

# **Foster PRIDE/Adopt PRIDE**

## **Relative Caregiver Pre-Service Training**

### **Session I**

# **Foster/Adopt PRIDE**

## **5 Essential Foster Care Competencies**

1. Protecting and nurturing children;
2. Meeting children's developmental needs and addressing developmental delays;
3. Supporting relationships between children and their families;
4. Connecting children to safe, nurturing relationships intended to last a lifetime;
5. Working as a member of a professional team.

## **Session One Resource 1-A**

### **Competencies**

Prospective Relative Caregivers:

- Know how physical abuse, sexual abuse, neglect, and emotional maltreatment affect attachment.
- Know the conditions and experiences that may affect attachment.
- Understand the importance of respecting children's connections to their birth parents.
- Understand the concept of permanence for children and why children in family foster care are at risk for not being connected to lifetime relationships.
- Understand that reunification is a primary child welfare goal, and know the circumstances that would contribute to the selection of each permanency goal.
- Understand the reunification process and how children, their parents, and relative caregivers may experience a child's transition from a relative caregiver to the birth parent.
- Know the categories and types of loss, responses to loss, and the factors that influence the experience of separation, loss, and placement.
- Know the effects of separation and loss on children's feelings and behaviors.
- Know how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement.
- Can apply an understanding of separation, loss and grief to the adoption process.

### **In-Session Learning Objectives**

As a result of their participation in this training program, relative caregivers will be able to:

- Explain how child maltreatment impacts attachment

- Explain how attachment is affected when needs are not met.
- Identify the conditions that contribute to delayed development
- Describe how a child's difficulty with attachments may be compounded by the placement process.
- Identify ways to strengthen attachment between children and their caregivers.
- Describe concurrent planning practice.
- Identify the circumstances that would contribute to the selection of each permanency goal.
- Explain why dealing with loss and separation is very challenging work.
- Explain how reactions to expected losses may differ from reactions to unexpected losses.
- Define and explain the three major categories of loss.
- Identify losses that birth families, relative caregivers, and adoptive families experience because they are involved in the child welfare system.
- Describe the Pathway Through the Grieving Process.
- Provide examples of how children behave and react as they respond to grief.
- Identify ways to deal with behaviors and reactions of children who are responding to grief.
- Describe the process of developmental grieving and its importance when children are adopted.
- Describe the Loss History Chart, and how it can help people understand loss.

### **At-Home Learning Objectives**

Through reviewing, at home, the information in their PRIDEbook, caregivers will be able to:

- Describe how losses related to separation and placement affect child growth, development, feelings, and behaviors.

- Identify some ways to help children through the grieving process according to their age and stage of development.
- Describe the importance of understanding a child's loss history.
- Identify issues affecting their ability and willingness to work effectively with birth parents, based on the information obtained from this session's A Birth Parent's Perspective.
- Identify specific ways to support a child's safety, permanence, and well-being.
- Understand the Juvenile Court System and how youth enter it.
- Know your rights and responsibilities as a caregiver with regard to the Juvenile Court System.

**Session One  
Agenda  
Resource 1-B**

**Part I: Welcome**

- A. Participant Introductions
- B. Use of the PRIDEbook
- C. Review of Competencies and Objectives
- D. Housekeeping
- E. Expectations and Exploration
- F. Releasing Activity

**Part II: Overview of Attachment**

- A. Child's Experience of Abuse and Neglect
- B. How Meeting Developmental Needs Leads to Attachment
- C. The Impact of Maltreatment and Trauma on Attachment
- D. Activity

**Part III: Permanency Planning**

- A. Dual Mandate
- B. Adoption and Safe Families Act
- C. Key Components, Concurrent Planning
- D. Importance of Permanence

**Part IV: Loss and Grieving**

- A. The Experience of Loss
- B. The Pathway through the Grieving Process
- C. Developmental Grieving
- D. The Important Role of Caregivers
- E. Loss History Chart

- Part V:      Closing Remarks**
- A. Summary and Questions
  - B. PRIDE Connections
  - C. Preparing for Session Two
  - D. Birth Parent's Perspective

## **Welcome and Introductions**

### **Participant Introductions**

Prepare a "Name Tent" with the paper provided and place it on the table in front of you.

You will have an opportunity to introduce yourself to the other participants in the class. Be prepared to share the following:

Name?

Who is the child that is placed with you?

What do you hope to learn in this training?

### **Expectations and Exploration**

- In order to insure that you get the most out of this training, share what you expect to receive from this PRIDE training. Also, this is a time you may ask some of your pressing questions. Write any questions that will be answered during the sessions on a post-it and place them on the Parking Lot.

Use the space below to take notes.



## **Resource 1-C**

### **RELATIVE CAREGIVER'S PERSPECTIVE**

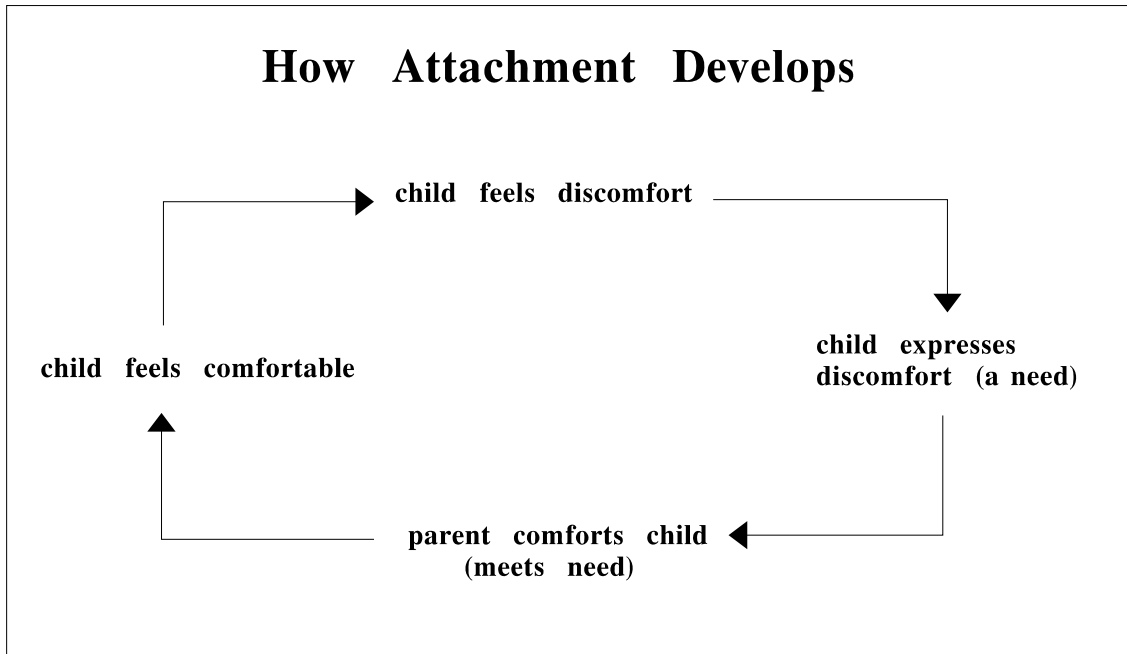
My name is Tanya and I am the mother of three grown children and the grandmother of nine. My oldest daughter is a single mom, works full-time and raises her two daughters by herself. She works at a pharmacy and is doing well. My son, my second child, is married and has three kids. He and his wife live about an hour away. He works at a bank in his town and his wife stays home with their kids. He is also doing well. My youngest daughter is who I am here to tell you about.

Her name is Monica and she is 24. She was a good kid and did well in school, up until she was a sophomore in high school. She started hanging out with the "wrong crowd" and things changed. Her grades dropped, she didn't want to be around the family, she became disrespectful, and then she became pregnant. She had Joshua when she was seventeen. I knew she had "tried" a few drugs, but nothing big. When Joshua was born she seemed like she really wanted to get her life together. She started doing better in school, being more pleasant around the house, and really loved her son. That lasted until Joshua was about six months. She would stay out all night, sometimes with the baby and other times she would leave him with me. Then she told me she was pregnant again! What was she going to do with two babies when she couldn't even take care of herself? When Joshua was about a year I got a call at work from DCFS asking if I could come pick-up Joshua at daycare. Tanya was apparently high when she dropped him off and they noticed he had a bruise mark on his leg. I went and picked him up and that was the start of this whirlwind I am on. Tanya had the second baby, a girl. She also had two more babies, both boys. I am now raising my four grandchildren, ages 7, 5, 3, and 1. They went back and forth between her and me for a few years, but it looks like for now they are staying with me.

Things are rough between Tanya and me and her kids. I supervise her visits with her babies. Sometimes she comes and sometimes she doesn't. She expects to be able to see them whenever it is convenient. The last visit she showed up an hour late, smelled like alcohol, and brought her new boyfriend who I have never met. The caseworker tells me I need to be firm, but fair. This is not what I imagined for my daughter, my grandbabies, or myself.

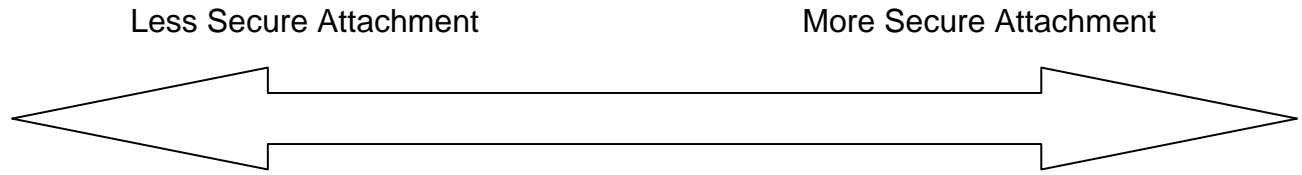
I am still trying to figure this out, but I am sure glad I get to remain a part of these four precious children's lives!

## Resource 1-D



## Resource 1-E

### The Impact of Maltreatment and Trauma on Attachment



#### Group Activity:

We are going to conduct an activity that will help us identify other behaviors that we may see in children who are on the continuum of less secure/more secure attachment. Please discuss in your small group your assigned question and be prepared to report your responses to the larger group.

1. What behaviors might you see in a child that is securely attached?
2. What behaviors might you see in a child that is in the range of less than secure attachment?
3. What might a caregiver do to promote attachment with a child in their care?

## **Resource 1-F**

### **Important Provisions of the Adoption and Safe Families Act**

The Adoption and Safe Families Act of 1997 was passed to improve the safety of children, to promote adoption and other permanent plans for children who need them, and to support families. Some of the law's provisions that will affect permanency planning include the following:

1. Reasonable efforts must be made to preserve families before children can be placed in foster care, and to reunify families and make it possible for children to return home safely. Children's health and safety must be the paramount concern throughout this process.
2. Agencies do not have to make reasonable efforts to reunify families under certain specific circumstances when the child or a sibling has been severely abused or the parent has previously had parental rights terminated. In these cases, a permanency hearing must be held within 30 days and the state must make reasonable efforts to place children permanently in families.
3. Permanency planning hearings must be held within 12 months of children's entry into care. At the hearing, a permanent plan must be determined. The plan may be reunification, adoption, guardianship or other planned permanent living arrangement.
4. A petition to terminate parental rights must be filed on behalf of any child, regardless of age, who has been in foster care 15 out of the last 22 months. Exceptions can be made if the child is cared for by a relative or there is a compelling reason why filing is not in the best interest of the child.
5. States are permitted to place children for adoption or in other permanent placements concurrently with the efforts to reunify the child with his or her family.
6. Foster parents, pre-adoptive parents, or relatives caring for children must be given notice of and opportunity to testify at any reviews or hearings involving those children.

## Resource 1-G

### Key Components of Concurrent Planning

1. The primary goal for every child is **early permanence**, which places priority on children's developmental needs.
2. Honesty, or **full disclosure**, with the birth parent is a key component of concurrent planning. The social worker informs the birth parents that the goal is early permanence through reunification if possible, but if not, through an alternative permanent plan. The social worker also educates parents about how temporary placement is damaging to their children.
3. Early in the history of the case, the agency makes a **diligent effort to locate absent parents or any relatives** who can take care of children.
4. The agency **initiates intensive services for the birth family early in the case** to assist them toward reunification.
5. Emphasis is placed on **frequent visits** between the parent and child because this helps them maintain their attachments to each other.
6. The agency works toward **reunification and establishes an alternative permanent plan concurrently**, that is, at the same time. These are sometimes called "Plan A" and "Plan B." When the possibility of reunification seems good, Plan B is usually considered a back-up plan that will only be implemented if the situation deteriorates. However, in cases where the agency considers successful reunification unlikely, Plan B may be implemented immediately upon placement, such as when children are placed with families who will work toward reunification but also make a long-term commitment to the child.

## **Resource 1-H, page 1**

### **Permanence Means**

- Having a sense of one's past
- Having a legal and social status that comes from being a family member
- Having safe, nurturing relationships meant to last a lifetime

### **Options for Lifetime Relationships**

#### **Return Home**

- Children return to the care of their birth parents with the same family-member status that they had before placement.
- The agency may stay involved to support families and to make sure that children are protected and nurtured.
- The birth parents resume all parental responsibilities.

#### **Adoption**

- Adoption may be by the foster parents, kin, or a new family.
- Adoption transfers custody from the agency to the adoptive parents and transfers all parental rights permanently to the new parents.
- The birth parents' rights are terminated.
- The adoptive parents are financially and legally responsible for the children they adopt, although adoption subsidies may be available.
- Usually, but not always, the child's name is changed to that of the adoptive family.
- Children have the same status as if they were born into the family.

#### **Guardianship**

- Guardianship transfers custody from the agency to the guardian and transfers most parental rights and responsibilities to the guardians.
- Foster parents, kin, or a new family may assume guardianship.
- Birth parents' rights are not permanently terminated by the guardianship.
- Usually, the child's name is not changed.
- The birth parents or others can contest guardianships, and the guardian can ask for revocation of the guardianship.

## **Resource 1-H, page 2**

### **Independent Living**

- Independent living is the goal chosen for youths who will remain in the custody of the agency until emancipation or “aging out.”
- When a goal of independent living is chosen, the agency develops a plan to prepare the young person to learn the skills necessary to function independently as an adult.

### **Substitute Care**

- Children remain in the custody of the agency.
- Children cannot be adequately cared for in a home environment and require residential, group, or hospital care.
- Efforts are made to provide continuity of care with the least disruption possible.
- The child's name is not changed.
- Birth parents' rights are not terminated by this action.

### **Continuing Foster Care Goals**

The Court may select the goal of “continuing foster care” if:

- DCFS has custody and guardianship
- Court has ruled out all other permanency goals
- Court has found compelling reasons\*, based on written documentation
- Child has lived in the placement for at least one year
- Caregiver is willing and capable of providing child with a stable and permanent environment

\*Compelling Reasons:

- Child wishes not to be adopted or be placed in guardianship
- Child has extreme level of need such that it would be detrimental to remove child from current placement
- Other permanency goals would substantially interfere with sibling relationship

## Resource 1-H, page 3

### Permanency Planning Activity

Jot down answers to each of the following questions on a separate piece of paper

- What do you plan to do tomorrow?
- Who do you plan to have with you tomorrow?
- What do you want to be doing one year from now (personally or professionally)?
- Who do you plan to have with you?
- What would you like to accomplish in the next five years?
- Who would you like to have sharing your accomplishments?

Adapted from Mathews, J. (August 1993). Module IIA: Permanency Planning Goals and Services. In: *Specialized Core for Intact and Placement Workers*, Illinois Department of Children and Family Services. Washington, DC: CWLA.



## Resource 1-I

### Defining Loss

Losses generally fall into two categories: those that are an **expected** part of the human life experience, and those that are **unexpected**, that we hope won't happen to us.

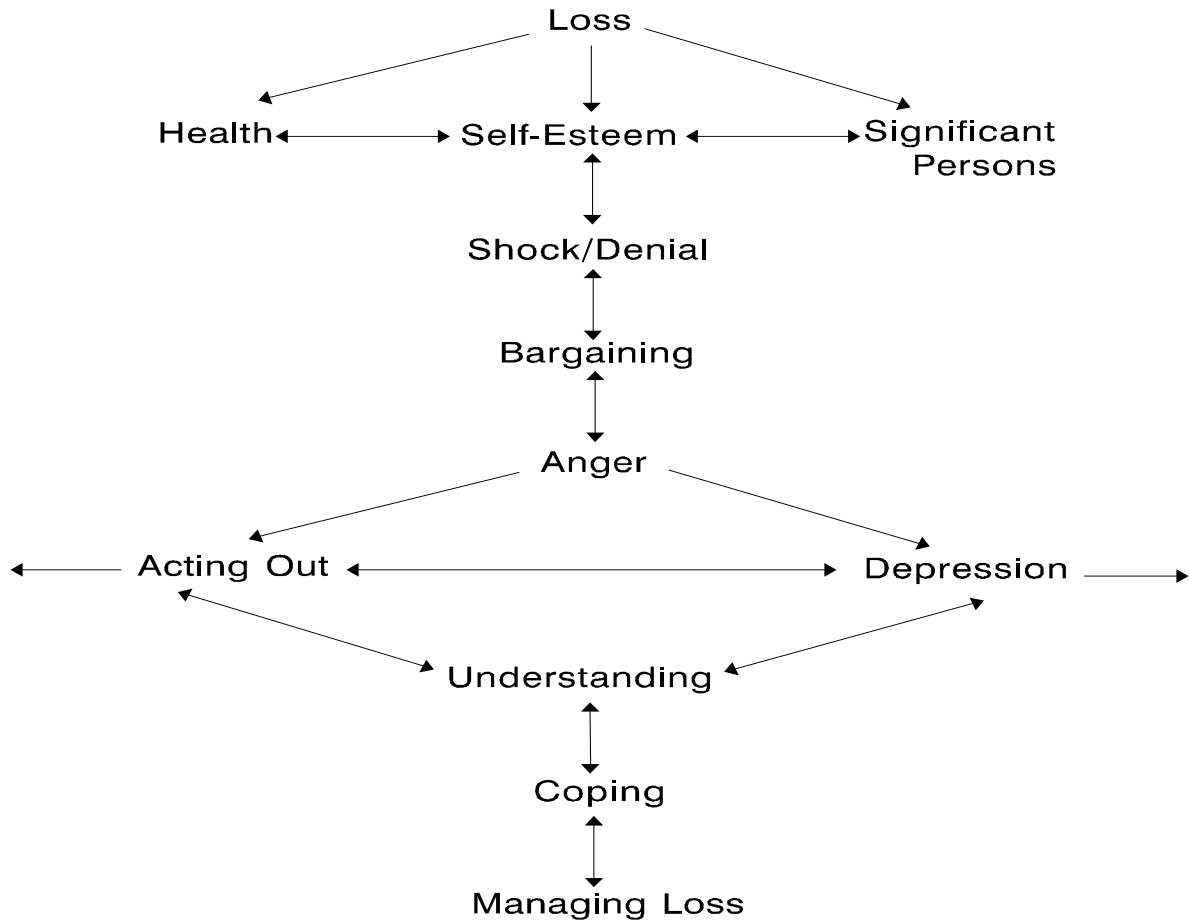
- *Unexpected* losses are often more painful because they are not seen as a normal part of the life course.

Loss can also be divided into three types:

- First, there's loss of health, both physical and mental.
- Second, there's the loss of a loved one, whether through death, or divorce, or infertility because of the baby one could never have.
- Third, there's the loss of self-esteem, when we feel shame or hurt.

## Resource 1-J

### The Pathway Through the Grieving Process\*



**Note that responses to grief may not occur in orderly progression as outlined above. In fact, many people go back and forth from one response to another, or may even exhibit several responses within the same day.**

\*Adapted from Pasztor, E.M. Premise #1 Activity: The Pathway Through the Grieving Process. In *University of Oklahoma Advanced Training Course for Residential Child Care Workers*. Tulsa, OK: University of Oklahoma National Resource Center for Youth Services.

See also Pasztor, E.M., and Leighton, M. (1992). *Helping Children and Youths Manage Separation and Loss, Homeworks #1 (At-Home Training Resources for Foster Parents and Adoptive Parents)*. Washington, DC: Child Welfare League of America, 13.

## Resource 1-K

### Common Behaviors to the Responses of Grief and Loss

1. Shock/Denial (Protest)	Crying, blocking out the loss or abuse, denial of loss or abuse or the situation, "Honeymoon phase" (compliant), show little or no emotion, refuse to eat, trouble sleeping, continually asking to go home.
2. Bargaining	Inappropriate behaviors with the intention of getting moved back home or "perfect" behavior for the same reason, blaming self or others for the situation.
3. Anger (Acting out)	Temper tantrums, fighting, destroying property, stealing, lying, yelling, self-mutilation, harming animals, doing drugs, drinking alcohol, wetting, soiling, using profanities.
4. Anger (Depression)	Excessive fear, clingy, withdrawn, nightmares, suicidal gestures, poor school performance, poor hygiene, substance abuse, sexual promiscuity, lack of feelings, lack of interest in activities.
5. Understanding	Begin to let go of the feelings of grief, understand what happened and why, able to express why they feel the way that they feel.
6. Coping	Having a sense of hope for the future, may feel a sense of having changed or grown.

All foster children will experience loss and go through the grieving process. However, there may be other underlying issues that present the same behaviors. Always consult your caseworker or therapist if you have concerns over these behaviors.

## **Resource 1-L**

### **The Important Role of Caregivers:**

What can a relative caregiver, foster parent or an adoptive parent realistically do?

- Recognize that by the time children who have been physically abused, sexually abused, neglected, or emotionally maltreated get to foster parents or adoptive parents, they may have very confused ideas about parent-child relationships.
- Know that it will take a team of persistent and skilled foster parents or adoptive parents, social workers, and perhaps therapists to help children change their ideas and form healthy attachments.
- Demonstrate to children, 24 hours per day, seven days per week that:
  - Their needs and feelings are important.
  - They are going to be cared for.
  - Their needs can be expressed and met in positive ways.
  - Parents and other adults can be consistent, and can be trusted.
- Talk honestly, openly, and directly with the child's social worker about concerns and problems.

## Resource 1-M

### Completing a Loss History Chart

The loss history chart has five columns. We start filling in the chart by listing the first loss we know a child experienced, how old the child was at the time of the loss, and the type of loss he or she suffered. The special circumstances of the loss are also noted, because we have just talked about how circumstances can affect how children experience separation or loss.

The fourth column of the chart, "Effects on Child/Youth," asks us to think about how the loss may have affected the child's development. We are looking for connections between the loss, and the child's behavior and developmental delays.

The last column of the chart, "Help the Child Received," can give us a clue as to how well the child may have been able to grieve the loss.

Frequently, there are gaps in the information we have about children and their experiences, and we indicate this by writing "Unknown."

We complete the chart by listing all the experiences of loss for the child in the order they occurred, right up to the child's current situation.

### Child's Loss History, Resource 1-M, pg 2

Name:

Date:

Age When Loss Occurred	The Losses You Experienced: (Remember that losses can include an important person in your life, health, or your sense of safety and self-esteem.)	What Happened? (What were the circumstances of the loss?)	Help You Received	Effect of the Loss on You

Passtor, E. and Leighton, M. *Homeworks #2, At-Home Training Resources for Foster Parents and Adoptive Parents: Helping Children and Youths Develop Positive Attachments*. Washington, DC: Child Welfare League of

**Kevin's Loss History Chart, Resource 1-M, pg 3**

<b>Age at Time of Loss</b>	<b>Type of Loss</b>	<b>What happened?</b>	<b>Effect on Child/Youth</b>	<b>Help Received</b>
8	Self-esteem and health; Physical abuse	Kevin's mother used drugs and whipped him with a belt and board resulting in bruises and lacerations	Kevin blamed himself and worried about who would take care of his mother	Child protection worker talked to Kevin and referred him to counseling to help him to understand the abuse
8	Significant other; separated from mother	Child protection worker took Kevin from school; Kevin was very scared	Kevin worried about his mother, was very angry in the foster home	Same as above
9	Significant other; separated from foster family Self esteem and well-being; separated from school	Return home was planned	Kevin had very conflicting feelings about leaving the foster family and going home to his mother	Foster care team implemented planned transition; Kevin continued counseling; school personnel helped him move to new school
9	Significant other; Separated from mother	Mother was unable to continue in her drug treatment and Kevin re-entered care	Kevin blamed himself for his mother's relapse	Child protection worker talked to Kevin; Kevin continued counseling

**Kevin's Loss History Chart, Resource 1-M, pg 4**

<b>Age at Time of Loss</b>	<b>Type of Loss</b>	<b>What happened?</b>	<b>Effect on Child/Youth</b>	<b>Help Received</b>
10-12	Significant others; left shelter and foster families	Kevin had planned moves from shelter to foster home, and to his pre-adoptive family; each move involved a new school system	With each move Kevin had more difficulty making the adjustment; he continued to worry about his mother	Counseling continued
	Self-esteem and well-being; cultural affiliation	Kevin's placements did not always reflect his cultural heritage	Kevin denied that there was any effect; he asked not to continue with the Big Brother	Kevin had an African American Big Brother for a short period
15	Significant other; Kevin ran away from pre-adoptive family	Kevin ran away a month before the adoption finalization	Kevin began to engage in high risk behaviors	Unknown
15-16	Self-esteem and well-being and health.	Kevin has been injured on several occasions has repeated viral infection, and is scapegoated by other street people	Kevin in denial about the consequences of his behavior; he readily agrees to go live with another foster family; Kevin very agreeable to services and appears motivated	Mobile health clinic provides medication; Street Worker from local church befriends Kevin; police connect Kevin back to agency when he is arrested for stealing food.



## **Closing Remarks**

### **A. Summary and Questions**

### **B. PRIDE Connection**

- You will complete a Loss History Chart and an exercise on your experience with discipline as your PRIDE Connections for this training. Please return the white copy of your PRIDE Connections to your licensing worker the next time you meet. The yellow and pink copies are for your records. There is also a copy of your PRIDE Connections included on Resource 1-O of this manual.

### **C. Preparing for Session II**

- Remember to bring your Participant Manual to the next scheduled time for Session II. Also, remember to be on time!!
- Read “Letting Go Was Best for Both of Us”, a Birth Parent’s Perspective (Resource 1-N) before Session Two. We will begin Session Two with a discussion of this reading.
- Key Points, Resource 1-P
- You Need to Know, Resource 1-Q

## Resource 1-N

### A Birth Parent's Perspective **"Letting Go Was Best for Both of Us"**

When Bennie was just born, I was 15 years old and living at home. My momma said she'd get up at night to feed him and soothe him back to sleep and she did. I was in school. He was little, cuddly and cute, and I would take him to teen parenting classes every day. At night momma took over and fed him, bathed him and got up in the middle of the night as well. Then Bennie started to walk and talk and say, "No." He wanted to do everything his own way and be a "big boy." It got harder and harder to make it to school day care. I still had one semester left before graduation.

Momma needed to return to work and her time with Bennie changed. It was all on me now. I was so tired that I couldn't get up in the morning. I started missing school and sleeping a lot. Bennie just wanted me all the time. He got me really mad lots of times. That's when the spankings started.

He stopped coming to me for things he needed. It got pretty bad between us. I knew this wasn't the right thing. The more frustrated I got, the more screaming and demanding Bennie was. That's when I started drinking and it got more difficult for him and for me after that. I love Bennie. I loved the idea of having my own baby and being on my own. But doing it all was almost impossible. Dressing him every day, money, food, school, homework...and every single day!

It became impossible. Someone at church noticed bruises on Bennie. The agency came in then and things got more complicated. I want you to know that I loved Bennie and tried as long as I could. It was just too hard for me. I'm still sad and I'm angry too at myself, at the school people, and at Bennie for not being a better boy. It got worse the older he became.

I hope you can give him the time and help I couldn't. He's almost four now, he has some problems in pre-school with other kids and I still have my GED to finish. Maybe someday you can help him understand how this got harder and harder for me.

Letting go was best for both of us. It still hurts though.... Maybe it always will. But I hope Bennie's future is better for knowing I tried for as long as I could.

## **PRIDE Connection, Resource 1-O**

### **Loss History Chart**

In training you learned how difficult life experiences can delay child growth and development. These may also be viewed in terms of loss:

- The loss of physical or intellectual ability by genetic or parenting conditions, disabilities, or accidents and trauma.
- The loss of physical and emotional safety by physical abuse, sexual abuse, or neglect.
- The loss of self-esteem and nurturance by emotional maltreatment.
- The loss of positive social interactions because the children are learning from adults who model or teach inappropriate behaviors.

You've learned how children feel about these losses, how loss can affect their behaviors, and how adults can help children who have had these experiences.

Many potential foster parents and adoptive parents have experienced such losses themselves. Think about the losses you experienced in your early life, what happened, how you felt at the time, and what help you received from others.

A Loss History Chart is attached to this PRIDE Connection. It will help to illustrate the information you are being asked to think about now. When you meet with the Family Development Specialist/licensing worker for a mutual family assessment, you will discuss the Loss History Chart together and how you grieved some of these losses. You and the Family Development Specialist will work together to assess the strengths or needs related to the foster parenting or adoptive parenting role that result from your experiences.

**PRIDE Connection, Resource 1-O, pg 2**

**Name:**

**Date:**

**Family Development Specialist:**

<b>Age When Loss Occurred</b>	<b>The Losses You Experienced: (Remember that losses can include an important person in your life, health, or your sense of safety and self- esteem.)</b>	<b>What Happened? (What were the circumstances of the loss?)</b>	<b>Help You Received</b>	<b>Effect of the Loss on You</b>

Passtor, E. and Leighton, M. *Homeworks #2, At-Home Training Resources for Foster Parents and Adoptive Parents: Helping Children and Youths Develop Positive Attachments*. Washington, DC: Child Welfare League of America.

**Resource 1-O, pg 3**  
**PRIDE Connection**  
**Experiences with Discipline**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Family Development Specialist: \_\_\_\_\_

Using appropriate and effective discipline is one of the most important responsibilities for foster parents and adoptive parents.

How you experienced discipline in your own childhood and your experiences with discipline as an adult and/or as a parent, helps to give some ideas about how you will discipline children who are placed with you.

**Your Childhood and Discipline**

Think back to your childhood and adolescence.

- How did you learn appropriate ways to get what you wanted?
  
  
  
  
  
  
  
  
  
  
- How did you learn not to hurt others, or not to hurt property?
  
  
  
  
  
  
  
  
  
  
- How did the way you were disciplined make you feel about yourself? Describe both the negative and positive feelings you experienced.

## **Experiences with Discipline as an Adult or Parent**

- How do you discipline children now?
- What methods of discipline do you feel most comfortable with?
- What methods of discipline are you uncomfortable with?

## Resource 1-P

### Key Points Session 1

#### How Meeting Developmental Needs Leads to Attachment

*Human babies are helpless. Their physical survival and development as social beings are based on attachments they form to adult caregivers.*

*Children require loving care and attention if they are to develop into adults with the ability to have trusting and secure relationships with other people.*

Research in orphanages and institutions shows those infants who have all of their physical needs met, but who don't have significant contact with other human beings, experience severe developmental delays, illnesses, and sometimes even die. Children who do not get sufficient attention are at serious risk of mental, social, emotional, and physical delays.

*When the need is met, the infant feels relaxed and comfortable again until the next need is felt; for example, when he needs his diaper changed. As each need is expressed and met, infants develop a sense of trust and attachment to the persons meeting their needs, and a belief that they are worthy of loving care.*

*This cycle is known as the arousal/relaxation cycle, and continues throughout our life. Every time we have a need, express the need, and someone meets that need, we feel attachment to that individual. Eventually, we come to trust that he or she will continue to meet our needs and take care of us. If all goes well, by the time a child is around 18 months of age, he or she will have formed a secure attachment relationship with at least one key person in his or her life, and perhaps with several people. There is no limit to the number of attachments people can develop in a lifetime.*

*Secure attachment leads to trust. You saw in the guided imagery that Baby Amanda or Andrew developed a healthy attachment to his or her parents and then was also able to develop attachment and trust with friends of the parents. You may also remember that the parents of Baby Amanda or Andrew had supportive families who had eagerly awaited the baby's arrival.*

*Attachments remain important to us throughout our lives. That is why a child's experience in forming attachment with his or her caregivers is such an important developmental task.*

## The Impact of Maltreatment and Trauma on Attachment

Many children who need family foster care or adoption experience difficulties in forming attachments. Their behaviors may also make it difficult for adults to feel attached to them.

Trauma impacts neurological and psychological development with long-term adverse effects on attachments and relationships, behavior, and overall development. The impact of abuse and neglect is far reaching and long term. It is the responsibility of the child protection system not only to protect and ensure the child's safety, but to safeguard and support the child's well-being over time.

In thinking about a child's attachment history, it is helpful to look at a continuum that goes from "insecurity" to "security" in relationships. A caring adult who is consistently present and available, responsive to the child's individual needs and supportive of the child's growth and development offers a secure base for the child. Such a base of security allows children to devote most of their energy and attention to learning and growing, knowing that the person or persons they rely on will be there to take care of them, guide them, and keep them safe. An unpredictable, insecure base requires children to give most of their attention and energy to survival and safety. Operating from such a place of insecurity takes a lot of energy away from the normal and important activities of exploring and playing. This is perhaps one reason why insecurely attached children suffer from gaps and delays in development.

There is a wide range of behaviors that we recognize as evidence of secure or insecure attachment. No two children or adults will behave in exactly the same way. But we know that the sooner children have a permanent, safe home with loving caregivers, the sooner they can begin the difficult process of learning that they deserve and can rely on others to really love and care for them.

All children can be helped to make small, gradual steps toward feeling more secure in relationships and in learning to let go of learned patterns of attempting to control others, avoiding closeness and protecting themselves from hurt. This gradual process requires stable, safe relationships that, over time, offer children opportunities to learn that they can be safe in relationships, that people they love won't disappear, and that they are in fact lovable even when their behavior is out-of-control.

## Attachment Disorders

In some situations, children become "attachment-disordered." This means that the child's normal process of attachment has been disrupted, usually because of severe maltreatment and multiple rejections.

In the **most extreme cases**, children with attachment disorders may be severely withdrawn and depressed, very destructive and aggressive, or both. These children need families who can offer them a permanent, safe, and secure environment, and they need therapeutic intervention by skilled social workers, therapists, and possibly



residential treatment along the way. On the continuum, these are the children who fall toward the left end.

## **Dual Mandate**

The first job of the Department is protecting children who are at risk of abuse or neglect. The child welfare system intervenes in families where the risk of abuse or neglect exists and attempts to provide services to ensure that children are protected.

However, when the safety of children cannot be ensured at home, they are placed in family foster care. They may have gained protection, but separation from their families can threaten their sense of connection and continuity—their sense of permanence. The second job of the child welfare system is to ensure that children have permanent families. There is an urgent need for professionals and foster parents to work as a team to make sure that children have permanent families as soon as possible.

## **Purpose of Discussing Loss and Grieving**

- All children who are attached to a parent or caregiver will experience a crisis when they are separated from that person. Even if the parent or caregiver was abusive, an attachment usually remains.
- Separation from that attachment typically is a serious loss for the child.
- Children placed with relative caregivers, foster families and / or adoptive families have changed families at least once or twice and, in too many cases, more often. The feelings that children have about this loss will cause them to behave in ways that indicate they are angry and sad.
- While the child's feelings are appropriate, the behaviors may be harmful to the children themselves, to others, and to property.
- Caregivers need to understand feelings and behaviors associated with loss. This is part of protecting and nurturing children, meeting developmental needs, and addressing developmental delays.
- Finally, loss is what we call an "equal opportunity employer." Each of us probably has experienced some kind of personal loss. Therefore, our own experiences probably will affect the way we help children with theirs.

## **Challenge of Working with Loss and Grief**

- Separation, loss, and grief are painful experiences.
- It makes us uncomfortable to be with children who are sad and angry.
- Other people's grief can remind us of our own painful experiences.
- Our own painful experiences can help or hinder the way we help others.

- Dealing with painful losses can take a long time, sometimes a lifetime.

## **Losses experienced by birth parents and relative care givers**

*Earlier, we said that separation, loss, and grieving were part and parcel of the child welfare system—a shared experience for children; birth families; relative care givers foster families and adoptive families. Let's think about the kinds of losses the experience of foster care and adoption can mean for each of these families.*

1. What are some losses that birth families encounter when their children are placed in family foster care.
  - Loss of a child or children.
  - Loss of home (loss of housing assistance because there are no longer children in the home).
  - Loss of health (for example, drug addiction, AIDS).
  - Loss of spouse, significant other (for example, when a mother leaves a husband who has abused her child).
  - Loss of self-esteem (our society sees people who neglect and abuse their children as horrible and worthless; family members may view the parent negatively).
  - Loss of control, self-direction (for example, they must negotiate for contact with their children; they must meet agency expectations in a particular time frame).
2. What are some losses that relative caregivers might experience:
  - Loss of health (for example, lice and scabies).
  - Loss of family stability/constellation.
  - Losses to their own children in assuming role of foster family (own children receive less of their time and attention, and become siblings to a child who may be very different and difficult).
  - Loss of self-esteem (for example, children who do not respond to us, children whose behavior is difficult to manage, children we feel we fail).
  - Possible loss of status in the community (society is ambivalent in how it values or regards foster families and adoptive families).
  - Loss of important people (the child, when he returns home; the child's other team members we have worked so hard with, such as social workers and therapists).

- Losses to foster parents' own children and extended family when a child placed with them returns home or is placed in an adoptive family.
- Loss of autonomy in parenting (the agency and/or courts may make decisions on behalf of a child).
- Loss of privacy (for example, when a foster family undergoes a particular stress, the agency and birth family share an interest/stake in the foster family's resolution of their problems).
- Time – This may not be what you planned to be doing with your life at this time
- Family decision making – Decisions now involve the agency when it comes to planning family activities
- Control – You are no longer able to be the sole decision maker
- Disappointment in the decisions that your family member made that lead to your relative children coming into care
- Loss of being able to just be Grandma / Grandpa / Aunt or Uncle and now having to be in an everyday all day care giving role.

It seems apparent, as we make our lists, that loss is a shared experience for all the adults and children involved in foster care. One of the basic components of the job of foster parents is helping children deal with their losses.

Team members in the child welfare system have to be able to be good "loss managers." This job of loss manager requires the ability and experience of dealing with our own losses in a healthy way. Being foster families requires being able to help children and their birth families deal with their losses, as well as being able to help ourselves with the inherent losses we and our families will experience in our roles

## **Developmental Grieving**

Even though we identify stages of grief, in reality, most of us find we move from one stage to another and back again while the loss is still fresh. In other words, we go back and forth along the pathway.

We may also find ourselves grieving again, at a later time, even after we understand what happened, have developed some coping skills, and are managing fairly well. This is called developmental grieving.

Here's an example: Perhaps some years ago you were in love with someone, and then the relationship ended. You didn't want it to end, and you were very sad for a long time. Then you got over it. In fact, you have been happily married to someone else for many years. Then, one day, you hear a song on the radio that was your special song with that other person. And, suddenly, to your surprise, you feel sad again.

Developmental grieving can be "triggered" by anniversaries, holidays, birthdays, songs, and foods, or even meeting someone who resembles the person we miss.

Developmental grieving, and moving back and forth along the pathway is very common, especially for children. Children may seem to forget their pain for a while, and then suddenly become very angry or sad.

Once we reach the stage of understanding or coping, we might think we have resolved our loss. Of course this doesn't mean we are happy about it. It just means we are able to continue our lives, and may even have learned more about ourselves and others as a result of the loss experience.

Sometimes adults, and especially children, appear to have accepted a loss, but in reality, they have simply not dealt with it. They have bottled up their emotions and not allowed themselves to feel the pain. Unfortunately, these strong feelings remain and may erupt later.

Some people seem to be bombarded with loss. Before they can grieve one loss, they experience another. Continuous losses, especially without the opportunity to grieve, result in each new loss triggering all the strong yet unresolved emotions from previous losses.

## **Resource 1-Q**

### **You Need to Know In Illinois**

#### **Authority of Juvenile Court**

The Juvenile Court is an impartial forum where, in a hearing, a judge listens to evidence about child and abuse and then decides:

- Whether or not the child's situation calls for coercive State intervention in the family's life, and, if so,
- What intervention is in the best interest of the child.

Juvenile Court proceedings are conducted in all 102 counties in Illinois. Information on the Juvenile Court system in your area can be obtained from the child's caseworker and in the Foster Family Handbook.

The "Juvenile Court Act" defines the purposes of the Juvenile Court as follows:

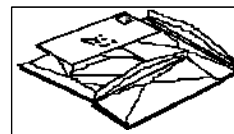
- To secure for the child, care and guidance – preferably in the child's own home – as will serve the moral, emotional, mental and physical welfare of the child and the best interests of the community;
- To preserve and strengthen family ties whenever possible;
- To remove a child from the home only when his or her welfare, safety or protection cannot be adequately safeguarded without removal;
- To direct the Department of Children and Family Services to immediately consider concurrent planning for children removed from their homes;
- To secure for the child when removed, care, custody, and discipline as nearly as possible equivalent to that which should be given by the parent;
- To place, in the proper circumstances, the child in a family home so that he or she may become a member of the family by legal adoption or otherwise;
- To direct the proceedings to promptly gather facts and information bearing on the current condition and future welfare of the child when there are aggravating circumstances which are specifically spelled out in the Juvenile Court Act;
- To administer this Act in the spirit of humane concern not only for the rights of the parties but also from the fears and limits of understanding of all who appear before the Court.

## FOSTER PARENT RIGHTS

The Juvenile Court Act, an Illinois law, governs all juvenile court proceedings. The following rights are given to foster parents under this Act.

### Right: To Notification of ALL Upcoming Court Dates

Foster parents have the right to receive notice of all court dates. Notification may be written or verbal, and is usually given about two weeks in advance to enable attendance. Note: Sometimes emergency or other court hearings can be set on very short notice. Foster parents, in these instances, need to understand the short notice given to them by the worker or other parties. Any foster parent not receiving notice of court hearings may contact the caseworker's supervisor or the agency, or may call the DCFS Advocacy Office for Children and Families for assistance at 800-232-3798.



### Right: To Request to Be Heard in Court

Current and former foster parents of a child have the right to request to be heard in juvenile court. You should request to be heard in court if you have important information for the judge before he/she makes an important decision about the needs or the future of the foster child and his/her family. After requesting to be heard, the judge will allow you to speak if he/she feels the information you share is relevant to the types of decisions being made at that hearing. If you wish, you may also bring an attorney, but it is not necessary.



Many foster parents are hesitant to attend court hearings due to conflicting work schedules or lack of training and experience with court procedures. Sometimes, foster parents are even told they do not have to attend. Remember: If you do not attend court hearings, important actions may be taken without your input.

### Right: To Intervene to Request that the Child Be Placed In Your Home

If, after the court makes a finding that a child is abused or neglected, the court considers returning the child home to the parent/guardian/legal custodian *who abused or neglected him/her*, certain foster parents may petition the court to intervene for the sole purpose of requesting that the child be placed with the foster parent.

To be eligible to intervene, the foster parent must be either the current foster parent or the former foster parent of the child, who has had the child placed with them for one year or more, and not be the subject of any indicated report of child abuse or neglect.

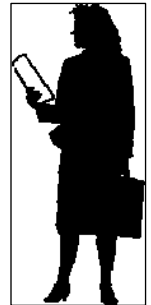
### Right: To File A Writ of Mandamus

If the foster parent requests to be heard at the court hearing, but is denied the right to be heard, the foster parent has 30 days to file a "*writ of mandamus*". The foster parent should have an attorney file the Writ of Mandamus on his/her behalf. If granted, this "mandamus" action allows the foster parent to be heard in court.

## **FOSTER PARENT RESPONSIBILITIES**

### **Responsibility: To Testify Voluntarily or in Response to a Subpoena**

Foster parents may informally be asked to testify in a case or may be served formally with a subpoena requiring them to appear at a court hearing. If you receive a subpoena for your foster child's court hearing, contact the attorney who sent the subpoena to you. The attorney will usually wish to speak with you prior to the court hearing about the testimony you will give at the hearing. The other attorneys on the case may also wish to meet with you prior to the hearing to discuss your testimony and have you answer some questions.



### **Responsibility: To Contact the Child's Guardian Ad Litem, if You Receive a Subpoena for the Child to Testify in Court.**

Subpoenas may also be issued for children to testify in court. If you receive a subpoena for your foster child to testify, immediately call the child's GAL and also notify the caseworker. The GAL may not want the child to appear or testify in court and will need to file a motion asking the judge to *quash the subpoena* (cancel) so the child does not have to appear or testify in court.

### **Responsibility: To Sign A Court Waiver if You Cannot or Do Not Wish to Appear in Court**

If the Public Defender or Guardian ad litem intends to file a motion affecting the status of the foster child, he/she may call the foster parent directly or ask the caseworker to have the foster parent sign a court waiver in advance of the hearing. By signing the court waiver, the foster parent acknowledges that he/she was notified of the court hearing and the court may proceed without them.

*Not all counties use written foster parent waivers.* Foster parents who sign waivers still retain their right to appear and be heard.

### **Responsibility: To Support Your Foster Child Who Must Appear or Testify in Court**

If you feel afraid about going to court, imagine how your foster child feels. Your presence in court can be very reassuring to a child who must face a room full of strangers. Most foster children can benefit from the emotional support of their foster parents.

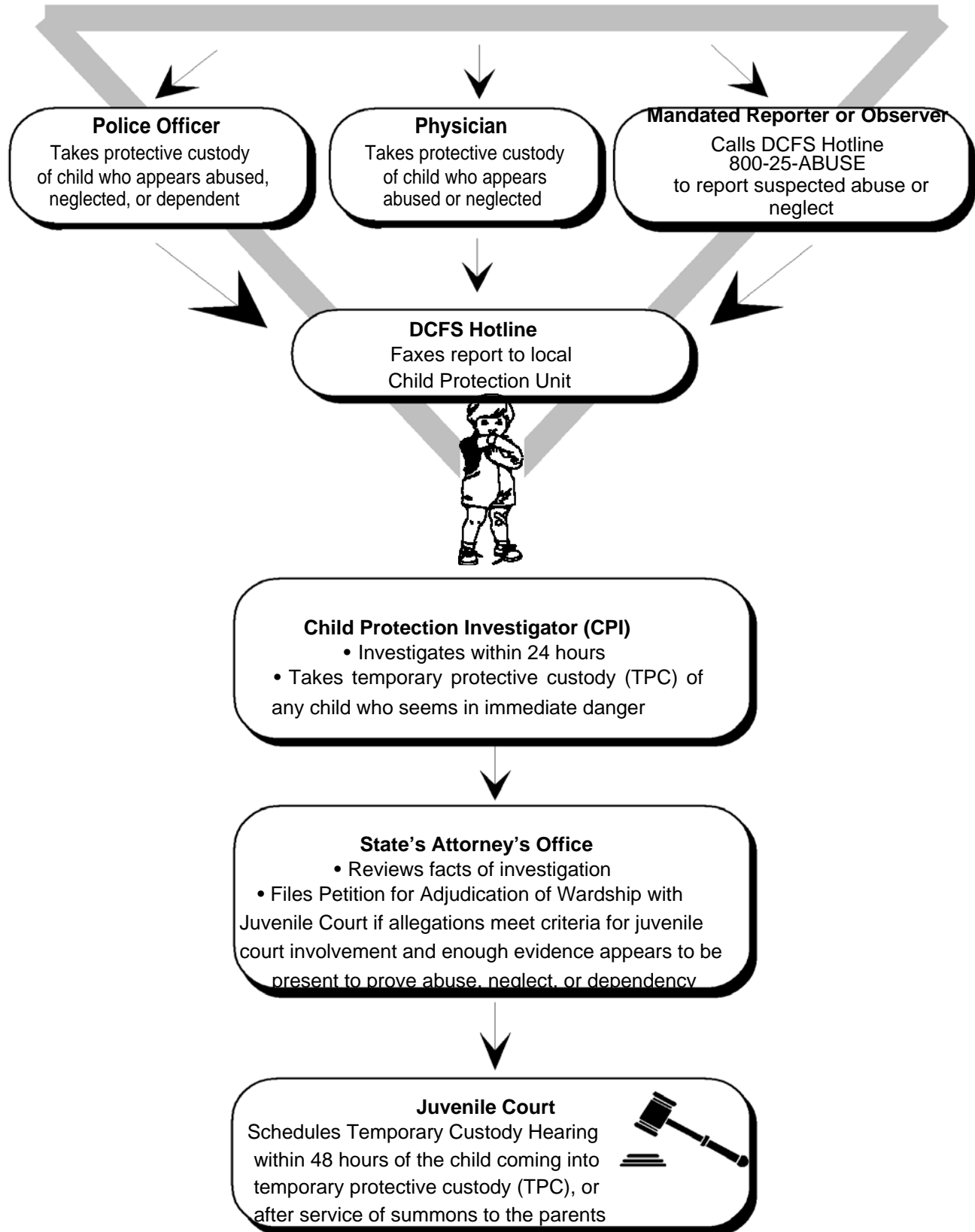
If you receive a subpoena, you must go to court unless the subpoena is withdrawn by the party issuing it or a motion to quash is filed and the judge grants it.



### **How A Foster Child's Case Comes To Court**

## HOW A FOSTER CHILD'S CASE COMES TO JUVENILE COURT

### Child Appears Abused, Neglected, Dependent





## Temporary Custody / Shelter Care Hearing

### **P**URPOSE

The Judge decides whether there is probable cause to believe the child was abused, neglected, or is dependent, and if the child is at such immediate risk of serious injury that the child must be placed away from the parent or caretaker pending further juvenile court proceedings. The Judge also decides whether DCFS made reasonable efforts to prevent the child's removal.

### **T**IME FRAME

Within 48 hours of the child being taken into protective custody, otherwise after notice to the parents. There may also be a 10-day rehearing if the parents did not receive adequate notice. If the child was not taken into protective custody, the hearing may be set for a future date, in Cook County, typically 21 days.

### **F**OSTER PARENTS NEED TO KNOW

Foster parents have a right to be present at this hearing, but are usually not asked to be present or to testify due to the purpose of the hearing unless a foster parent is a witness to the abuse/ neglect/dependency that brought the case to court. In Cook County there may be Extended Temporary Custody conferences in which a foster parent may be asked to participate, especially if they are a relative and a support for the parent.

### POSSIBLE RESULTS

#### **1) The child returns home.**

The Court finds that a child may return home when:

- There is no "probable cause" to believe that the child has been abused, neglected, or dependent and the case is dismissed. Criteria for "probable cause" is defined by law.
- There is probable cause to believe that the child is abused, neglected, or dependent, but the Court has determined that the child may be returned home if consistent with the child's health, safety and welfare. Then a court date is set for an Adjudicatory Hearing.

#### **2) The child remains outside the home if the Court finds:**

- There is "urgent and immediate necessity" to place the child away from his/her parent/s pending an adjudicatory hearing.
- Placement is in the best interests of the child.

The Court appoints the **DCFS Guardian** as the temporary custodian of the child/ren, with the right to place the child/ren outside the home, pending an Adjudicatory Hearing. A child could go home with a non-custodial parent upon DCFS recommendation. *For example:* if the abuse happens in the mother's home, DCFS could recommend that the child go home with the father and the court could grant it. In Cook County, this would usually be under an Order of Protection.

The courts occasionally appoint another person to act as a private custodian instead of the DCFS guardian. This person is usually a close family member or friend. If this happens, the child is not under DCFS authority.

**3) If protective custody was taken of one child,** but another child still remains at home, the Judge may decide to also remove the child remaining at home if the Judge finds probable cause exists to believe that the child in protective custody is abused/neglected/dependent and there is urgent and immediate necessity to place the child at home away from the parent/s.

# **Foster PRIDE/Adopt PRIDE**

## **Relative Caregiver Pre-Service Training**

### **Session II**



## Resource 2-A

### Competencies

- Know that regular visits and other types of contact can strengthen relationships between children and their birth families.
- Know the importance of respecting and supporting children's connections to their siblings appropriate to each sibling situation.
- Understand how visits with their family may affect children's feelings and behaviors.
- Know how to prepare children for visits with their families, and how to help them manage their feelings in response to family contacts.
- Know the agency policy on discipline and the negative effects of corporal punishment on children with a history of abuse, neglect or maltreatment.
- Know the goals of effective discipline and how these goals relate to the agency's policy on discipline.
- Know developmentally appropriate, non-physical disciplinary techniques used to meet the goals of effective discipline.
- Know how to use discipline strategies with children who have experienced trauma.
- Can maintain a home environment which prevents and reduces injuries.
- Know the importance of creating a supportive and accepting family environment.
- Know the importance of providing unconditional positive support.
- Understand the relationship between meeting needs and behavior.
- Can maintain a home environment that promotes a sense of safety and well-being.
- Know the physical, medical, emotional, and behavioral indicators of sexual abuse.

## Objectives

- Identify the activities of foster parents that support the reunification process.
- Identify reactions that the foster family might have when a child is being reunified with the birth family.
- Identify age appropriate, non-physical means of discipline.
- Explain why it is challenging to discipline children in need of family foster care and adoption.
- Define discipline.
- List the goals of effective discipline.
- Explain the difference between discipline and punishment.
- Explain the agency's policy on discipline.
- Identify the negative effects of physical punishment.
- Explain why the agency has a policy against spanking or hitting children.
- Explain the meaning of behavior.
- Describe the three categories in the range of discipline techniques.
- Identify indicators of sexual abuse.
- Describe ways that a healing home can provide private space, boundaries, and respectful nurturing.
- Describe the behavioral challenges of children who have been sexually abused.
- Know the stages of normal human growth and development.
- Know how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development.
- Can recognize developmental delays and respond appropriately.

## **Resource 2-B**

### **Agenda**

#### **Part I: Welcome**

- A. Welcome and Review of Competencies and Objectives
- B. Making Connections from Session 1.
- C. Questions

#### **Part II: Maintaining Family Connections**

- A. Maintaining Parental Involvement through Visitation
- B. Managing Children's Reactions to Visits

#### **Part III: Understanding the Challenge of Discipline**

- A. Definitions of Discipline and Punishment
- B. Discipline vs. Punishment
- C. The Goal of Discipline
- D. Agency Policy on Discipline
- E. Negative Effects of Physical Punishment
- F. Activity, Physical Punishment

#### **Part IV: Understanding and Managing Behavior**

- A. The Meaning of Behavior
- B. The Range of Discipline Methods and Techniques
- C. Considerations for Children Who Have Been Sexually Abused.
- D. Activity, Healing Home

#### **Part V: The Impact of Maltreatment, Trauma, Physical Abuse and Neglect on Development**

- A. Summary of Stages of Child Growth and Development

B. Developmental Jigsaw Puzzle

**Part VI: Closure**

A. Review of Resources

B. Review of Remaining “Parking Lot” Questions

C. Releasing Activity, Part 2

D. PRIDE Connections

E. Closing, Relative Caregiver’s Perspective



## **Part I: Welcome**

**Welcome and Review of Competencies and Objectives**

**Making Connections from Session I**

**Questions**

Use this space to take notes.

## Resource 2-C

### Maintaining Parental Involvement through Visitation

Visits between the child and parent are one of the most important ways to help with reunification. Visits with siblings are also very important. Everyone gains from visits. The child can see that the parent is alright and that everyone is working toward strengthening the family. The parent can see that the child is being cared for and has not forgotten him/her. The case worker can observe the parenting skills of the parent.

For relative caregivers, this can also be the most challenging aspect of providing care for a related child. Managing visits with a birth parent who has a prior established relationship and manner of interacting with you can be very trying. The dual relationship that you have with the child can also be difficult to navigate. For example, you were “grandma” and now you need to be the parent; responsible for care, discipline, etc of the child.

As an additional challenge, any child in foster care experiences parenting from three different sources: the parent who **gave birth**, the agency who has **legal responsibility** and the care giver who **protects and nurtures**. One of the most challenging parts of foster care is to make sure the children are not torn among the different parts of parenting.

**Visits need to occur at least weekly, on an ongoing basis and increase over time.** When reunification is the goal, the visiting plan must include longer and more frequent visits. Before a child returns home, there should be extended visits, including over night stays.

An important part of the caregiver’s role is to support visits. Children need to understand how visits will take place and what to expect. Some ideas to help children prepare for a visit are:

- Give the child as much information about the visit ahead of time (when and where the visit will be; how long the visit will be and who will be present)
- Talk about the parent's reaction to the visit. If the parent frequently failed to show up for a visit, this needs to be discussed with the child. If a parent is likely to be emotional, this too needs to be discussed.
- Prepare the child for his/her own reactions to the visit. Seeing the parent can cause a flood of emotions from guilt, sadness to anger. Reassure the child that the range of feelings is okay. If the child is concerned for his/her safety, reassure the child that there will be a trusted adult to supervise the visit.

## **Resource 2-D**

### **Annie's visit**

#### Video clip #1

As you watch the video, consider the following questions:

- What concerns does Annie seem to have as she approaches the visit with her mother?
- In what ways does the foster mother address these concerns and/or help to prepare Annie for the visit?

#### Video Clip #2

As you watch the video, consider the following questions:

- How are goals of the visit met for the different team members including Annie, the mother, the foster family and the agency?
- What are some issues or challenges that come up during the course of the visit?

### **Resource 2-D, pg 2**

- What is your reaction to how the foster family manages the situations?

#### **Video clip #3**

As you watch the video, consider the following questions:

- Why do you think Annie is behaving this way?
- What strategies might you use to help Annie with her behavior?
- How might you feel about handling a child's behavior after a visit?

## **Resource 2-E**

### **What Would You Do If . . . ?**

You will see three video vignettes. After each vignette is shown, discuss the following three questions in your small group.

1. Why might the child behave this way or feel this way?
2. How can you handle the immediate situation?
3. What long-term tasks might you identify for the foster care team?

#### **Fifteen-Year-Old Norma**

- 1.
- 2.
- 3.

#### **Nine-Year-Old Michele**

- 1.
- 2.
- 3.

## Resource 2-F

### Understanding the Challenge of Discipline

#### Definition of Discipline

The word **discipline** comes from the Latin root **discere** which means to learn, and from the Latin word **discipulus**, which means pupil. A **disciplinarian** is, therefore, someone who teaches. A **disciplined** person is someone who has learned.

The foster parent or adoptive parent, who is a disciplinarian, is a teacher and a guide who helps children learn.

The word **punishment** comes from the Latin word **punire** which means penalty, to pay for and give pain. This Latin word implies threat or use of power. We might say that the definition of punishment is to inflict a penalty on someone who has done something wrong; to treat roughly, to injure or hurt, to cause a loss of freedom or money, or to provide physical pain for a wrongdoing.

## Resource 2-G

### Reasons Why Discipline and Punishment Are Not the Same

<b>Discipline</b>		<b>Punishment</b>	
A.	Something that parents instill in children.	A.	Is imposed on children.
B.	Can be used to prevent problems from happening.	B.	Focuses on dealing with problems after they occur.
C.	Builds self-control and self-responsibility.	C.	Places responsibility for change with the person who has power to control the child's behavior.
D.	Offers structure and guidance.	D.	Imposes sanctions and enforcement.
E.	Teaches the right way to solve or prevent problems.	E.	Although it might stop the wrong behavior, it does not teach the right or expected behaviors.
F.	Encourages children to be capable and responsible for making decisions.	F.	Prevents children from learning to make their own decisions.
G.	Encourages the desired behavior.	G.	May reinforce unacceptable behavior if misbehaving is the only way to get parental attention.
H.	Is intended to protect and nurture children.	H.	Often uses, and may cause, emotional and physical pain.
I.	May help children feel better about themselves as they grow confident of their ability to meet their needs responsibly.	I.	May reinforce poor self-esteem, especially if the punishment was demeaning.
J.	Encourages children to rely on their inner controls or rules for conduct.	J.	Implies that responsible behavior is expected only when authority figures are present.
K.	Promotes a cooperative, shared, positive relationship between children and adults.	K.	Increases avoidance and fear.

## **Resource 2-H**

### **The Goals of Effective Discipline**

The disciplinary process should be concerned with:

- Protecting and nurturing children's physical and psychological well-being.
- Advancing children's development.
- Meeting children's needs.
- Teaching ways to prevent and solve problems.
- Maintaining and building the parent/child relationship.
- Helping children develop self-control and responsibility.
- Producing the desired behavior.



## Resource 2-I

### Agency Policy on Discipline

#### Section 402.21 Discipline of Children

a) Discipline shall be appropriate to the developmental age of the child, related to the child's act, and shall not be out of proportion to the particular inappropriate behavior. Discipline shall be handled without prolonged delay.

b) The foster parent shall be responsible for the discipline of the child. Discipline shall never be delegated to a child's peer or peers, nor to persons who are strangers to the child.

c) No child shall be subjected to corporal punishment, verbal abuse, threats or derogatory remarks about him or his family.

d) No child shall be deprived of a meal or part of a meal as punishment.

e) No child shall be deprived of visits with family or other persons who have established a parenting bond with him.

f) No child shall be deprived of clothing or sleep as punishment.

g) A child may be restricted to an unlocked bedroom for a reasonable period of time. While restricted, the child shall have full access to sanitary facilities.

h) A child may be temporarily restrained by a person physically holding the child if the child poses a danger to himself or to others.

i) The personal spending money of a child may be used as a constructive disciplinary measure to teach the child about responsibility and the consequences of his behavior. However, no more than 50% of the child's monthly personal spending money shall be withheld for any reason.

1) Withholding a child's monthly personal spending money shall occur only under the following circumstances:

A) for reasonable restitution for damages done by the child;  
or

B) for breaking the family's rules if the child has been given an oral warning that his spending money will be reduced for this infraction.

2 ) When a child's spending money has been reduced because he as broken a rule, the foster parent shall keep the withheld money for the child and shall not use it for any reason. The foster parent shall give the child opportunities to earn the money back and shall explain to the child how the spending money can be restored.

j) Special or additional chores may be assigned as a disciplinary measure.

k) Privileges may be temporarily removed as a disciplinary measure.

(Source: Amended at 26 Ill. Reg. 2624, effective February 11, 2002)

## Resource 2-J

### Reasons Supporting the Agency's Policy on Discipline

- Children who need family foster care and adoption have had serious losses: loss of people, health, and/or self-esteem.
- Most often, these losses result from neglect, physical abuse, sexual abuse, or emotional abuse.
- Some children are emotionally scarred after years of physical punishment and abuse. The trauma from this abuse cannot be overcome quickly. More physical punishment does not help a child overcome the effects of past abuse.
- For some children who have experienced severe physical punishment, a spanking would do little to change the child's behavior. Imagine that a child was like Vernon in the film "Making a Difference!"—physically abused with beatings and cigarette burns. How effective would just a spanking be?
- Other forms of physical and emotional punishment (such as humiliation or withholding food) do not make much sense for children who already have been hurt badly enough that they need to be separated from their families.
- Many children who have received cruel and/or extreme punishments will not respond to punishment unless it is abusive or severe. Others will overreact to any form of punishment.
- A goal of family foster care is to give children a safe, nurturing environment where they can experience physical and emotional growth, and feelings of security and positive self-esteem. Physical punishment is a poor tool for providing these conditions.

## **Resource 2-K**

### **The Negative Effects of Physical Punishment**

- It teaches children that bigger people use power and force to stop smaller people from doing certain things. One rarely sees someone small using physical punishment on someone larger. It increases the chances that older or bigger children will hit younger, smaller children.
- It teaches children that using force or violence is a way to solve problems and conflicts, and a way to respond when you are angry.
- It increases the likelihood that the person who is punished will grow resentful.
- It fuels poor self-esteem by not treating the child and the child's body with dignity and respect. Children do not always connect the event or the behavior that they are being punished for with the consequences. Instead, they may think that they're no good, and that others don't like them.
- Research in child development and psychology has shown that physical punishment may stop a behavior immediately, but not for long. It just means that a child might stop doing a particular behavior around the parent.
- Physical punishment tends to set the child against the parent who uses it. It is important to remember that painful feelings can cause more lasting hurt than physical pain.
- It teaches the importance of not getting caught. The child learns to hide his or her actions and becomes sneaky in the process.
- Physical punishment violates a child's right to be safe. If the same behavior was inflicted on an adult, the aggressor could be charged with assault.

## **Resource 2-L**

### **Activity: Responding to Common Beliefs about Spanking**

Prepare a response to the statement assigned to your group. You will have five minutes to discuss the reasons why it would be best to disagree with this statement. Select a person to report on your ideas.

The following is an example of a response to one common belief about spanking or hitting:

#### **Statement**

“Spanking is okay because the kids need to know I'm in charge.”

#### **Possible response**

“Adults who have to use physical force and power to stop a child's behavior are not in charge or in control.”

#### **Other Common Beliefs about Spanking**

- “I was spanked and I turned out okay.”
- “Some children just ask for it.”
- “You said to treat all children equally, and I spank my children.”
- “I don't want my children to become spoiled. An occasional spanking is good for them.”
- “Spanking is all right if the parent remains calm and in control.”

## Resource 2-M

### The Range of Discipline Methods and Techniques

<b>PROMOTING POSITIVE BEHAVIOR</b> Seeks to strengthen relationship with child, build self-esteem, and promote child's ability and confidence to handle situations alone.	<b>Child maintains greatest responsibility for control of behavior</b>	Communication Listening Questioning Modeling Praise Verbal Nonverbal Physical Sharing positive feelings Rewards Tangible privileges Increased responsibility Support interests Encouragement Ignoring
<b>PROMOTING SELF-CONTROL</b> Uses planning and preparation as a means to avoid acting-out and negative behaviors.	<b>Parent and child share responsibility for control of behavior.</b>	Encourage risk taking Establish expectations Rules Standards of behavior Family meetings Preparing/planning for changes Modifying the environment
<b>RESPONDING TO LACK OF SELF-CONTROL</b> Uses direct intervention to address situations where the child does not have sufficient self-control to ensure acceptable behavior.	<b>Parent maintains greatest responsibility for control of behavior.</b>	"I-messages" Natural and logical consequences Exploring alternatives Rules, commands or requests Removing child from situation Time-out

## Resource 2-N

### Examples of Ways to Demonstrate Listening Skills:

- Allow the child to express their anger to you.
- Reflect back to the child their feelings of anger.
- Provide clarification by distinguishing for the child the **difference between feelings and actions**.
- Use good attending skills:
  - Make eye-contact
  - Stop and face the child at the critical part of the conversation
  - Use humor when the discussion needs to be lightened.

### Promoting Positive Behavior with Praise:

When children have a lot of behavior problems, it is often hard to see their strengths. In fact, parents can easily become preoccupied with negative behavior, letting slip valuable opportunities to recognize positive behavior. There are always opportunities to recognize positive behavior—no child exhibits bad behavior all the time.

There are a number of ways to try to build on a child's strengths. Using verbal and nonverbal praise; sharing positive feelings and smiles; rewards; and supporting and encouraging children are all means to promote positive behavior.

Praising must be deserved. Overuse of praise can cause children to believe that their worth depends upon the opinions of others. In addition, some children feel unworthy of praise, or an older child may see it as a means to control their behavior.

### Considerations for Children Who Have Been Sexually Abused

*Refer to the booklet, "Preparing for Success" and refer to the bottom of pg 39 to pg 40 for indicators of sexual abuse.*

## Resource 2-O

### Characteristics of a Healing Home

Children who have experienced abuse, neglect, maltreatment or sexual abuse need to heal. To do that, they must feel and be safe in their foster or adoptive home.

Healing homes have rules, tasks, or activities that promote:

- **Private space:** places where children can be alone and take care of developmental needs and personal hygiene (for example: a rule that states “Only one person in the bathroom at a time”).
- **Boundaries:** rules and established patterns of interaction that give children personal space and emotional space to grow and develop in an independent and healthy way (for example: interaction in the family does not include children sitting on one another’s laps while watching television).
- **Respectful nurturing:** Activities and interactions that help build a relationship but do not include physical touch. Respectful nurturing is important because often people think primarily of physical ways to show affection. Children who have been sexually abused, or experienced other types of abuse, may not be able to tolerate touching (for example, you may plan activities such as helping a child do homework).

Children need to know that boundaries are clear. They need a sense of their own space and reassurance that the space will not be invaded.

Children need a sense of privacy. They need private space to bathe and change clothes. They need bathrobes for walking around the house. Also, they need to have other family members practice these same privacy rules.

Children need to experience nurturing activities, and these activities do not have to include only physical touching. Playing games, talking, and cooking are all ways to spend nurturing time with children.

Children need constant reassurance that their safety and privacy will be respected and maintained.



## **Resource 2-P**

### **The Impact of Maltreatment, Trauma, Physical Abuse, and Neglect on Development**

#### **Summary of Stages of Child Growth and Development**

Fortunately, there are some general predictions we can make about how children need to be growing and developing. Children develop in stages, with different developmental tasks at each stage. The tasks are focused on three broad areas—physical development, emotional and social development, and intellectual development. This information has been gathered and condensed into developmental charts. See Resource 2-U, You Need to Know, Child Developmental Chart by Age.

This is an example of a developmental chart. As you can see, the left column gives an age range. Developmental milestones are then described for each of the three developmental areas. Take a few minutes to look at the chart. Remember that this chart is only a summary.

#### **Developmental Jigsaw Puzzle**

One challenging aspect of working with children who have been maltreated is that their development often does not match their age.

We have seen that children in substitute care typically have experienced one or more problems that could result in developmental delays. It is important to understand that a child's age may not give a very accurate indication of what to expect from the child. It is also important to realize that the child's development may be uneven. That is, a child may be behind in some areas, but may have had life experiences of an older child. These points are important to remember, because very often we have behavioral expectations based on how old a child looks.

## **Resource 2-P, pg 2**

### **Activity:**

In the following activity, we are going to complete 2 jigsaw puzzles. One will be for a typical, average 8 year old boy. The other will be for an 8 year old boy, Vernon, whose story we will read.

### **History:**

Vernon is a smaller than average eight year-old-boy whose case became known to DCFS six months ago when the school was concerned about lack of medical care, bruise marks on his arms, and poor school performance. DCFS began an investigation on this family. It was found that Vernon's mother was abusing drugs, unemployed, and not addressing Vernon's medical or educational needs. Vernon's father was not living with or involved with Vernon and his mother. In addition, Vernon was abused by his mother's boyfriend.

It is decided at this point Vernon will remain with his mom under an order of protection. Services will be provided to mom (who is motivated to do better) by an agency to ensure Vernon's safety.

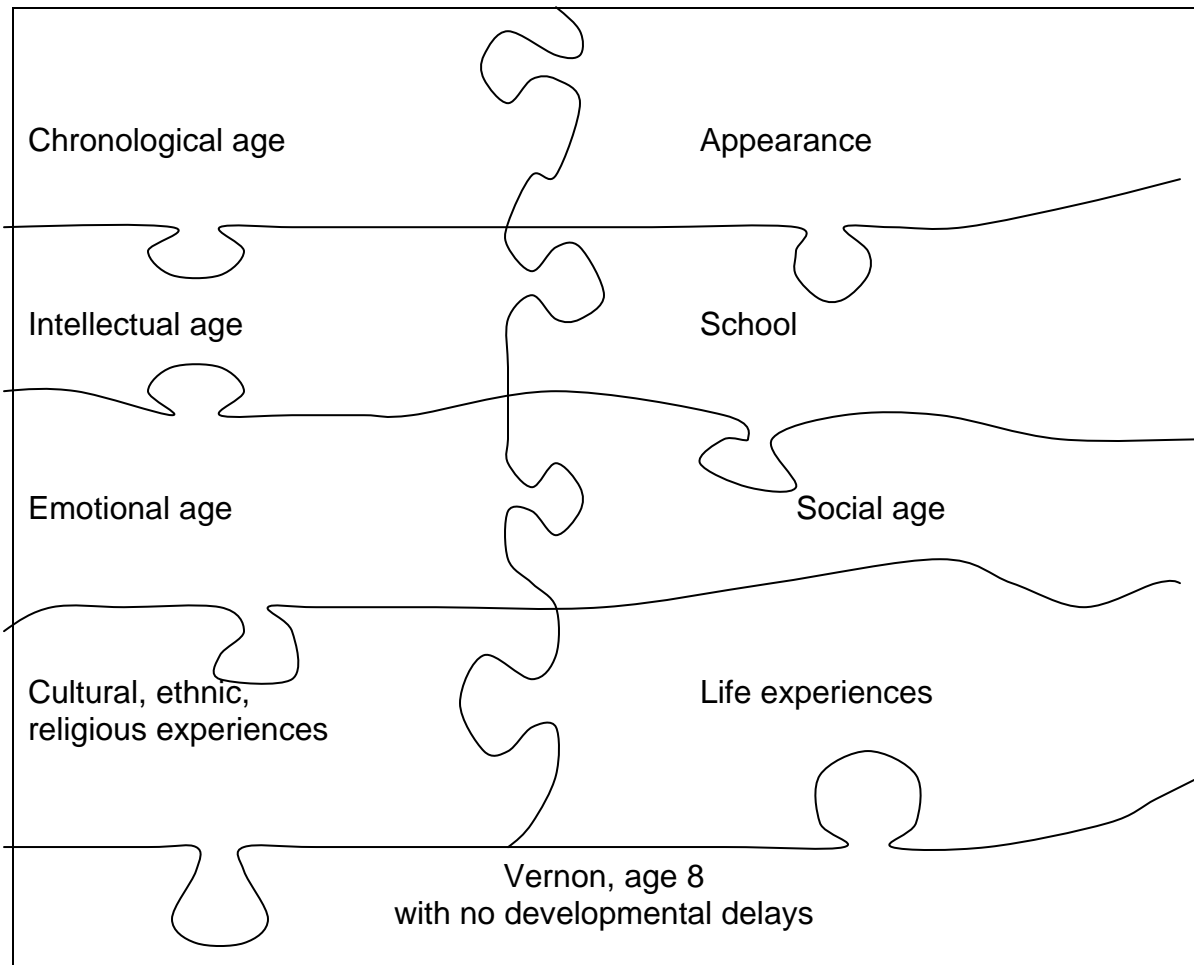
### **Current situation:**

Vernon is at school and falling asleep. His teacher notices he has a high fever and burn marks on his arm, believed to be from cigarettes. DCFS is notified. They go to the home to investigate and find mom high on drugs, missing meetings, overwhelmed with her problems, and not able to care for Vernon. Despite the agencies attempts at working with the family, the families' problems are serious and Vernon continues to be at risk. Vernon is moved from his mother's home and placed with his paternal grandmother.

After a week in the home of his grandmother, Vernon is angry and acting out. He calls his grandmother a "bitch" and attacked her rosebush with a baseball bat. In addition, Vernon stares for hours out the window, looking into the driveway. Vernon remains at the same school, but is failing all his classes except art. His grandmother receives calls most days in regards to Vernon's threats towards other students on the playground.

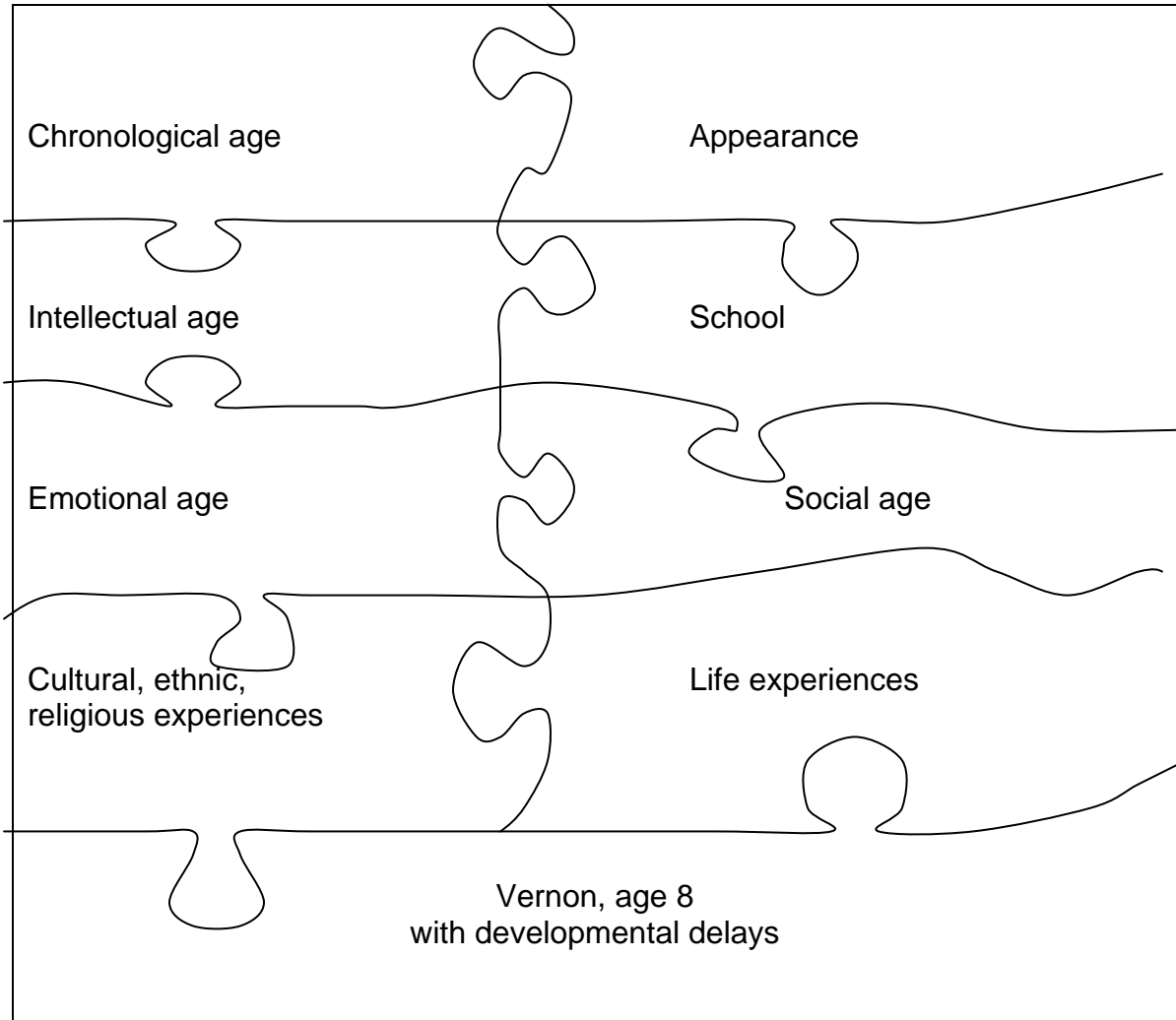
## Resource 2-P, pg 3

Let's consider where Vernon is at developmentally on his jigsaw puzzle.



For most 8-year-old children, the developmental pieces fit together and they function appropriately for their age and stage of development. If we looked at a jigsaw puzzle representing their development, all the pieces would be labeled "8 years old."

## Resource 2-P, pg 4



## **Resource 2-P, pg 5**

In order to do our job as relative caregivers for a child like Vernon, we need to put the pieces together. It will take knowledge, understanding, and teamwork to do it. What will it take to put Vernon's life back together (space is provided below for notes)?

- Chronological?
- Intellectual?
- Social?
- Physical Appearance?
- School?
- Cultural, ethnic, and religious experiences?
- Emotional?
- Life experiences?

Do you think everything in Vernon's life will be fine now that his puzzle pieces are taped back together?

## **Resource 2-Q**

### **Closure**

#### **Review of Resources**

- Promoting Safety and Well Being
- Summary of DCFS Acronyms
- Preparing for Success
- DCFS Lending Library
- Virtual Training Center Account Information
- Foster Family Handbook
- Guardianship
- Kin Gap
- DCFS Office of Advocacy
- Supervised Visit Monitoring Form
- Healthworks

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## **Resource 2-R**

### **A Caregiver's Perspective**

#### **My life as a relative caregiver**

Many emotions went through me when I got the call to foster my great nephew Jon. My nephew and his girlfriend became involved in drugs and their behavior led Jon into relative foster care. I was angry at my nephew for allowing this to happen and very sad for Jon. I was also concerned that my role in the family would now change from being "Auntie" to foster mom to Jon. My children, his cousins, would now go to school and see Jon every day.

The hardest part of relative fostering was allowing and supervising visits in my home. My nephew would come late and ask to stay longer than allowed. As hard as it was on Jon, I would have to say no to the extended visits. My sister did not understand why I could not let her son, my nephew; see his son whenever he wanted.

The best part of being a relative caregiver was seeing my nephew and his girlfriend get the drug treatment they needed while knowing Jon was safe in my home. My nephew and his girlfriend also took parenting and anger management classes and learned how to better parent Jon.

Jon got to go home eight months after being in relative foster care in my home. His mom and dad were able to get the treatment they needed and learn skills to be better parents. Was it hard to be a relative foster parent? Absolutely. Was rewarding to see the difference in their lives? Absolutely!!!

## **Resource 2-S**

### **TAKING CARE OF YOU**

Raising grandchildren and dealing with other family matters can be very stressful.

Follow these stress reducing suggestions:

- Keep up your own health and walk or exercise regularly.
- Take time for yourself. Insist on a regular quiet hour and do something you enjoy.
- Talk out your problems with your friends, other grandparents, family counselor or join a support group. This is an excellent place to get information, ideas and emotional support.
- Consider your religious community and personal faith for strength and assistance.
- Concentrate on the task at hand. Don't dwell on the past. Looking too far ahead can also be overwhelming. If you can't take it a day at a time, try to accomplish one thing at a time.
- Learn to say no. Set limits with grandchildren and stick to them.
- Practice patience. Let those you care for do as much for themselves as possible.
- Focus on the positive and keep your sense of humor.
- Let yourself off the hook. The circumstances of the birth parents are not your fault.
- Accept reality. See things as they are and not how you wish them to be.
- Eliminate hurtful thoughts and self-pity which only drag you down.
- Reward yourself. Even small rewards will help your emotional well-being.
- Avoid isolation. Make an effort to maintain friendships, even if it is only by telephone in the beginning.
- Look into parenting classes to learn new methods for helping children develop self-esteem, confidence, accountability and responsibility.



## Resource 2-T

### Key Points

#### A. The Meaning of Behavior

Most often, discipline seeks to correct or change unwanted or unacceptable behavior. To effectively change a behavior, we must try to determine the meaning or purpose of the behavior. Understanding the meaning of behavior is the first step toward dealing with it.

Too often, we react to the behavior without recognizing that there is a purpose behind it. The worse a behavior might be, the more we will react to it, while ignoring the underlying motive for it. When all our energy is spent trying to control or change a behavior, the child will use other behaviors to meet his or her needs.

What works better is to focus not only on the behavior itself, but also on identifying the needs that motivate the behavior. Then we will be much more capable of providing the structure and parenting that can help children act appropriately. This, after all, is a primary goal of effective discipline.

When you understand the meaning of behavior, you understand what motivates a person to behave in a certain way. Motivation is generally related to satisfying some sort of need. You can ask yourself, “What need is this child fulfilling by acting in this manner?” If you can identify the need, then you can work toward other ways for the child to get that need met.

#### Needs That Motivate Behavior

Needs that motivate behavior include more than the basic survival needs of food, clothing, shelter, and safety.

We strive to be connected to others to satisfy our need to **BELONG**. We do things to receive **RECOGNITION** or attention. We have a strong need for **POWER** or to control our environment. We pursue activities which will meet our need for **ENJOYMENT**. And, we have a need for **FREEDOM**, which is met when we have choices and practice our values.\*

Children may also behave in certain ways because of their culture and life experiences. It is important not to interpret these actions as misbehavior (such as drinking from a bowl at the dinner table).

It is important to approach behavior issues from a teamwork perspective. The agency, birth parents, and previous caregivers may have valuable information about what works or does not work. When the plan is for the child to return home

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\*Glasser W. Control Theory: (1985). *A New Explanation of How We Control Our Lives*. New York: Harper & Row, 5-18.

it is critical that “shared parenting” efforts focus on a unified approach to discipline—foster parents and birth parents need to work together!

Imagine that while you are shopping at your local supermarket, you notice a young man take several items off the shelves and place them in his pockets. You observe further that, instead of stopping at the check-out station to pay for them, he walks right out the door. What are the different reasons the young man may be behaving in this way?

- He may have been hungry and needed food (basic needs).
- He may be trying to impress his friends by stealing (belonging and getting recognition).
- He may have wanted to get caught for doing something against the law (get attention).
- He may like the feeling of power that he gets when he steals (power and control).
- He may have been doing it to experience the excitement and fun of “getting away” with something (enjoyment).

All behavior is motivated by need. One of the needs listed on the easel pad page will be behind the behaviors children exhibit. Frequently, we respond to the behavior without thinking about the underlying need that must be addressed before behavior will change.

## **The Challenges**

Foster parents and adoptive parents face a great challenge as they seek to understand and work with children whose history may be largely unknown.

It is difficult at times to know what just normal adolescent behavior is and what signals a real problem.

Children may react to situations with strong feelings and inappropriate behaviors because:

- They have learned these behaviors from previous life experiences.
- They are developmentally delayed.
- They are developmentally disabled and cannot understand directions and consequences.
- They are grieving.
- They have real fears because of earlier traumatic experiences, and are protecting themselves.

## Resource 2-U

### You Need to Know!

#### Visiting policy

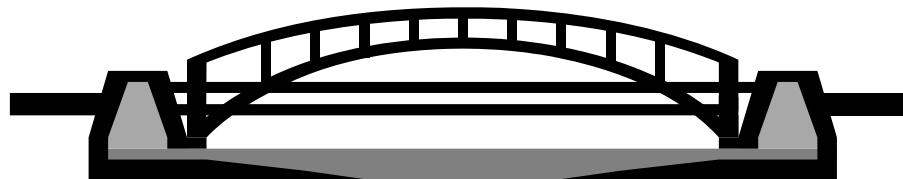
##### Parent/Child Visits:

- A visiting plan must be established within 3 working days after the child's placement outside the home. If a child was removed from his/her home on an emergency basis, a visiting plan must be established within 10 working days following the child's placement.
- When the permanency Goal is "return home", parents are expected to visit their children at least weekly unless there is a documented reason for not doing so.
- Visits are part of the parents Service Plan which is reviewed for progress toward reunification or "Return Home" at the Administrative Case Review.
- DCFS Rule #301.21 requires caseworkers and agencies to advise parents that repeated failure to visit according to the visiting plan will be considered a demonstration of their lack of concern for the child and may result in the agency seeking to terminate their parental rights.
- Caseworkers have responsibility for actively soliciting the parents involvement in setting up a visiting plan—in consultation with foster parents and, sometimes, the child – in accordance with DCFS rules and the Service Plan.
- Visits are to be in the parents' home if consistent with the safety and well being of the child. Otherwise, visits are to be in the most homelike setting possible.
- When supervised parent/child visits are necessary, caseworkers supervise or make arrangements for the visits to be supervised. Caseworkers record observations about what happens during visits and make reports to the juvenile court.
- Foster parents are **not** required to supervise visits. They may be asked to supervise if the caseworker feels it is safe and appropriate but the caseworker's supervisor must approve any person other than the caseworker supervising visits. (Foster parents may supervise visits if they feel comfortable in doing so and know the supervisor has approved.)

## Sibling Visits

- A sibling visitation plan should be established with 2 weeks after DCFS receives temporary custody of a child. Foster parents should expect to be asked by the caseworker to help develop the sibling visitation plan. Children in foster care, age 7 and older, also help develop the sibling visitation plan.
- The sibling visitation plan should specify how long each visit should last and include the location and the supervision to be provided.
- DCFS or the private agency is responsible for scheduling and providing visits at least twice a month among all siblings who are placed apart from each other unless a court has ordered that
  - Sibling visits occur less frequently or not at all.
  - the child does not want to visit or wants to visit less frequently, and, has been counseled by the agency about the importance of family ties. (If the child is 16 or under, the agency must ask at least quarterly if he or she wants to resume or increase the frequency of the visits.)
  - one sibling may physically, mentally or emotionally harm another during the visit and supervision could not prevent the risk of such harm.
- Foster parents are encouraged to host sibling visits whenever possible. A reimbursement fee for activities involved in sibling visits is available.
- When siblings are placed apart from each other, when DCFS believes it is in the child's best interest to have information on the whereabouts of siblings, and when no court has prohibited giving this information to the child, DCFS will promote written and telephone communication among siblings.

## Bridging the Gap between Resource Families and Birth Families



### BRIDGING THE GAP—A CONTINUUM OF CONTACT

The type of contact that is arranged between resource families and birth families is planned in conjunction with the agency and other members of the child welfare team. The team would consider the type of contact that is in the best interest of the child, as well as ensuring safety for all family members. The continuum includes:

#### **Bridging the Gap Without Direct Contact:**

- Send pictures of child to parent; ask for pictures of parent
- Send snack or activity for visit
- Prepare child for visit
- Remember child's family in prayers or through family rituals
- Request cultural info from birth family
- Share Lifebook with family

#### **Bridging the Gap when there is Contact between Resource Families and Birth Families:**

- Take child to visits and talk positively about the visit
- Talk with parent at visit about child's day to day life
- Encourage parent to phone child and child to phone parent
- Meet child's family at time of placement or prior to placement
- Ask for the parent's

#### **Bridging the Gap by Working with Birth Parents as Part of the Service Plan:**

- Host visits in your home
- Attend visits in the parent's home
- Support child's transition back to their family
- Involve birth family in visits to doctors, therapists, or school conferences

#### **Bridging the Gap by Serving as a Mentor to the Birth Family:**

- Welcome parents into your home
- Coordinate and discuss discipline efforts together
- Attend parenting classes with parents
- Advocate for needed services for family and provide assistance in obtaining services

- Share copies of school papers and report cards with family
- Share child's artwork w/ family
- Exchange letters with child's family via worker
- Speak positively and openly about child's family
- Learn about child's family, community, and culture
- Attend meetings and reviews when parent is present
- Reassure parent of child's love
- Attend training to learn ways to work with the birth parent
- Refer to child as "Your child" when speaking with birth parent
- Share parenting information with parent
- Assist in planning child's return to birth family; support family's reunification efforts
- Include birth parents in farewell activities
- Attend training to learn about mentoring a birth parent
- Assist birth parents with transportation to treatment related appointments
- Support and encourage birth family's involvement in treatment
- Provide feedback to birth parents on parenting skills
- Model and teach parenting skills in your home
- Provide respite care for birth parents after child returns home
- Serve as support to birth family after child returns home

***As we bridge the gap between resource parents and birthparents,  
we also bridge the gap between children and their families.***

## Child Developmental Chart by Age

<b><i>Summary of Stages of Child Growth and Development</i></b>			
<b>AGE</b>	<b>PHYSICAL MILESTONES</b>	<b>EMOTIONAL/SOCIAL MILESTONES</b>	<b>INTELLECTUAL MILESTONES</b>
0-3 months	<ul style="list-style-type: none"> <li>*Sucking, grasping reflexes</li> <li>*Lifts head when held at shoulder</li> <li>*Moves arms and legs actively</li> <li>*Is able to follow objects and to focus</li> </ul>	<ul style="list-style-type: none"> <li>*Wants to have needs met</li> <li>*Smiles spontaneously and responsively</li> <li>*Likes movement, to be held and rocked</li> </ul>	<ul style="list-style-type: none"> <li>*Vocalizes sounds (coos)</li> <li>*Smiles and expresses pleasure when sees faces</li> </ul>
3-6 months	<ul style="list-style-type: none"> <li>*Rolls over</li> <li>*Holds head up when held in sitting position</li> <li>*Lifts up knees, crawling motions</li> <li>*Reaches for objects</li> </ul>	<ul style="list-style-type: none"> <li>*Smiles responsively</li> <li>*Laughs aloud</li> <li>*Socializes with anyone, but knows mother</li> <li>*Responds to tickling</li> </ul>	<ul style="list-style-type: none"> <li>*Recognizes primary caregiver</li> <li>*Uses both hands to grasp objects</li> <li>*Has extensive visual interests</li> </ul>
6-9 months	<ul style="list-style-type: none"> <li>*Sits unaided, spends more time in upright position</li> <li>*Learns to crawl</li> <li>*Climbs stairs</li> <li>*Develops eye-hand coordination</li> </ul>	<ul style="list-style-type: none"> <li>*Prefers primary caregiver</li> <li>*May cry when strangers approach</li> <li>*Commonly exhibits separation anxiety</li> </ul>	<ul style="list-style-type: none"> <li>*Puts everything in mouth</li> <li>*Solves simple problems, e.g., will move obstacles aside to reach objects</li> <li>*Transfers objects from hand to hand</li> <li>*Responds to changes in environment and can repeat action that caused it, (e.g., sound of rattle)</li> <li>*Drops objects repeatedly</li> <li>*Is fascinated with small objects</li> <li>*Begins to respond selectively to words</li> </ul>

Developmental Chart  
(Page 2)

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
9-14 months	<ul style="list-style-type: none"> <li>*Achieves mobility, strong urge to climb, crawl</li> <li>*Stands and walks</li> <li>*Learns to walk on his or her own</li> <li>*Learns to grasp with thumb and finger</li> <li>*Feeds self</li> </ul>	<ul style="list-style-type: none"> <li>*Extends attachments for primary caregivers to the world; in love with world and wants to explore everything</li> <li>*Demonstrates object permanence: knows parents exist and will return (helps child deal with separation anxiety)</li> <li>*Is typically friendly and affectionate with caregivers, less so with new acquaintances</li> </ul>	<ul style="list-style-type: none"> <li>*Demonstrates intentional behavior, initiates actions</li> <li>*Is eager for sensory experience, explores everything, has to touch and mouth every object</li> <li>*Curious about everything</li> <li>*Realizes objects exist when out of sight and will look for them (object permanence)</li> <li>*Stares for long periods to gain information</li> <li>*Is interested and understands words</li> <li>*Says words like "mama," "dada"</li> </ul>
14-24 months	<ul style="list-style-type: none"> <li>*Walks and runs</li> <li>*Drinks from a cup alone</li> <li>*Turns pages of books</li> <li>*Scribbles spontaneously</li> <li>*Walks backwards</li> <li>*Loves to practice new skills</li> <li>*Uses fingers with increasing skill</li> <li>*Likes gymnastics and climbing and descending slides</li> <li>*Stacks two-three blocks</li> </ul>	<ul style="list-style-type: none"> <li>*Tends to exhibit negativism; "no" stage</li> <li>*Becomes aware of self as an independent entity and starts to assert independence</li> <li>*Tests limits</li> <li>*Develops concept of self, fearful of injury; band-aid stage; wants everything, possessive</li> <li>*Tends to stay near mother and makes regular overtures to her, seeks approval, asks for help</li> </ul>	<ul style="list-style-type: none"> <li>*Uses language to serve immediate needs: "mine," "cookie"</li> <li>*Imitates words readily and understands a lot more than can say</li> <li>*Is able to do actions in head, can retain images, memory improves, experiments to see what will happen</li> <li>*Learns to use new means to achieve ends, e.g., can tilt objects to get them through bars in crib</li> <li>*Spends long periods of time exploring a single subject</li> <li>*Loves to play with others</li> </ul>



Developmental Chart  
(Page 3)

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
2-3 years	<ul style="list-style-type: none"> <li>*Has sufficient muscle control for toilet training</li> <li>*Is highly mobile, skills are refined</li> <li>*Uses spoon to feed self</li> <li>*Throws and kicks a ball</li> <li>*Disassembles simple objects and puts them back together</li> <li>*Has increased eye-hand coordination, can do simple puzzles, string beads, stack blocks</li> </ul>	<ul style="list-style-type: none"> <li>*Has great difficulty sharing</li> <li>*Has strong urges and desires but is developing ability to exert self-control. Wants to please parents, but sometimes has difficulty containing impulses</li> <li>*Displays affection, especially for caregiver</li> <li>*Initiates own play activity and occupies self</li> <li>*Is able to communicate and converse</li> <li>*Is developing interest in peers</li> </ul>	<ul style="list-style-type: none"> <li>*Is capable of thinking before acting</li> <li>*Is becoming very verbal</li> <li>*Enjoys talking to self and others</li> <li>*Enjoys creative activities, e.g., block play, art</li> <li>*Loves to pretend and to imitate others</li> <li>*Thinks through and solves problems in head before acting (has moved beyond action-bound stage)</li> </ul>
3-4 years	<ul style="list-style-type: none"> <li>*Jumps in place</li> <li>*Walks down stairs</li> <li>*Balances on one foot</li> <li>*Uses toilet consistently</li> <li>*Begins to dress self</li> <li>*Builds with blocks and constructs toys</li> <li>*Has developed fine muscle control</li> <li>*Has boundless energy</li> </ul>	<ul style="list-style-type: none"> <li>*Knows name, sex, age, and sees self as part of a family unit</li> <li>*Has difficulty sharing</li> <li>*Plays alongside other children and begins to interact with them</li> <li>*Helps with small household tasks</li> <li>*Likes to be "big" and to achieve new skills</li> </ul>	<ul style="list-style-type: none"> <li>*Believes there is a purpose for everything and asks "why"</li> <li>*Uses symbolic play; has strong fantasy life</li> <li>*Loves to imitate and role play</li> <li>*Understands some number concepts, comparisons, colors</li> <li>*Converses and reasons</li> <li>*Is interested in letters</li> <li>*Is able to scribble, and to draw recognizable objects and circles</li> </ul>

Developmental Chart  
(Page 4)

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
4-6 years	<ul style="list-style-type: none"> <li>*Has refined coordination and is learning many new skills</li> <li>*Has improved finger dexterity, able to hold and use pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth</li> <li>*Climbs, hops, skips, and likes to do stunts</li> </ul>	<ul style="list-style-type: none"> <li>*Plays cooperatively with peers</li> <li>*Develops capacity to share and take turns</li> <li>*Is developing ethnic and sexual identification</li> <li>*Displays independence</li> <li>*Protects self and stands up for rights</li> <li>*Identifies with parents and likes to imitate them</li> <li>*Often has "best friends"</li> <li>*Likes to show off skills to adults</li> <li>*Continually forms images of self, based on interactions with others</li> </ul>	<ul style="list-style-type: none"> <li>*Shows increased attention span</li> <li>*Understands cause and effect relationships</li> <li>*Expands dramatic play with attention to detail and reality</li> <li>*Has increasingly more complex and versatile language skills</li> <li>*Expresses ideas, asks questions, engages in discussions</li> <li>*Speaks clearly</li> <li>*Knows and can name members of family and friends</li> </ul>

Development Chart  
(Page 5)

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
6-12 years	<ul style="list-style-type: none"> <li>*Enjoys using new skills, both gross and fine motor</li> <li>*Likes to achieve in sports</li> <li>*Is energetic and tends to have large appetite</li> <li>*Is increasing in height and weight at a steady rate</li> <li>*Has increased coordination and strength</li> <li>*Is developing body proportions similar to adult</li> </ul>	<ul style="list-style-type: none"> <li>*Is developing a more refined personality</li> <li>*Acts very independent and self-assured, but at times can be childish and silly</li> <li>*Enjoys working/playing with others and alone</li> <li>*Defines self-concept in part by success at school</li> <li>*Has a strong group identity; increasingly defines self through peers</li> <li>*Plays almost exclusively with same sex</li> <li>*Begins to experience conflicts between parents' values and those of peers</li> <li>*Has a strong sense of fairness and fair play</li> <li>*Believes that rules are important and must be followed</li> <li>*Likes affection from adults; wants them to be there to help</li> <li>*Is able to assume responsibility for self, and may care for younger siblings</li> </ul>	<ul style="list-style-type: none"> <li>*Enjoys projects that are task-oriented like sewing, cooking, woodwork</li> <li>*Is highly verbal; enjoys jokes and puns, uses language creatively</li> <li>*Asks questions that are fact-oriented; wants to know how, why, and when</li> <li>*Likes to make up stories, plays, and puppet shows</li> <li>*Is able to deal with abstract ideas</li> <li>*Judges success on ability to learn to read, write, and do arithmetic</li> </ul>

Developmental Chart  
(Page 6)

AGE	PHYSICAL MILESTONES	EMOTIONAL/SOCIAL MILESTONES	INTELLECTUAL MILESTONES
12-18 years	<ul style="list-style-type: none"> <li>*Is experiencing a dramatic growth spurt. For boys, growth in height and weight takes place between 12 and 14; for girls, growth spurt tends to take place between 10 and 12</li> <li>*May be anxious about physical changes and worry about deviation from "ideals"</li> <li>*Achieves sexual maturity and increased sexual drives</li> </ul>	<ul style="list-style-type: none"> <li>*Needs help in dealing with most changes taking place in order to retain a strong sense of identity and values</li> <li>*Is likely to show extreme swings; often doesn't know how to express anger</li> <li>*Enjoys social activities at school</li> <li>*Relies heavily on peers; struggles to be independent of parents</li> <li>*Tries to conform to group norms</li> <li>*Has close friendships and emotional involvement</li> <li>*Is concerned with meaningful interpersonal relationships and is developing personal morality code</li> <li>*Seeks emotional alliances outside family; is less dependent on family for affection and emotional support</li> <li>*Experiences conflicts with parents on expectations, e.g., for achievements</li> <li>*Strives to define self as separate individual and may adopt extreme hairstyles, clothes, destructive behavior</li> <li>*Often feels misunderstood by parents</li> </ul>	<ul style="list-style-type: none"> <li>*Shows increased or decreased interest in school, or loss of interest in academic studies</li> <li>*Achieves impressive changes in cognitive development</li> <li>*Is able to reason, to generate hypotheses, and to test them out against evidence</li> <li>*Is capable of introspection, and of perceiving differences between how things are and how they may be</li> <li>*Begins to consider and sometimes make vocational choices</li> <li>*Is interested in making money; takes part-time jobs</li> </ul>

Drew, K., Salus, M., and Dodge, D. (1981). *Child Protective Services Inservice Training for Supervisors and Social Workers*, Washington, DC: U.S. Department of Health and Human Services.