic way.

Who Is David? 1985. Evelyn Nerlove. Child Welfare League of America. An excellent novel about an adolescent adoptee struggling with identity who participates in a support group for adopted adolescents.

You Be Me, Ill Be You. 1990. Pili Mandlebaum. Kane/Miller Book Publishing. A bi-cultural child decides she dislikes her brown skin. Her father devises a creative alternative.

Zacharys New Home. 2001. Geraldine Bloomquist and Paul Bloomquist. Magination Press. A book to help children learn to trust after abuse.

MULTICULTURAL RESOURCES FOR PARENTS AND CHILDREN

40 Ways to Raise a Nonracist Child. Mathias & French, A frank and important guide for black and white parents who want to teach their children to shun prejudice, narrow-mindedness, and hatred.

The Black Parenting Book. 1999. Beal, Ann C., M.D., M.P.H.; Villarosa, Linda; and Abner, Allison. A book that presents information on raising Black children with a healthy racial identities.

Multicultural Teaching. Teidt & Teidt, Extensive book lists.

Peoples of the World. Trundle, Roma. Usborne Publishing. 32 pages of color illustrations and information about many cultures (ages 6-12).

Raising Black Children. Comer and Puissant,

Raising the Rainbow Generation. Hopson & Hopson

We Don't Look Like Our Mom and Dad. Sobol, Harriet. Story about two Korean boys. (ages 3-10)

WORKBOOKS &ACTIVITY BOOKS

Hands Around the World, Susan Milord, Williamson Publishing, Charlotte, VT. Plants, stories, crafts, cooking, songs and dances to build cultural awareness.

The Kids Multicultural Art Book. By Alexandra Terrain. Williamson Publishing, Charlotte, VT. Roots, rhythms, and traditions found in art in a hands-on experience (ages 3-9)

International Children, by Karen Sevaly , Teachers Friend Pub., Riverside, Ca. Customs, costumes, and flags of 22 nations.

Small World Celebrations, by Jean Warren & Elizabeth McKinnon, Warren Publishing, Everett, WA. Art, games songs and snacks to introduce children to holidays and festivals around the world.

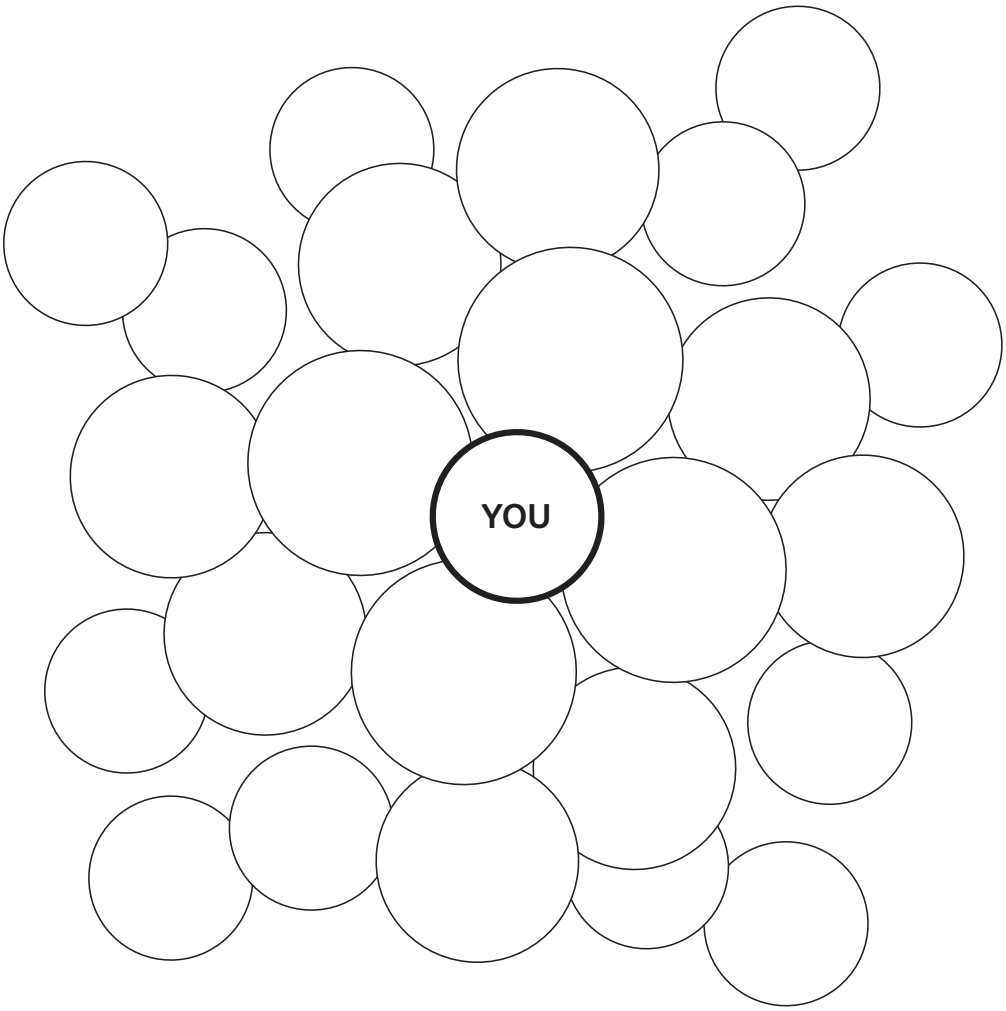
class

8

Transcending Differences in Placements

COLLECTIVE MEMBERSHIP

Instructions: Put your name in the center circle. Begin with the circles closest to your name and list groups which you consider yourself to be a member. Beginning with the groups that are the most important to you and moving out to those groups of which you have membership but are not very influential in your life. You may also indicate individual characteristics and/or life experiences that have influence your identity.



PACT'S POINT OF VIEW

10 WAYS TO HELP SCHOOL-AGED CHILDREN HANDLE RACISM

- Admit that race will be a factor in the way a child of color is treated, and point out examples in history and daily life. Racism exists and it cannot be denied

- Agree that racism is unfair, and promise that you will not tolerate such behavior within your sphere of influence. Practice different responses and let him practice his responses too, so that he is prepared to handle racism when it comes up. This is a safety issue; without practice, your child becomes more vulnerable.

- Kids develop new problem-solving skills in middle childhood. When your child says she has been teased or excluded because of race, encourage her to use these skills. Help her to express her feelings and explore short-term and long-term consequences of her possible response. Calmly ask her to say what happened, how she feels, what she did, what else she might have done, and if she has any plans for continued responses. Ask what she would do if it happened again.

- Ask whether you should do anything. Its important for kids to feel capable of handling their own problems-especially as they are learning about being treated unfairly because of race. If possible, help her feel about to handle it without adult protection (particularly from a white

adult). That said, it is also critical that children know that their parents are absolutely prepared to take their side and be their ally-if they have something in mind for you to do, be responsive and helpful.

- Elementary school kids are information gatherers. This is an ideal time to provide her with opportunities to gather realistic images and history of her racial heritage. Otherwise, she might be defenseless against stereotyped images of her race and feel bad about herself.

- Your child's growing ability to categorize and understand increasingly abstract concepts can help her to integrate seemingly contradictory ideas. Help her to learn that all racial groups have both good and bad historical figures, and have made both positive and negative contributions to the world. She will arrive at a deeper understanding of how she can be both Mexican and American or both black and white.

- Make sure that she is able to talk to other people of color who have had similar experiences and can provide new ideas on how to react. Without this exposure the only role models for children adopted transracially will be narrow, generally negative stereotypical characters on television shows and the movies.

- Notice the messages you send in real-life situations: when you walk past a homeless person, when a fundraiser rings your doorbell, or when a person with physical differences serves you. Since none of us is bias-

fee, its useful to discuss with our kids the responses that may have been inappropriate or confusing. Soon your child will let you know when your bias is showing.

- If you child resists getting to know other people of color because she has not had enough experience outside of an all-white group to feel comfortable, insist that she participate anyway. She needs to break her isolation to develop skills to cope with racism as much as she needs food and water.

- Demonstrate your acceptance of diversity of all kinds-religious, economic, political, and social-and make fighting racism and other injustice a person matter for you, not just for your child.

From Pact, An Adoption Alliance, 5515 Doyle Street, Suite 1, Emeryville, CA 94608 (510) 243-9460 pactadopt.org Originally published in Adoptive Families Magazine, 2014

TRANSCENDING DIFFERENCES IN PLACEMENT

PREPARING YOUR HOME & COMMUNITY

SMALL GROUP QUESTIONS: THE HOME

ENTRY WAY — WELCOMING OF A NEW CHILD/YOUTH

- A sense of safety is very important for a child coming into a new home. What kinds of things can a family do to help a new foster child/youth feel safe?
- How will a foster child/youth know you respect him and his uniqueness?

FAMILY ROOM — FAMILY LIFE WHERE EVERYONE IS INCLUDED

- What are some areas of family life for which rules and expectations must be set?
- How should a family prepare for the flexibility foster care will require?

KITCHEN/DINING ROOM — ITS ALL ABOUT EATING

- What are some areas of mealtime/eating life for which you might want to set rules or expectations?
- What things might a family do to ensure that the foster child's food preferences or restrictions are considered in meal planning?

BEDROOM & BEDTIME RULES AT YOUR HOME

- What are things to consider when setting rules and expectations around sleeping arrangements?
- What are things to consider when setting rules or expectations about the appropriate use of bedroom space?

BATHROOM HYGIENE & PERSONAL PRESENTATION

- What are some areas around hygiene and appearance for which you might want to set some rules or expectations?
- What are some areas around personal privacy that are important to consider?

LARGE GROUP QUESTIONS: COMMUNITY & SCHOOLS

- What schools will your children attend?
- Have you communicated your plan to become a foster parent with the school(s)?
- Does the school welcome newcomers?
- What kind of support can you expect from the schools your foster kids will attend?
- How do they address special needs of children?
- How will you need to advocate for your child?
- What range of diversity is represented among students, teachers, administration, and staff?
- Which office or department is charged with advocating/addressing diversity issues? Do their policies and programs reflect commitment to honoring diversity?
- In what ways is diversity (in general) visibly recognized and/or supported as positive?
- To what extent is my foster child's diversity recognized, supported, celebrated, and/or accommodated when requested?
- What is the schools policy toward bullying?
- What is the schools policy toward discrimination?
- Does the school demonstrate support and respect for foster children and their right to privacy?
- Does the school accommodate special diets, holidays, and practices that children might come with?
- How will I advocate for my foster child if he/she identifies as _____ ?

- What will I do if my foster child encounters barriers at school to getting his/her needs met?
- What will I do if I meet with resistance, or with a school that simply does not have the desired resources?

LARGE GROUP QUESTIONS: RELIGIOUS INSTITUTIONS

- What are the religious institutions in your community?
- What is the openness of your community to different beliefs and faith traditions?
- If you child is of a faith tradition different from yours, are there nearby religious institutions in your community that practice your child's (or his/her familys) faith tradition? What if there are institutions, but not nearby?
- If you attend a place of worship, how will you decide whether or not to introduce your child to your place of worship?
- If your child attends your place of worship, how will you respond if others try to change his/her religious base?
- What if your child does not want to go to your place of worship?
- What if your child does not want to go to the place of worship that his/her parents have requested?
- What if your child wants to go to a place of worship of his/her own beliefs (and not of his/her parents)?
- What if you child is religious and your family is not?
- What if your child says that he/she is atheist and your family is not?

LARGE GROUP QUESTIONS: COMMUNITY & SOCIAL GROUPS

- What community/social groups will your children participate in?
- Have you communicated your plan to become a foster parent with the community/social groups you engage with?
- Do the community/social groups welcome newcomers?
- What range of diversity is represented among your community/social groups?
- In what ways is diversity (in general) visibly recognized and/or supported as positive?
- How will you address each other in public settings?
- Do the groups your family belong to welcome diversity?
- What new groups do you need to become involved in to foster healthy identity for the child?
- How will you educate your foster child about safety issues related to their identities (race, ethnicity, sexual orientations, and gender identity)?
- How will your family manage situations where you will be treated differently because of the children who are now part of your family?
- How will you address situations where your foster child/youth is discriminated against or victimized because of the color of his skin, sexual orientations, gender identity, or religious beliefs?

READINESS TO BECOME A FOSTER PARENT THAT EMBRACES DIVERSITY CHECKLIST

- ___ I embrace the value that diversity brings to my life and the life of my family.
- ___ I have spent time exploring my identity (collective memberships) and the impact they have in how I see the world and how I make decisions.
- ___ I acknowledge that children/adolescents that come to live in my home will come with their own identities and worldview.
- ___ I am prepared to embrace and respect the diversity of my foster child.
- ___ I have prepared my children and extended family to embrace and respect the diversity of the children/adolescents that come to our home
- ___ My home environment and family life will reflect our multicultural family.
- ___ I am prepared to help my foster child develop a healthy self-identity.
- ___ I am prepared to discuss issues of racism and discrimination with my family and with my foster child.
- ___ I am prepared to speak out against racial, ethnic, and cultural intolerance within my family, friends ,and community.
- ___ I am prepared to advocate for my foster child as needed.

In partnership with Utah Division of Child & Family Services