
PRIDE

Parent Resources for Information, Development, and Education

Foster PRIDE/Adopt
PRIDE

PRIDEbook

2009 Revision

Writing Team

Maureen Leighton
Joanne Mathews
Eileen Mayers Pasztor*
Michael E. Polowy**
Janet Watson

with contributions from:

Denise Goodman
Joan Langan
Karen Lasseter
Emily Jean McFadden
Jane Moore
Kathy Morosz
Donna Petras
Patricia Ryan
Julie Sweeney-Springwater
Eileen E. Torpey

Edited by:

Michael E. Polowy
Beth Spring

* Principal designer

** 2009 Revision author

Child Welfare League of America

© Illinois Department of Children and Family Services, 2009
Arlington, VA

Limited permission is hereby granted by the publisher for the reproduction of the PRIDEbook, the resource workbook for participants, for use in conjunction with the Foster PRIDE/Adopt PRIDE training sessions only.

All other rights reserved. Subject to the above, neither this book nor any part may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, microfilming, and recording, or by any information storage and retrieval system, without permission in writing from the copyright holder and publisher. For information on this or other CWLA publications, contact the CWLA Publications Department at the address below.

CHILD WELFARE LEAGUE OF AMERICA, INC.
2345 Crystal Drive, Suite 250, Arlington, VA 22202-4815

CURRENT PRINTING (last digit)
10 9 8 7 6 5 4 3 2 1

ISBN-13: 978-0-87868-861-6

Text design by Pen and Palette Unlimited

Printed in the United States of America

PRIDE

Parent Resources for Information, Development, and Education

FOSTER PRIDE/ADOPT PRIDE

Developed by

Child Welfare League of America

Illinois Department of Children and Family Services

in collaboration with

Arkansas Department of Human Services
California Department of Social Services
Delaware Department of Services for Children, Youth and Their Families
Hawaii Department of Human Services
Kentucky Department for Social Services
Michigan Department of Social Services
Minnesota Department of Human Services
Missouri Department of Social Services
New Jersey Division of Youth and Family Services
New Jersey Foster Parents Association
North Dakota Department of Human Services
Oklahoma Department of Human Services
South Dakota Department of Social Services
Texas Department of Protective and Regulatory Services
The Casey Family Program

with assistance from

Annie E. Casey Foundation
“Family to Family” Program

National Foster Care Resource Center
for Family, Group and Residential Care
Eastern Michigan University

National Resource Center for Special Needs Adoptions
Spaulding for Children

San Felipe del Rio Foundation

with appreciation to

California Community Colleges, Chancellor’s Office
Governors State University, Illinois University of
Kentucky
University of Missouri
University of South Dakota

The Foster Parent Training Partnership
The University of Vermont and the Vermont Department of Social Rehabilitation Services

PRIDE

Parent Resources for Information, Development, and Education

FOSTER PRIDE/ADOPT PRIDE

This workbook is for participants in the Foster PRIDE/Adopt PRIDE training program. It is an essential resource which contains material you will use during the training sessions and in the at-home meetings you will have with your Family Development Specialist. Please be sure to bring it with you to the training each week.



PRIDE

Parent Resources for Information, Development, and Education

FOSTER PRIDE/ADOPT PRIDE

Insert here a letter of welcome from the agency director.
(See sample which follows)

PRIDE

Parent Resources for Information, Development, and Education

FOSTER PRIDE/ADOPT PRIDE

Insert letters of welcome from your local and/or state foster parent association and adoptive parent support group

Contents

Session One: Connecting with PRIDE	1
Session Two: Teamwork Toward Permanence	39
Session Three: Meeting Developmental Needs: Attachment	67
Session Four: Meeting Developmental Needs: Loss	131
Session Five: Strengthening Family Relationships	157
Session Six: Meeting Developmental Needs: Discipline	199
Session Seven: Continuing Family Relationships	239
Session Eight: Planning for Change	283
Session Nine: Taking PRIDE: Making an Informed Decision	315
Promoting Safety, Permanence, and Well-Being	329
Annotated Bibliography	417
 <i>Making Cultural Connections: Hair and Skin Care for Children of African Descent</i> (booklet insert, follows page 444)	

Session One

Connecting with PRIDE

Session One

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Understand the factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse.
- Know the conditions and experiences that may cause developmental delays and affect attachment.
- Understand the concept of permanence for children and why children in family foster care are at risk for not being connected to lifetime relationships.
- Know how adoption is a legal and social process that transfers parental rights to adoptive parents.
- Know the needs of specific children awaiting adoption.
- Know the implications of adoption for children at different stages of their development and can provide appropriate information and support.
- Know the roles, rights, and responsibilities of foster parents and adoptive parents.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Define family foster care and adoption.
2. Explain how family foster care and adoption fit into the larger child welfare picture.
3. Explain how the agency uses foster care and adoption services to carry out its mission to protect children and strengthen families.
4. Describe why children and families need family foster care services and adoption services.

-
5. Identify the value of helping children and youth stay part of their families and culture, because strengthening families is the first goal of child welfare services.
 6. Identify what foster parents and adoptive parents are expected to know and do as members of a professional team whose goal is to protect children and strengthen families.
 7. Identify the benefits of family foster care and adoption for children and families.
 8. Describe the rewards of fostering and adopting for foster families and adoptive families.
 9. Describe the special situations and needs of the various types of children who receive foster care and adoption services.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbooks, prospective foster parents and adoptive parents will be able to:

1. Describe how foster parenting has changed during its 150-year history.
2. Describe how adoption services have grown more professional in the United States.

Session One

Agenda

Part I: Welcome and Introductions

- A. Participant Introductions
- B. Use of the PRIDEbook
- C. Review of Session One Competencies, Objectives, and Agenda
- D. Discussion of Teamwork Agreements
- E. Purpose of the Program: Connecting Preservice Training with Assessment, Licensing, and Certification

Session One:
Connecting
with
PRIDE

Resource 1-B

Part II: Connecting with Family Foster Care and Adoption: What? Why? Who? How?

- A. *Making a Difference!* Video
- B. Discussion of Perspectives

Part III: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Two
- G. Making a Difference!
- H. End Session

Requirements for Participation in the Foster PRIDE/Adopt PRIDE Training Program

Session One:

Connecting
with
PRIDE

Participants wanting to care for related children only must complete the six hour relative only in-class or DVD training. Completing sessions 1-9 is strongly encouraged.

Resource 1-C

Participants who wish to become licensed for the placement of unrelated children in their home must complete sessions three through nine. For married couples, both spouses are required to attend the nine Foster PRIDE/Adopt PRIDE training classes

Participants who complete all nine sessions of Foster PRIDE/Adopt PRIDE and complete and turn in all PRIDE Connections to the trainers will receive 27 hours of foster parent training credit

The sessions are designed to be presented in order. Participants who attend them in order will benefit most from the training. Participants who must miss a session because of an emergency or who know in advance that they will be unable to attend a sessions or sessions should notify the trainers or their licensing worker as soon as possible so that arrangements for attending make up sessions can be made.

Educational Advocacy classes will also be offered. Attendance at this training is encouraged. Here participants learn about the special education system and how to advocate for a child in school.

Attending nine sessions and Educational Advocacy training involves a significant commitment of time. As a foster or adoptive parent you will need this kind of commitment and all of the knowledge and skills you will gain from this training to care for children who have been removed from their families due to abuse or neglect. These children come into the child welfare system with numerous needs for which the PRIDE training will prepare you to help them. Thank you for making the time to attend Foster PRIDE/Adopt PRIDE.

Key Points

Defining Foster PRIDE/Adopt PRIDE

Foster

P
R
I
D
E

Adoptive

Session One:
Connecting
with
PRIDE

Resource 1-D

Foster

**PARENTS’
RESOURCE
for
INFORMATION
DEVELOPMENT
EDUCATION**

Adopt(ive)

To **foster** means to nurture, or to help someone to grow. So family foster care means to help a child grow in a family, in a caring way.

To **adopt** means to take as your own. Of course you would nurture your own child, in your family, in a caring way. As an adoptive parent, you would treat the child placed with you in the same way.

For people like you, who wish to become foster **parents** and adoptive **parents**, Foster PRIDE/Adopt PRIDE is a **resource**. Its goal is to share essential **information** for your development into a successful new adoptive family or foster family.

This process includes **education** for all of us. We’ll help you learn the knowledge and skills you need to make an informed decision about fostering or adopting, and to get off to a healthy start. You need to educate us about you and your ideas about adopting or fostering.

Then we will make the best decision about whether fostering is right for you, or adoption is right for you. Remember, sometimes folks decide that neither fostering nor adopting is right at this time. That’s okay, too. What’s important is to make the right decision, together.

Connecting Preservice Training Sessions to Assessment, Licensing, and Certification

Session One:
Connecting
with
PRIDE

Resource 1-D
Page 2

The nine training sessions cover the knowledge and skills you will need to *become* foster parents and adoptive parents. We call these “competencies.” Experienced foster parents, adoptive parents, and social workers from around the country worked together to decide upon these competencies. We think they are key to our agency’s mission to protect children and strengthen families.

What we will cover in our training sessions is closely connected to what your Family Development Specialist will discuss with you in your at-home meetings. The training sessions will give you a chance to learn about and experience the competencies that new foster parents and adoptive parents need. In your at-home meetings, you and your Family Development Specialist will assess together whether you have or can develop these competencies and how willing you are to become foster parents or adoptive parents.

By the end of our sessions, we expect one of four outcomes:

- The agency and you agree that your competencies and interests fit with our program goals. We invite you to become part of our team of foster parents and adoptive parents.
- The agency and you agree that your competencies and interests do not fit with our program goals. You choose not to foster or adopt at this time.
- The agency finds that your competencies fit with the program, but you are not interested and you select out of the program at this time.
- You find that your competencies and interests fit but the agency does not agree with you. In this case, the agency has the final say because we are legally required to protect the children in our care. Our job is to find foster families and adoptive families for children, and not to find children for adults who want them. We sincerely hope you understand this.

The Foster PRIDE/Adopt PRIDE program takes a lot of your time and energy when you aren’t certain of the outcome. But we have learned that it’s worthwhile to take time now to make the best assessment possible. It keeps children from further disruptions, and protects you and your family as well from an unhappy experience.

Connecting with Fostering and Adopting

What is family foster care?

- Family foster care is a service provided by child welfare agencies to ensure that children who must be separated from their families are cared for by nurturing families who are trained and (licensed, certified, or approved) to meet the child's needs.
- Provides an opportunity for children and families to heal, grow, and develop.
- Has as its primary goal strengthening families, so that children can be reunited with families who are able to provide safe, nurturing relationships intended to last a lifetime.
- Provides an opportunity for children and youth to be connected to other families when reunification with parents or kin is not possible.
- In some situations, may provide a family that is willing and able to make a permanent commitment to the child if reunification with parents or kin is not possible.

What is adoption?

- Adoption legally connects parents with children who were not born to them; it comes with the same rights and responsibilities that exist between children and their birth parents.
- Should take place by an agency-approved or certified adoptive family; this family may be the child's foster family or may be a resource family certified only for adoption.
- Helps children with no nurturing family of their own to join a family offering care, protection, and opportunities for growth and development.
- Offers parents who cannot rear their children a chance to give those children caring, lifetime relationships with a different family.

Session One:

Connecting
with
PRIDE

Resource 1-D

Page 3

Why do children and families need child welfare services?

- Due to tragedies such as alcohol and other drug abuse, HIV/AIDS, special medical circumstances, physical or sexual abuse, neglect, and emotional maltreatment. Poverty or homelessness should not be reasons for separating children from their families.
- Because some parents decide they are not able or willing to raise their children. They choose to end their parental rights.

What are the mission and goals of a child welfare agency?

- Protect and nurture children.
- Strengthen families.
- Provide children and families at risk with the services and supports they need to maintain safe, nurturing relationships intended to last a lifetime.
- These goals are also reflected on a national level through Federal legislation. The Adoption and Safe Families Act of 1997 identifies safety, permanence, and well-being as the outcomes to be achieved for all children served by the child welfare system.

How are children and families referred for family foster care and adoption services?

- Families usually come to the attention of child welfare services through reports of child abuse and neglect from the community. These reports may be filed by teachers, neighbors, doctors, or family members, or by the families themselves.
- Families may be referred for child welfare services by the court. Most states have provisions for services to youth who are truant or runaway, but who have not committed a crime.

Why do children need foster care services?

- Child welfare agencies provide services to help strengthen families. These services are provided while the child remains in the home whenever possible.
- At times it may be determined that the child will be at risk if he or she remains in the home. The child may be removed immediately, especially if there has been severe trauma.

-
- In other situations, the agency attempts to work with the family, but if the family does not cooperate with services or correct the situation that brought the case to the attention of the agency, a decision may be made to place the child in family foster care.

Why do children need adoption services?

- When children are placed into family foster care, the agency usually seeks to strengthen the family and reunite the child with the family.
- In situations where families do not participate in services or do not make the changes to ensure the child's safety and well-being, the agency must begin to make other plans for the child. Adoption is often the plan of choice if a child cannot return home.
- An agency may work toward two plans at one time. Often, the agency may be seeking to reunify the child with the family, but may also be working on an adoption plan in case reunification cannot occur.
- In order to be adopted, the birth parents' rights must be legally terminated. This can occur voluntarily, when birth parents sign a voluntary consent agreeing to allow the child to be adopted. If the parents don't agree with the adoption plan, it can happen through a court process when a judge decides to terminate parental rights and allow the child to be adopted.

What is a "competency" and why do foster parents and adoptive parents need competencies?

- Competencies are the knowledge and skills you need to do a certain role within an organization to help meet its goals.
- Foster parents and adoptive parents have essential roles within a child welfare agency. To help the agency reach its goals, they must have competencies like every other member of the agency's team.

What are the competencies that foster parents and adoptive parents need?

- Protecting and nurturing children.
- Meeting children's developmental needs and addressing developmental delays.
- Supporting relationships between children and their families.
- Connecting children to safe, nurturing relationships intended to last a lifetime.

Resource 1-D
Page 6

- Working as a member of a professional team.
- There are four levels of competencies: being aware; understanding and knowing; having skills; and using skills. Before being licensed or certified, prospective foster and adoptive parents should be competent at the first two levels: being aware, and understanding/knowing.

What are some examples of the five competencies as seen in the video?

- Protecting and nurturing: Emma helps Vernon with his sad, bad, and mad feelings about his mama when he takes out these feelings on Nathan's rose bush. The adoptive parents learn all they can about Vernon to help keep him safe.
- Meeting developmental needs and addressing developmental delays: Carleton talks about sexual behavior risks with Nathan. Emma helps Vernon catch up in math. Manuela Hernandez and her family learn the skills to be able to foster and then adopt a child who is medically fragile. Ann Kowalski helps Rose graduate from high school.
- Supporting relationships between children and their families: The Hansons help Nathan protect and nurture the rose bush. They support his return to his father. They accept the importance of Vernon's parents through his mother's picture and his father's visits. Ann Kowalski helps Rose stay connected to her brother and grandmother. Vernon's adoptive parents get training to help him stay in touch with his father.
- Connecting children to safe, nurturing relationships intended to last a lifetime: The Hansons work with Nathan's social worker to help reunite him with his father. They work with Vernon's social worker to help him make the move to an adoptive family. Vernon's adoptive parents learn all they can about his past life with his mother and the Hansons to prepare for a lifetime relationship with Vernon.
- Working as a member of a professional team: Vernon's teacher and social worker (Trisha Walker) talk about how to help Vernon. Emma plans to call Trisha Walker for help with his "big feelings." The Hansons and Trisha Walker work together to return Nathan to his father and to place Vernon with an adoptive family. Vernon's social worker, adoption worker, foster parents, and adoptive parents all cooperate to share information and plan his transition.

What are some supports for foster parents and adoptive parents as shown in the *Making a Difference!* video?

- Family and friends.
- Agency and social workers.
- Foster parent association and adoptive parent support groups.
- Foster parent training programs.
- The community, such as the place of worship.

What are some of the challenges of fostering, and why?

- Making the decision to foster.
- Managing the impact on one's own family.
- Sharing parenting with the birth family and the agency (such as making decisions about case planning, visits, or reunification).
- Helping children with their sad, bad, and mad feelings and behaviors. These may be due to poverty, homelessness, alcohol and other drugs, trauma, neglect, and separation from parents, siblings, and kin.
- Learning how to support a child's cultural identity and connections to family, community, and culture.
- Helping children transition into their families and out of their families by working with the child's other caregivers including birth families, kinship families, adoptive families, or other foster families.

What are some of the challenges of adopting?

- Making the decision to adopt.
- Managing the impact on one's own family (children, marriage, kin, finances, neighbors, health, employment).
- Sharing the parenting experience with the child's birth parents, the foster parents, and the agency.
- Helping children with their feelings about being adopted as they develop from infancy to adulthood

-
- Helping children understand the meaning of adoption as they develop from infancy to adulthood.
 - Forming lifetime attachments with children.

What are some of the challenges of being a “permanency planning” family?

- All of the challenges of fostering and adopting, as well as;
- Focusing on the child’s need for permanence, whether that means reunification or adoption in your family;
- Risking separation from a child to whom you are attached.

Dates and Overview of Foster PRIDE/Adopt PRIDE Sessions

(Please write dates in space provided)

_____ Session One – Connecting with PRIDE

Session One gives you the unique opportunity to learn about the world of foster care and adoption through the stories of children receiving child welfare services. The video *Making a Difference!* portrays how families come to the attention of child welfare agencies and how the team of child welfare professionals work together on behalf of the child. You will see how different foster families and adoptive families work as part of that team to provide for the challenging needs of children in their care. The video stirs feelings of sadness and inspiration and raises questions that will continue to be addressed throughout the training program.

Session One also welcomes you to Foster PRIDE/Adopt PRIDE. It explains how this training program fits in with the process of assessing and selecting foster families and adoptive families. You will discover how families are licensed and certified for this important work. Session One spells out the knowledge and skills (known as “competencies”) that successful foster families and adoptive families need.

Session One introduces several regular features of Foster PRIDE/Adopt PRIDE. These include PRIDE Connections (linking classroom learning with life experiences); *Making a Difference!* (stories illustrating the rewards of fostering and adopting); Key Points (a summary of important information discussed in each session); You Need to Know! (lessons to study at home); A Birth Parent’s Perspective (stories and letters from parents to promote understanding the families of children in care); and Promoting Safety, Permanence, and Well-Being (helpful parenting resources and tips for ongoing use that supplement the training program).

_____ Session Two – Teamwork toward Permanence

One of the most challenging tasks for foster families and adoptive families involves developing an understanding of birth family issues—knowing how to talk with children about their families and being able to support their family relationships. This session lays the foundation for this understanding by first exploring the ways in which families support a child’s identity, cultural heritage, and self-esteem. In a video called *Family Forever*, actual foster parents and birth parents talk about their experiences working together on behalf of

child. You will have the opportunity to view and discuss some short video vignettes that demonstrate the skills of “shared parenting.” This session also conveys why we value permanence in the lives of children and how we seek

to provide it. Your group will learn why teamwork is the best way to promote permanence for children and families. Through participation in this Session you will discover the important role of foster parents and adoptive parents as members of a professional team.

_____Session Three – Meeting Developmental Needs: Attachment

A unique activity called a “guided imagery” invites you to think through the feelings and experiences of a baby’s entry into the world. In this way, Session Three reviews some of the “basics” of child growth and development. You will be asked to consider how important it is for children to form deep and lasting attachments. Session Three then explores how abuse, neglect, and trauma impact a child’s attachments, development, and behavior. In a video clip, a youth named “Kevin” discusses the impact of his life experiences on his ability to form positive attachments. Your group then work with some additional

case vignettes to explore ways in which foster parents and adoptive parents, working with other team members, go about building positive attachments with children so their developmental needs may be met.

_____Session Four – Meeting Development Needs: Loss

When children are separated from the only family they have known, an overwhelming sense of loss may slow growth and development. This session covers the types of losses children have before they enter foster care. It explores how placement can deepen the child’s sense of loss. Session Four reviews the stages of loss, and their impact on the child, with an emphasis on how loss affects the child’s behavior. Your group will have the opportunity to look in greater depth at the losses that Kevin (from the video vignette in the previous session) experienced throughout his life.

Loss is presented as something everyone must face. You will have a chance to consider your own response to loss. Based on this, you will discuss how you might respond to losses that come with fostering and adopting, as well as how you can help children cope with their losses.

_____Session Five – Strengthening Family Relationships

This session focuses on how families instill identity, cultural heritage, and self-esteem in children. You will have the opportunity to learn ways to help a child develop positive cultural identity at different developmental stages.

The importance of family connections and continuity is also addressed. Session Five reviews the child welfare goal of returning children in foster care to their birth families whenever possible. As this concept is discussed your group will consider how the team can support this goal, known as “reunification.”

One way to strengthen family relationships is by scheduling visits between children in foster care and their birth parents. Session Five gives very practical information about how to plan for visits, how to get children ready for them, and how to handle their reactions when the visit ends. Several video vignettes illustrate specific skills related to planning for and handling visits.

Session One:
Connecting
with
PRIDE

Resource 1-E
Page 3

_____ Session Six – Meeting Development Needs: Discipline

Session Six explores the challenge of discipline. It includes a definition of discipline, a set of goals, and a discussion about how discipline is different from punishment. You will review the agency’s policy on discipline and discuss why physical punishment is not permitted. Session Six covers the knowledge, skills, and personal qualities adults need to instill discipline. Your group will explore the meaning of a child’s behavior and the factors that influence behavior. The session offers an outline of ways foster parents and adoptive parents can best meet the goal of providing discipline that works. By reviewing several video vignettes you will learn specific discipline skills and their use with different types of children and situations. You will also discuss strategies for managing the behavior of children who have experienced abuse, neglect, and trauma. Finally, the session focuses on the steps to take to manage crisis situations and de-escalate problem behaviors.

_____ Session Seven – Continuing Family Relationships

In this session, a “Job Description for Permanency Planning Team Members” outlines the specific tasks needed in order to help children achieve their permanent goal. Goals for reaching permanence are detailed, starting with efforts to support families, and to place children back in their birth families or in the home of a relative. This session promotes understanding of permanency timeframes, and the importance of the “child’s clock” in making permanency decisions. You will learn about concurrent planning as a strategy for achieving permanence in a more timely fashion. Session Seven presents other ways to provide lifelong connections for children who cannot grow up in their families. These include adoption, planned long-term foster care, and independent living. The session ends with a discussion of cultural issues in permanency planning, the impact of transracial placements on children, and ways to support children’s developing identity when they are in transracial placements.

Session Eight – Planning for Change

How would your family be different after having a child placed in your care? Session Eight takes a practical view of what to expect during the first hours, days, and weeks of a child's placement in a home. You will learn what to ask the worker and how to talk to the child. You will also have the opportunity to explore how placement will impact your family, and particularly your own children. This session explores both the immediate and the long-term impact of placement. Video vignettes explore specific skills in dealing with the impact of fostering and adopting on different family members.

Fostering and adopting carry some risks for families, and these will be discussed. Specifically your group will explore ways to create a safe and healing home environment for children who have experienced sexual abuse, and strategies for handling the behaviors of these children. The session ends with a look at how foster families and adoptive families find support from other team members.

Session Nine – Taking PRIDE: Making an Informed Decision

In this closing session, you will hear from a panel of experienced members of the foster care team. Birth parents, foster parents, adoptive parents, workers, and other members of the child welfare team present their views and answer questions. You will have a chance to reflect on your own growth in the knowledge and skills required for foster parenting or adoptive parenting. You will be on your way toward a final decision about making a commitment to becoming a foster parent or adoptive parent.

Foster PRIDE/Adopt PRIDE
FDS/Trainer's Worksheet

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Family Name: _____
Training Dates: _____ through _____
FDS Name: _____
Trainer Name: _____

Session One:
Connecting
with
PRIDE

Resource 1-F

Competency 1: Protecting and nurturing children
(Particularly related to Sessions 1, 2, 9)

Comments

Competency 2: Meeting children's developmental needs and addressing
developmental delays (Particularly related to Sessions 1, 3, 4, 6)

Comments

----- .
Competency 3: Supporting relationships between children and their families
(Particularly related to Sessions 1, 2, 3, 4, 5)

Comments

Session One:

Connecting
with
PRIDE

Resource 1-F

Page 2

Competency 4: Connecting children to safe, nurturing relationships intended
to last a lifetime (particularly related to Sessions 1, 7)

Comments

Competency 5: Working as a member of a professional team
(particularly related to Sessions 1, 2, 5, 7, 9)

Comments

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Session One:
Connecting
with
PRIDE

Resource 1-F
Page 3

Connecting with Fostering and Adopting: *Making a Difference!* Video

Session One:

Connecting
with
PRIDE

About the Video

Making a Difference! is a 35-minute docudrama performed by professional actors. You will see stories told by characters directly to the camera, and dramatic vignettes.

Resource 1-G

This video is meant to:

- Give you “the big picture” of what is involved in fostering and adopting. This will help you learn the basics during Foster PRIDE/ Adopt PRIDE.
- Inspire and challenge you by connecting you emotionally to the part you might play in protecting and nurturing children, and strengthening families.

The adults, children, and youth in the video are actors. The feelings and behaviors they portray relate to a range of family foster care and adoption issues.

In real life, there are many types of individuals, families, ethnic backgrounds, cultures, and communities. So these actors cannot represent everyone involved in the child welfare system, or all the situations that occur.

It is up to you, along with the Foster PRIDE/Adopt PRIDE trainers, to apply what you see in the video to your own experiences. As you do so, consider your own age, gender, cultural and ethnic perspective, and the role you might play in fostering or adopting.

Questions for Discussion

- What is family foster care?
- What is adoption?
- Why do children and families need child welfare services?
- What are the mission and goals of a child welfare agency?
- How do children and families get referred for child welfare services?
- Why do children need foster care services?

-
- Why do children need adoption services?
 - What is meant by the term “competency” and why do foster parents and adoptive parents, like workers, need competencies?
 - What are the five “competency categories” for foster parents and adoptive parents? How competent do prospective foster parents and adoptive parents need to be?
 - What are some examples of competencies you observed in the *Making a Difference!* video?
 - What are some sources of support for foster parents and adoptive parents as seen in the video?
 - What are some of the challenges of fostering?
 - What are some of the challenges of adopting?
 - What are some of the challenges of being a “permanency planning” or “concurrent planning” family?

You Need to Know!

About the History of Family Foster Care¹

Session One:
Connecting
with
PRIDE

Resource 1-H

Foster parenting, as a formal, institutional practice in the United States, has gone through four major changes in its 150-year history. In the early years, until the 1970s, foster parents were viewed as parents. During the 1970s and 1980s foster parents were viewed as parents plus. In the 1990s foster parents were increasingly asked to develop more skills and to raise children with challenging needs. In this new millenium, more timely and creative strategies for ensuring permanence are a focus.

Early Foster Parenting: Foster Parents as Parents

Before family foster care, children in need of care were viewed by many cultures as being the responsibility of the tribe, clan, or extended family. Early Judaism and Christianity required care of dependent children as a duty under law.²

A tradition of assistance within kinship networks is an important part of many diverse cultures. Many European and Asian immigrant groups brought to the new world the value that extended family cared for children when parents were not able to do so. Kinship care has long been a tradition among African American families; Native Americans strongly value tribal ties.³

During the early history of the United States, African American, Latino, and Asian children received care primarily through the resources of their extended families, tribes, or clans, as did many Caucasian children. Indian children were cared for by their tribes as far as possible; however, government policies and programs limited tribal sovereignty (for example, the Bureau of Indian Affairs in the late nineteenth century established Indian boarding schools to separate children from their families and reservations).⁴

Some children without parents did not receive care through their extended families. These children, primarily Caucasian, lived in orphanages, institutions, and asylums. Often they lived with adults who were mentally ill or who had other disabling conditions, such as mental retardation. The practice of indenture, imported from England, placed needy children with artisans who provided support, care, and training in exchange for work. This practice ended by 1875.

¹ Adapted from Pasztor, E.M., Polowy, M., Leighton, M., and Conte, R.P. (1992). The Ultimate Challenge: Foster Parenting in the 1990s. Washington DC: Child Welfare League of America, pp 12–15.

² Downs, S.W., Costin, L.B., & McFadden, E.J. (1996). Child Welfare and Family Services Policies and Practice. New York: Longman Publishers, p. 264.

³ Ibid., pp. 254–255.

⁴ Ibid

Early foster care was called “placing out.” The father of foster care was Charles Loring Brace, who, in the 1850s in New York City, founded the Children’s Aid Society. Brace believed that the family was “God’s reformatory,” and that all children needed a home.

The “orphan train” movement placed children from poor families (and children who truly were orphans) from eastern cities into farm families in the Midwest. Between the 1850s and 1930, as many as 150,000 children traveled west on these trains.

Foster parents were supposed to provide education, religious training, and job training until children turned 16. At that point, society assumed they would be on their own.

Home studies were done by local screening committees made up of town leaders (ministers, judges, newspaper editors).

Early assumptions about foster care included:

- Foster parents could substitute for the birth family (introducing the term “substitute care”). Foster parenting was viewed as the same as parenting one’s own children.
- Foster care was like adoption. Birth parents generally stayed out of sight and out of mind. The term “up for adoption” may have come from placing the children up on auction blocks when the orphan trains pulled into the stations. Local families could then choose the child they wanted.
- Children were viewed as a legitimate source of labor. Most of the families lived on farms and the more children one had, the more the farm could produce. Teenage boys were often the first youngsters selected.
- Children had no special problems or needs apart from being dependent or neglected. They needed to grow up in families that treated them like “one of their own.”

The first White House Conference on Children, convened in 1909, acknowledged the right of every child to grow up in a family. The U.S. Children’s Bureau was established in 1912. In 1920, the Child Welfare League of America was founded. It set national policies and standards.

The years 1920–1970 saw a growing awareness that foster parents had to provide more than just basic child care. A controversy arose over whether foster parents, in relation to the agency, were most like social workers, colleagues, children’s parents (clients), or something in between.

The 1970s and 1980s: Foster Parents as Parents, *Plus*

Session One:
Connecting
with
PRIDE

Resource 1-H Page 3

In the 1970s:

- Studies uncovered the problem of foster care drift. This refers to children growing up in foster care when their parents actually could care for them, and children moving from home to home without any permanence.
- The foster care population grew to 500,000 by 1978.
- The media and the National Commission on Children in Need of Parents attacked foster care as “a sure way to waste money and harm children.”
- The National Foster Parents Association (NFPA) was formed by the U.S. Children’s Bureau and the Child Welfare League of America.
- “Parenting Plus,” the first nationally standardized foster parent training program, was funded by the Children’s Bureau and developed by the Child Welfare League of America. It is based on our belief that foster parenting requires more than the basic parenting skills.

In the 1980s:

- The permanency planning movement recognized the need and right of every child to grow up in one family, with caring parents and relationships intended to last a lifetime. This is based on research showing that being without permanent parents harms children psychologically.
- Public Law 96-272, the federal Adoption Assistance and Child Welfare Act of 1980, provided incentives to keep children in their own homes and place children for adoption. It caused a short-term decrease in the foster care population by almost 50%, and an increase in foster parent training programs nationwide.
- A new population of children with “special needs” emerged. This included children with more serious emotional problems, behavioral problems, handicapping conditions, and learning disabilities. Often, sibling groups, older children, and children of color were included in this category. “Special needs” children have also been labeled “hard to place,” a phrase that blames the children for their needs.

By the mid to late 1980s, dramatic changes were occurring:

- The number of child abuse and neglect cases increased 140% in one decade, to 2.4 million nationally in 1989.
- The number of children in out-of-home care increased to 370,000, up from 225,000 in the early 1980s.
- The number of foster families decreased to 125,000 from 147,000 earlier in the decade.
- A large number of children of color were separated from their parents and placed in foster care. This highlights the impact of poverty, home- lessness, and racism on the child welfare system.

The 1990s: New Challenges, New Skills

Foster parenting changed significantly during the 1990s because the needs and problems of children and youth required foster parents to offer more than general parenting skills. At national, state, and local levels it was recognized that the role of fostering had changed. With the change came the need for better preparation for the fostering role, more ongoing supports, increased attention to ongoing professional development, and increased and ongoing efforts to promote teamwork on behalf of children and their families.

The development of the PRIDE model grew out of the recognition of the foster parent's and adoptive parent's changing role. It is representative of the commitment that states, counties, and agencies must make to develop and support competent family resources. Across the country, child welfare systems have worked to meet this challenge.

Within the child welfare system, other changes occurred during the 1990s. Most significant was the recognition that children were still languishing within the foster care system. Efforts to address "foster care drift" had not been successful, or at best had been overshadowed by the need to respond to the ever increasing numbers of children entering the foster care system over the previous two decades. While agencies struggled to build strong child welfare teams, there was one area in which team members were usually in agreement: the system needed to be more responsive and timely in meeting children's needs for permanence.

Resource 1-H
Page 5

The Adoption and Safe Families Act of 1997 (ASFA) was a landmark attempt to significantly change the way in which child welfare systems delivered services and worked toward permanence for children. This national legislation set forth clear timelines for decision making, hoping to promote permanence in a more timely manner and reduce the length of time children remain in foster care.

At the end of the 1990s, it was clear that the child welfare system on a national level was struggling to determine how best to meet the requirements of ASFA.

Concurrent planning was one approach to more timely permanence. Simply put, concurrent planning means the agency works toward two goals at one time, so that if one goal does not work out, the other can be implemented. For example, the child welfare team may be working to reunify a child with his or her family, while also exploring adoption. If the child is unable to return to the family, then efforts will already be underway toward adoption.

Other changes that were not solely a result of ASFA but were supported by the ASFA legislation included:

- Increased efforts to coordinate permanency planning with legal and court systems.
- Greater focus on increasing the number of adoptions.
- Emphasis on developing “Permanency Planning Foster Families” or families who would be able to help reunify a child with the parents, but who were willing to consider adoption if the reunification could not occur.
- Increased efforts to involve birth families in planning for their child’s permanence.

Finally, an evolving change has been the recognition that foster families and adoptive families do not usually reflect two separate populations. In fact, with ASFA and the need to develop Permanency Planning Foster Families, the differences between the two roles have further blurred. While recognizing that adoption and foster care represent two different and distinct services for a child, we have long recognized that there are many similarities in the skills needed for each role. In the late 1990s, more than half of the children adopted within the child welfare system remained with their foster families.⁵

⁵ Petit, M.R., Curtis, P.A., Woodruff, K, Arnold, L., Feagans, L, & Ang, J. (1999). Child abuse and neglect: A look at the states. Washington, DC: Child Welfare League of America.

2000 and Beyond

As we consider new challenges, it is important to remember that within child welfare we have made great strides. Managing very complicated issues, where people have many strong and conflicting feelings, the child welfare system has emerged with clear goals. We have learned from our past and are struggling to build new and improved practice models to support what we know. We know that children and youth in care today have needs that require a different role for foster parents. We know that:

- Almost all children and youth in foster care have special needs. Some, with HIV/AIDS, or alcohol and other drug exposure, have extraordinary needs.
- No one can substitute completely for the birth family. Out of sight does not mean out of mind.
- Most youth in care are not ready for independent living by the age of 18, or even 21, and need long term relationships.
- Children and youth in care have more contact with foster parents than anyone else, so the foster parent's relationship with them is invaluable.

We also know, therefore, that it is essential to:

- Protect and nurture children and youth in a safe, healthy environment with unconditional positive support.
- Meet developmental needs by: building self-esteem; supporting cultural and spiritual identity; providing positive guidance; using appropriate discipline; supporting intellectual growth; and encouraging friendships.
- Support relationships between children and youth and their birth families.
- Promote permanence for children, leading to a return home or other safe and nurturing relationships intended to last a lifetime.
- Work as part of a professional team because the needs of children, youth, and their families are so complex and perplexing that no one can do all the care and social services alone.

Increasingly, children and their families require the help and services of a diverse professional team that includes foster parents. It helps to have others who share the problems, and the successes!

You Need to Know! About the History of Adoption⁶

Session One:
Connecting
with
PRIDE

Resource 1-H
Page 7

Like foster care, adoption has its roots in informal child care arrangements in many cultures dating from ancient times. References to adoption are found in the texts of the Chinese, Hindus, Babylonians, Romans, Hebrews, and Egyptians. The purpose of adoption varied, from continuing family religious traditions to providing an heir to expressing kinship-based and tribal values. An inscription from the tomb of a Babylonian king from 2,800 BC illustrates this age-old practice:

The River carried
Me to Akki, the water carrier.
Akki the water carrier
Lifted me up
In the kindness of
His heart.
Akki the water carrier
Raised me as his own son.⁷

⁶ Portions of this history were adapted from Downs, S.W., Costin, L.B., & McFadden, E.J. (1996). *Child Welfare and Family Services Policies and Practice*. New York: Longman Publishers.

⁷ Merton, Robert K., et al. (1957). *The Student-Physician: Introductory Studies in the Sociology of Medical Education*. Cambridge, MA: Harvard University Press, p. 598.

Early Adoption Policies and Practices in the United States

As it was with ancient people, so it is with many groups in this country. Care by kin is a time honored tradition among most cultures. Among people of color, for example, informal adoption, or kinship care, has long been a means of caring for children who cannot live with their parents.

Informal adoption means the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents by other adults who have a kinship bond with a child, or by unrelated adults whom the family considers to be family members. In these informal arrangements, families decide that children will live with kin; the courts are not involved in the decision.

African American families have informally adopted children in their kin networks for many generations. “Through the years, thousands of African American children have been reared by loving, concerned grandparents, aunts, uncles, other relatives, or friend of the family because, for some reason, the children’s birth parents were unable to raise them. . . .”⁸

Until the 1970s, most adoption agencies served middle class Caucasian families; for many reasons African American families did not use these agencies. Informal rather than formal adoption has been the custom until recently, when the need for and interest in legal adoption has grown.

Before the nineteenth century, Indian children needing care were provided for by their tribes. Indian communities had a cohesive communal life; children belonged to the community, not to an individual or couple. Parenting was shared within the extended family by members who provided long-term care for children who could not live with their parents. Beginning in the nineteenth century, official U.S. policy emphasized the forced assimilation of Indians into the world of the white society. The result was that by the 1970s one quarter of all Indian children were separated from their tribes, and living in boarding schools, foster families or adoptive families. The Indian Child Welfare Act of 1978 reaffirmed the jurisdiction of the tribal courts over the placement of Indian children with the intent of reducing the number of Indian children placed with non-Indian families.

⁸ National Adoption Information Clearinghouse. (1995). *Adoption and African American Families*. Washington, DC: Author.

Session One:

Connecting
with
PRIDE

Resource 1-H

Page 9

The practice of kin parenting children when parents cannot is a value that was shared as well by many early European and Asian immigrant groups, who provided for their children needing long-term care through informal adoption by extended family members.

Adoption as a formal, legal process emerged in the second half of the nineteenth century, and it primarily involved Caucasian children. Formal adoption means the social, emotional, and legal process through which children who cannot be reared by their birth parents become legal members of another family who can meet their on-going developmental needs. As the practice of legal adoption grew, laws governing it were passed, patterned after English law. For example:

- Texas passed the first adoption law in 1850 as a means of transferring property to a child.
- Massachusetts passed a law in 1851 that allowed for adoption with “the written consent of the parents, if living, or of his guardian or next friend if the parents were deceased.”
- Individual adoptions in other states took place by special state legislative acts, by informal practice and agreement between birth parents and adoptive parents, or by contract.
- Most adoption agencies were founded and staffed by lay persons, even into the twentieth century.
- An 1891 Michigan law required judges to check on families before entering a decree of adoption, but there were no standards to guide them or the agency handling the task.
- A 1917 Minnesota law required a social investigation by certain people or agencies before the court review.
- Gradually, laws and court decisions built a record of considering the “best interests of the child” and protections including:
 - a trial period before the final decree was entered.
 - adoptive records kept from public inspection.
 - changes in birth certificates.
 - limits on advertising about adoption.

Adoption As a Professional Service

Several developments furthered professional adoption practices in the U.S.:

- In 1921, Sophie van Senden Theis of the New York School of Philanthropy (now the School of Social Work of Columbia University) developed a manual of professional principles for adoption practices focusing on:
 - the parents' role.
 - the study and selection of the adoptive family.
 - agency responsibility for placing and supervising the child.
- The U.S. Children's Bureau encouraged and supported public child welfare services.
- CWLA in 1938 studied adoption practices and published its first professional standards to guide adoption agencies.
- The large number of homeless children at the end of World War II increased demand on adoption agencies and changed many requirements and selection practices. It increased the practice of independent adoptions, or placements arranged by individuals rather than licensed child-placing agencies.
- Adoption agencies responded by professionalizing their staffs and expanding their focus. They began recruiting adoptive parents for children of color and sibling groups.

Adoption in the 1970s and 1980s

- Originally adoption was considered a service for Caucasian infertile couples seeking normal, healthy infants. Increasingly adoption developed as a service for virtually all children who could not stay with their parents or kin, and who need stable, nurturing families.
- Two important national child welfare reform laws that supported adoption services were enacted during this period:
 - the Adoption Opportunities Act of 1978 (Public Law 95-266) provides federal support for recruiting adoptive families, and for post-adoption services.
 - the Indian Child Welfare Act of 1978 (25 U.S.C. 1902) was passed to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.” ICWA establishes federal requirements that apply to the jurisdiction, placement, and permanency of any child in state custody who is a member or is eligible to be a member of a federally recognized Indian tribe.

- the Child Welfare and Adoption Assistance Act of 1980 (Public Law 96-272) commits federal resources to placing children with adoptive families and required permanency planning efforts on behalf of children.

Adoption in the 1990s

Throughout the 1990s, the child welfare system continued to struggle to meet the permanency planning needs of children in the foster care system and the requirements of The Child Welfare and Adoption Assistance Act of 1980. A significant challenge was the dramatic increase in the number of children placed in family foster care and requiring permanency planning services. In addition, the profile of children in need of adoption was changing. The children were often older, part of a sibling group, and had physical, emotional, and developmental needs due to exposure to alcohol and other drugs, HIV, and child trauma. In addition, many of the children were of color.

As the profile of children needing adoption changed, the focus of recruitment efforts for adoptive families also began to change:

- Recruitment began to focus on people who could effectively meet the challenges of the adoptive role; from older parents who had already raised children, to two-parent working families, to single parents. Adoptive families were sought that represented all cultures, ethnic groups and religions, and included families with modest incomes as well as those who were wealthy.
- Many agencies began to recognize their responsibility to reach out to families of color to help them feel more welcome and more comfortable about formal adoption. The tradition of informal adoption among families of color continues today and will probably continue far into the future. Unfortunately, however, so many children of color in family foster care needed permanent homes that informal arrangements alone could not meet their needs.⁹

Along with these changes, there were changes in adoption practice as well. As older children and sibling groups were being adopted, we were simultaneously learning more and more about the importance of birth families to the child's identity, growth, and development. This led to greater "openness" in adoption—meaning that adoption in all cases does not mean a complete and final separation from all contact with the birth family. Openness can refer to yearly letters and pictures, or some type of yearly structured contact, or informal contact on an ongoing basis.

⁹ National Adoption Information Clearinghouse. (1995). *Adoption and African American Families*. Washington, DC: Author.

All of these changes in adoption services began to point to one group of families with tremendous potential to be effective adoptive families—foster families. These families were often familiar with special needs, enjoyed older children and sibling groups, and had in many situations demonstrated skills in working with birth parents. This practice had at one time been frowned upon, but it became clear that foster families could become effective adoptive families. An added benefit for many children was that this prevented an additional transition to another home.

The Future of Adoption

With the passage of the Adoption and Safe Families Act of 1997, adoption was championed. The challenges of meeting the requirements of ASFA are paramount. As agencies move in a more timely fashion, the need for more adoptive families increases. In addition, these children often have special needs, have ties to their birth families, and have experienced different types of trauma.

Recruiting and preparing families for the challenge of adopting remains an important focus of the child welfare system; and so does assisting foster families to make the decision to adopt and preparing foster families for the adoptive role. Thousands of adoptive families bear testimony to the rewards of adopting, and providing a child with the legal and social status that comes from having a family of your own and lifetime relationships.

YOU NEED TO KNOW IN ILLINOIS!

INTRODUCTION

In our country, the delivery of child welfare services is primarily the responsibility of the individual states. Although the needs of children and families are much the same wherever they live, each State is organized to deliver these services in a way which is particular to each state. Many states and even other countries use the Foster PRIDE/Adopt PRIDE program-which was developed in Illinois-to prepare families for a successful foster care or adoption experience.

To assure your success, you need to know how the child welfare system works in Illinois. Just as the skills necessary to drive a car are the same wherever you drive, you still must know the —Rules of the Road” for the state or country in which you are driving. In the same way, the **“You Need to Know in Illinois!”** sections of the PRIDE book provide you with specific information about the child welfare policies and practices in our state.

“You Need to Know in Illinois!” is essential information for foster parents and adoptive parents. It is important that you read it and bring any questions to your Foster PRIDE/ Adopt PRIDE classroom trainers or the agency staff person responsible for completing the assessment/licensing process with you. **“You Need to Know in Illinois!”** is found near the end of all nine sessions in your PRIDEbook. An index of the contents of **“You Need to Know in Illinois!”** for all nine sessions is in the appendices. The first **“You Need to Know in Illinois!”** is on the next page.

YOU NEED TO KNOW IN ILLINOIS!

Mission Statement of the Department of Children and Family Services

The Mission of DCFS is to:

- Protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them
- Provide for the well being of children in our care
- Provide appropriate, permanent families as quickly as possible for those children who cannot safely return home
- Support early intervention and child abuse prevention activities
- Work in partnership with communities to fulfill this mission

Keeping children safe and providing permanent families for children are the two primary goals of the child welfare system. These goals are achieved through returning children home or providing for adoption or guardianship.

DCFS is committed to acting in the best interest of every child it serves and to helping families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse or neglect.

YOU NEED TO KNOW IN ILLINOIS!

The History of Child Welfare in Illinois

Public child welfare in Illinois began at the end of the Civil War—in 1865 when the Illinois Soldier’s and Sailor’s Orphan Home was established in Normal. It was later renamed, the Illinois Soldier’s and Sailor’s School. During the years its doors remained open, child welfare services were provided only to the children of parents having honorable veteran’s status.

The Illinois history of voluntary (private) agencies providing child welfare services began in 1849, when the Chicago Orphan Asylum (now Chicago Child Care Society) was founded to care for orphans whose parents died of bubonic plague in Chicago as they traveled West in search of gold. Other disasters in Illinois bred other voluntary agencies serving specific populations of children identified by religious and ethnic backgrounds.

Many of these agencies were known across the nation for progressive program and leadership in child welfare. It was assumed that if the voluntary agencies —to care of their own”, there was little need for state money to support child welfare services. The Great Depression of the 1930’s changed that assumption.

In 1874 in New York, the court protected an abused child under the Prevention of Cruelty to Animals. There were no laws specifically to protect children. Illinois and other states soon passed legislation prohibiting cruelty to children. In 1899 with the help of Jane Addams and Julia Lathrop of Hull House in Chicago, Illinois was the first state to adopt a Juvenile Court Act containing basic child protection procedures.

In 1912, the Federal government established The Children’s Bureau which was the first federal agency to focus on the welfare of children. In 1939 The Social Security Act was amended making Federal funds available for services to children. In Illinois, local governments provided child welfare to children (other than veterans’ children) but were now able to use Federal funds in providing these services.

In 1951, the Illinois Commission on Children was created to implement the recommendations of the 1950 White House Conference on Children. The Commission succeeded in raising public awareness that thousands of Illinois children were excluded from child welfare services. It took until 1961 for the Commission to formalize and for the General Assembly to join in a thorough study of all aspects of services to children.

On January 1, 1964 – 99 years after the beginning of public child welfare in Illinois, the General Assembly created the Illinois Department of Children and Family Services and the state assumed the fundamental responsibility for safeguarding the children in Illinois with comprehensive child welfare services, including foster and adoptive parents as members of the professional child welfare service in Illinois!

The DCFS/Private Agency Partnership in Serving Children and Families

In most other states, child welfare services are provided by an “umbrella agency” which also includes public assistance, mental health and other financial and social services. In Illinois, the Department of Children and Family Services (DCFS) stands as a separate agency whose Director reports to the Governor. DCFS has its own budget which enables the State to focus on services which, through the General Assembly are determined as necessary for children and families to receive.

DCFS provides many, but not all, services to children and families directly. Often, DCFS contracts with other agencies, organizations and individuals to provide needed services. Agencies contracted by DCFS to provide child welfare services are called “private” because such agencies have a Board of Directors who make decisions about the business and practices of the agency.

Private agencies that have contracts with DCFS to operate foster care programs receive cases from DCFS; work directly with children and families to meet needs; and report and document a family’s progress as well as a child’s health, safety and well-being or needs to the juvenile court. Private agencies recruit, train and recommend foster parents for licensing by DCFS. Private agencies implement the Foster Parent Law within their agency and supervise and support their foster parents. Each private agency develops and implements its own policy for operating procedures and available supports to foster families and the children in their care, such as camp, after school care, training and support groups.

DCFS also directly recruits, directly licenses, trains, supervises and supports foster families for its own foster care program. Each DCFS administrative “region” is responsible for implementing the Foster Parent Law. And like each private agency, DCFS decides what supports will be made available to foster families under its direct supervision.

While the laws and goals governing the work of DCFS and the private agencies in providing permanency and meeting the needs of children and families are the same state wide, the supports available to Illinois foster families can vary from private agency to private agency and from private agency to DCFS. Prospective

foster parents should talk to a number of agencies with foster care programs in order to decide which agency provides the kinds of supports which best match their needs, interests and special skills.

Foster Care by Relatives

When children must be removed from the care of their parents, the agency explores the possibility of placing children with relatives who can safely and adequately care for them. Placement with a relative can sustain the child's connection to family and be in the child's best interest when the child has had a prior, comfortable relationship with the relative.

Relatives, who are willing and able to care for a child, may become licensed as foster family homes. Once the relative family is licensed, the family receives the same foster care payment for the related child as families who provide foster care for children who are unrelated to them.

If a relative does not wish to be licensed as a foster family home, or, has submitted an application for licensure which is pending or has been denied, the relative still may provide care for a related child for whom the Department is legally responsible as long as the relative family home meets certain conditions specified in DCFS Rule. In these instances, board payments for the care of a related child are less than the childcare payments to licensed foster family homes.

Relative families, whether licensed or not, also must be able to meet a child's needs for safety, well-being and permanency. They must agree to cooperate with helping develop and achieve the child's Permanency Goal and cooperate with any conditions or limitations on the parent-child visiting plan.

PRIDE Connections

Session One:
Connecting
with
PRIDE

Resource 1-I

Name: _____

Date: _____

Family Development Specialist: _____

When families first call the agency to ask about foster care or adoption, they have certain expectations. Even before you called, you probably thought about what fostering or adopting would mean to your family. Think, now, about three things you hoped would happen if you became a foster parent or adoptive parent.

When I think about fostering or adopting a child, I hope these three things will happen for me and for my family:

1. _____
2. _____
3. _____

What you have learned so far about foster care and adoption may be just what you expected, or it may challenge some of your expectations. Read the following statements about foster care and adoption, and circle an answer: “Not at all what I expected,” or “Somewhat as I expected,” or “Exactly what I expected.”

1. Because of the life experiences and special needs of the children, foster care and adoption can have a significant impact on all members of the foster family or adoptive family.
Not at all what I expected Somewhat as I expected Exactly what I expected
2. Being a foster parent or adoptive parent means sharing the child with birth parents and professionals, and making decisions as a team on behalf of the child’s best interests.
Not at all what I expected Somewhat as I expected Exactly what I expected
3. Foster parents and adoptive parents have to be ready to talk with children about sensitive issues in order to help the children when they are feeling confused or troubled.
Not at all what I expected Somewhat as I expected Exactly what I expected
4. In many cases foster parents have to be able to help children return to their birth parents.
Not at all what I expected Somewhat as I expected Exactly what I expected

-
5. Vernon, in the film, was acting out typical behavior of a young child who is separated from his family.
Not at all what I expected Somewhat as I expected Exactly what I expected
6. Foster parents do not necessarily adopt the children in their homes, even if those children will not return to their birth families.
Not at all what I expected Somewhat as I expected Exactly what I expected
7. Many children in foster care and adoption will be involved with a counselor or therapist while living with the foster family or adoptive family.
Not at all what I expected Somewhat as I expected Exactly what I expected
8. Foster parents and adoptive parents need to be able to use help from a lot of people and places in order to meet the needs of the children and their birth families.
Not at all what I expected Somewhat as I expected Exactly what I expected
9. Foster families and adoptive families need a lot of information on how to protect and nurture children, meet their needs, support their family relationships, and work with teams.
Not at all what I expected Somewhat as I expected Exactly what I expected
10. Foster parents and adoptive parents have to be committed to continue learning about how to meet the needs of the children in their home.
Not at all what I expected Somewhat as I expected Exactly what I expected

Making a Difference!

Thanks to the professionals of the child welfare system, Vernon, Nathan, Rose, Maggie's kids, and the Hernandez's child will have a chance to grow up with the basic rights denied to so many children:

- The right to be protected against neglect, cruelty, abuse, and exploitation.
- The right to safe housing, health care, and an education that prepares them for the future.
- The right to be a unique person whose individuality is protected from violation.
- The right to prepare for the responsibilities of parenthood, family life, and citizenship.
- The right to maintain relationships with people who are important to them.
- The right to a stable family.
- The right to safe, nurturing relationships intended to last a lifetime.

Session Two

Teamwork toward Permanence

Session Two

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Know the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem.
- Understand cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster family or adoptive family.
- Understand the concept of permanence for children and why children in family foster care are at risk for not being connected to lifetime relationships.
- Know the relationship between child welfare law, the agency mandate, and how the agency carries out its mandate.
- Understand the laws which define the forms of child maltreatment and child protection and the legal processes related to child placement and permanency planning.
- Know the roles, rights, and responsibilities of foster parents and adoptive parents.
- Know the purpose of service planning.
- Know the agency's service appeal policy.
- Know their shared responsibility for open communication with other members of the child welfare team.
- Know the importance of being non-judgmental in caring for children, working with their families and collaborating with other members of the team.
- Know the unique aspects of the adoptive parent role which differentiate adoptive families from birth families and foster families.

Session Two:
Teamwork
toward
Permanence

Resource 2-A

----- .
In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Explain the agency's responsibility and mandate to protect children, and to strengthen and support families.
2. Describe the relationship between child welfare law, agency mandate, and how the agency carries out its mandate.
3. Describe how child protection services are delivered to families.
4. Describe how the agency uses assessment and service planning to help support and strengthen families.
5. Describe the needs that families meet for children including: physical, emotional, social, cultural, and learning.
6. Identify the factors that make it difficult for a family to meet a child's needs.
7. Explain how foster care is a support service to families.
8. Identify the difference between the child's emotional sense of family, and legal definitions of family based on custody determinations.
9. Define permanence, permanency planning, and concurrent planning.
10. Describe the differing roles of parenting, foster parenting, and adoptive parenting in promoting permanence.
11. Explain the importance of teamwork in protecting and nurturing children, and promoting permanence for children.
12. List the skills used in the teamwork process.
13. Provide reasons that teamwork may be challenging to team members.
14. Identify ways to help team members meet the challenge of teamwork.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Identify the mandate, structure, and relevant regulations of the child welfare agency.
2. Describe the laws that define child abuse and neglect, and child protection.
3. Describe the laws that influence the process of child placement and permanency planning.
4. Describe the role of team members in service planning.
5. Explain how to use the agency's service appeal process.
6. 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.

Session Two:

Teamwork
toward
Permanence

Resource 2-B

Session Two

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session One
- C. Making Connections with Assessment, Licensing, and Certification

Part II: The Child Welfare Challenge

- A. Understanding Child Protective Services
- B. Understanding the Importance of Parents, Families, and Culture to Children
- C. The Challenge of Permanence for Children

Part III: Working as a Member of a Professional Team toward Permanence for Children

- A. Shared Parenting and the Importance of Teamwork
- B. Teamwork: Definition and Skills

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Three
- G. Making a Difference!
- H. End Session

Mandate to Serve Children and Families

You Need to Know in Illinois!

Mandate to Serve Children and Families

Session Two:
Teamwork
toward
Permanence

Resource 2-C

By law, child welfare services *must* be provided to

1. Abused and neglected children and their families.

Physical abuse occurs when a parent or person responsible for the child's care

- inflicts, causes or allows to be inflicted upon a child, by other than accidental means, a physical injury which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function.
- “creates a substantial risk of physical injury or mental injury” likely to have the physical impacts listed above.
- commits “acts of torture.”
- inflicts excessive corporal punishment.
- commits or allows to be committed the mutilation of female genitalia.

2. Sexual abuse occurs when a person responsible for the child's welfare commits any of the following with the child:

- Sexually penetrates a child.
- Sexually exploits a child.
- Sexually molests a child.
- Sexually transmits diseases to a child.

3. Neglect occurs when a person responsible for a child

- deprives or fails to provide the child with adequate food, clothing, shelter, or needed medical treatment.
- provides inadequate supervision of a child under age 14.
- permits the child to be in an environment injurious to his/her welfare.
- gives birth to an infant whose blood, urine or meconium contains any amount of a controlled substance (unless the controlled substance is due to medical treatment given the mother.)

Resource 2-M
(Page 2)

4. Dependent children and their families.

A “dependent” child is one who is under age 18, is without a parent, guardian or legal custodian or is without proper care because of the physical or mental disability of his parent, guardian or legal custodian; or, who has a parent, guardian or legal custodian who is unable for “good cause” to provide for the child’s needs without state assistance. (An example of “good cause” is a child under age 18 with severe mental health problems.)

5. Children under the age of 13 who have been found to be delinquent by the court and their families. (In some cases, children 10 years or older may be transferred to the Illinois Department of Corrections.)

“Delinquency” includes all legal offenses which would be offenses if committed by an adult.

1. Children for whom DCFS already has court-ordered responsibility who are subsequently found by the court to be either delinquent or to require authoritative intervention with their families. DCFS is unable to continue service children over age 13 when the court has found them to be delinquent or requiring Minor Requiring Authoritative Intervention (MRAI)

A “Minor Requiring Authoritative Intervention is legally defined as

- Being under the age of 18
- Absent from home without the consent of the parent, guardian, or custodian
- Beyond the control of the parent, guardian, or custodian
- Refusing to return home after crisis intervention services have been offered during a period of limited custody.

Also, DCFS may elect to provide child welfare services to other families who request services, or who DCFS decides are in need of services and whom DCFS believes will benefit from these services.

Session Two:

Teamwork
toward
Permanence

Resource 2-D

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

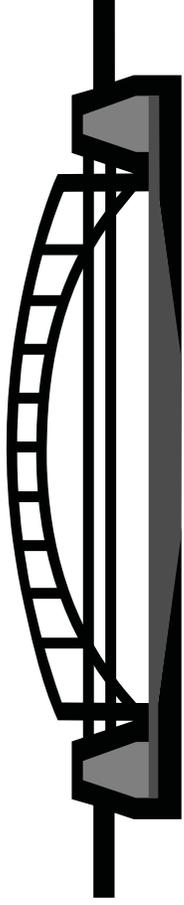
- whether or not the child’s situation call for coercive State intervention in the family’s life, and, if so,
- what intervention is in the best interest of the child.

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.

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
- 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

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 advice
- 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

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
- 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

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
- 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 birth parents, we also bridge the gap between children and their families.

Permanency Planning Activity

Instructions:

Jot down answers to each of the following questions in the space provided.

Session Two:
Teamwork
toward
Permanence

1. What do you plan to do tomorrow?

Resource 2-F

2. Who do you plan to have with you tomorrow?

3. What do you want to be doing one year from now (personally or professionally)?

4. Who do you plan to have with you?

5. What would you like to accomplish in the next five years?

6. 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.

Differences between Parenting, Foster Parenting, and Adoptive Parenting

It may be helpful for you to view parenting as having three components:

- Giving birth.
- Protecting and nurturing.
- Legal responsibility.

Session Two:
Teamwork
toward
Permanence

Resource 2-G

Most people grow up with parents who provide all three functions. They are attached to one set of parents. For a child placed with a foster family or an adoptive family, the situation is different.

A child in foster care experiences “parenting” from at least three sources: there are the parents who gave birth to the child; the agency/courts who have temporary legal custody (shared with the parents), or permanent custody if the parental rights have been terminated; and the foster parents who provide daily care and nurturing.

For a child who is adopted, parenting is divided between those who gave birth to the child, and adoptive parents who provide daily care and nurturing, as well as maintaining full legal custody.

One of the most challenging tasks in child welfare work is to make sure that children are not torn between or among the different parts of parenting. To the fullest extent possible, all three parts should match for a child. When all three parts can't match because children need foster parents or adoptive parents, it is our responsibility to reduce trauma or conflict for the child.

Definition of a Professional Team and Teamwork Skills

Session Two:
Teamwork
toward
Permanence

Resource 2-H

A Professional Team Is Two or More People Who:

- Share common purposes, goals, objectives, and values.
- Have a body of knowledge, set of skills, and set of values to meet the team's purposes, goals, and objectives.
- Have complementary roles with individual expertise, or knowledge and skills, needed by the team to achieve its goals and objectives.
- Agree upon decisions and plans to achieve the team's goals and objectives.
- Work together to implement the team's decisions and plans.
- Have established methods for preventing and resolving conflicts, including having a team leader, captain or coach.
- Assess the achievement of their goals and objectives.
- Change their goals and objectives, members of the team, decisions and plans, and ways to solve problems as needed.

Teamwork Is a Process That Includes the Following Skills:

- Determining shared goals and objectives.
- Identifying and respecting complementary roles and individual expertise.
- Making and implementing decisions and plans.
- Resolving conflicts in the best interests of the group's goals and objectives.
- Assessing achievements and progress toward goals and objectives.
- Making new plans as needed.

Pasztor, E.M., Polowy, M., Leighton, M., and Conte, R. (1992). The Ultimate Challenge: Foster Parenting in the 1990s. Washington, DC: Child Welfare League of America. Trainer's Guide, p. 113-177.

Charlie's Situation

You have been assigned to a group representing a role on the child welfare team: parent, foster parent, social worker, school personnel, or counselor. Read the following scenario. Brainstorm in your group possible answers to the following question:

What knowledge, skills, and/or expertise does this person or role bring to the team?

Session Two:
Teamwork
toward
Permanence

Resource 2-I

Case scenario:

Meet Charlie, age 10, who has been in family foster care for five months. He is currently in the fourth grade and having serious behavioral difficulties in school. He is easily distracted and volatile. Without warning, he “flies off the handle” and shows a pattern of not completing class assignments. His teacher reports that lately, when discussing family matters with Charlie, the child bursts into tears. The teacher has tried a variety of behavior management programs with Charlie and has experienced some success. But his progress is erratic, and the teacher is becoming discouraged.

Currently, Charlie's mom is enrolled in a residential “detox” program which encourages family visits. Charlie and his mom see a counselor there. The counselor is trying to help Charlie understand substance abuse, and that Charlie is not responsible for the family's problems. The counselor is in the process of enrolling Charlie in a group for children. Charlie wants to leave foster care and go home, and always cries at the end of his sessions.

Charlie's foster parents are very committed to helping him. They see worrisome behavioral changes and are becoming increasingly concerned for Charlie's well-being and his future. Charlie is a bright child who shows great talent in art. The adults in his life all wish to help him.

The teacher has requested a meeting to discuss Charlie's school progress. His classroom behavior is alarming to her, and she is concerned about him.

Key Points: The Child Welfare Challenge

Session Two:
Teamwork
toward
Permanence

Resource 2-J

A. Understanding Child Protective Services

Local, state, and federal governments work together to help support families and ensure that children's needs are met. This is done through public and private child welfare agencies that carry out mandates to ensure that:

- Children are protected from risk and harm.
- Children are connected to permanent relationships intended to last a lifetime.

Children are protected from risk and harm through the establishment of child protective services. These services seek to provide families with needed supports to ensure the safety and well-being of children.

The agency also has a responsibility to ensure that children are connected to permanent relationships intended to last a lifetime. The agency accomplishes this by seeking to reunite a child with his or her family whenever possible, or when not possible, by connecting the child to another family.

Sometimes there is tension between the agency's role in protecting children and the agency's role in ensuring lifelong connections. But both are critical. If we focus on only one and not the other, then we are not providing for all the child's needs. In this sense the two goals are not in conflict. They are both about meeting the child's needs.

Child protective services focus on ensuring the safety and well-being of children. Child protection laws were initiated as part of the Child Abuse Prevention and Treatment Act in 1974. Now all states have systems designed to ensure reporting of suspected child abuse and neglect and investigations of these reports. If the child protection agency believes the child is at risk of harm, the case is opened to provide services to the family and ensure the child's safety. Sometimes the situation is serious, or the family does not participate in the provided services, and the agency determines that the only way to ensure the child's safety and well-being is to separate the child from the family.

When children are separated from their families, family foster care is a means to provide for the child's needs and protect the child from risk and harm. Foster care is also used as a means to reduce stress for families and enable the family, through treatment or services, to resume care for the child. In this sense, family foster care is a service that helps support and equip families.

It is important for foster families and adoptive families to understand the role of child protective services because this is how most children enter foster care, including children who eventually need adoption services. The agency policy and regulations define how the agency carries out the mandate to protect children. Child protection has affected these children's lives in a very big way and you need to understand what child protection work involves.

B. Understanding the Importance of Families

A fundamental belief in child welfare is that parents and families are essential to the growth and development of children. We strongly believe that all children are entitled to grow up with their own parents, whenever possible, and in their best interests. When children cannot grow up with their own family, then they need another family to provide for their needs.

Families provide us, from birth, with our sense of who we are, where we belong, and how we are connected. Children require an attachment to parents to develop self-reliance and an ability to trust others. Early attachments and relationships help form the basis for future relationships. Being attached to parents is the means by which children develop a conscience, get along with others, and develop positive self-esteem.*

Families are also the means for transmitting society's values, establishing cultural identities, and handing down knowledge from one generation to another.

Because of the important role that families play in the growth and development of children, families need supports, help, and assistance to do their job. All families experience stress and difficulty, but unfortunately, all families do not have supports available.

Communities, states, tribes, and the federal government—all of us—must work together to support children and their families. We are best able to help children by providing supports, assistance, and help to families. This, in turn, will help families to better meet the needs of children.

C. The Challenge of Permanence for Children

If the child's family is unable or unwilling to meet the needs of the child, the agency is then committed to developing and supporting another family to assume the lifetime responsibility and commitment to the child.

* Fahlberg, V. (1991). *A Child's Journey Through Placement*. Indianapolis, IN: Perspectives Press.

Permanence means:

- Having a sense of one's past; including cultural heritage and identity.
- Having a legal and social status that comes from being a family member.
- Having safe, nurturing relationships intended to last a lifetime; "intended," because no one can predict or guarantee the future.

Establishing permanence for a child can be a challenging process. It is more complicated than establishing a service plan goal, identifying a potential permanent placement for the child, or going through a legal proceeding, although these may be steps in the process. We need to understand what gives the child a strong sense of stability, predictability, and identity. We can look at two components when trying to determine how to best establish permanence for a child.

- "Connections" refer to long-term and ongoing relationships with people who have a lifetime commitment to the child. Connections provide the child with belonging and stability, including a sense of cultural community.
- "Continuity" refers to children's ability to understand and make connections between their past, present, and the future. It has to do with knowing where you've been and where you're going. Continuity also provides the child with a sense of cultural heritage.

It may be hard for children in need of family foster care or adoption services to have a sense of family continuity for the following reasons:

- Sometimes children have had several moves and cannot keep up with where they've been.
- Maybe no one has been there to take pictures and give the child a sense of family history.
- Maybe the child has had painful experiences that he/she does not wish to remember.
- Sometimes children are placed in homes that do not reflect their cultural identity and heritage.
- Sometimes as children move they lose things, such as picture albums, that might provide them with a sense of history.

Connections and continuity are both essential to ensuring the child's sense of permanence. But these are not things that just happen. In order to ensure permanence, certain tasks and activities must be completed. The process of identifying a goal and establishing the tasks to achieve that goal is often referred to as permanency planning.

Concurrent planning is a way to approach permanency planning. Due to increasing concerns about the length of time it takes some children to achieve permanence, working toward two goals at the same time can be an effective strategy. An example would be working to reunify a child with his/her family while also working toward adoption in case reunification is not possible.

D. Working as A Member of a Professional Team

Teamwork is essential to helping children achieve permanence and deal with loyalty conflicts. But teamwork isn't something that just happens. There are specific skills that the team must be able to accomplish in order to be effective. Teamwork is challenging, yet there are guidelines to help the team achieve its goals.

- Team members need to share child welfare values and laws.

When team members value the child's relationships, then it is easier for the team to work together toward supporting those relationships. Likewise, when team members understand the legal issues in child welfare, it helps them better grasp the agency's mandate and responsibility. In issues as emotionally charged as attachment, separation and loss, and child abuse, there will not always be shared values. If your values strongly conflict with those of child welfare, or if you strongly disagree with the laws that guide child welfare practice, you must question whether you can effectively work on the team.

- Team members need to respect one another's complementary roles, and value one another's perspectives.

Different team members have different expertise to offer. The value of complementary skills is one of the greatest assets of teamwork. But members, by virtue of their various roles and skills, also bring different perspectives to the team. Perspectives do not need to be judged right or wrong, but need to be considered as part of the team's overall decision making process. If the team does not value its members' perspectives, important information may be lost, and the child can suffer.

- Team members need to understand goals and objectives, and ensure that these are shared.

When you are a team member, you cannot base your actions on your own assessment of a situation. The team needs to share information and ensure a common understanding of the goal, and the work required to achieve the goal. For example, suppose that Nathan's foster family (in the video) believed it was in Nathan's best interest for the parental rights of his parents to be terminated. Imagine they based this belief on their knowledge of Nathan and their feelings for him. But Nathan's social worker Trish Walker believed the best goal for the child and family was reunification, based on her knowledge and information about the family. If Nathan's foster family and the social worker fail to communicate with one another, team members may work at cross purposes.

Children need to be free from risk and harm, and they also need to be connected to parents and families for the past, the present, and the future. The concept of permanence recognizes the need and right of children to live in families that value and pursue building lifetime relationships.

The child welfare team consists of the family and child (and the tribe if an Indian child), the agency social worker and supervisor, foster family and/or adoptive family, educational and medical representatives, legal representatives, therapists and counselors. All must work together to establish permanence for the child. These are very special responsibilities, and require teamwork—all of which is an enormous challenge. To their credit, hundreds of thousands of team members meet this challenge daily, in our agency and across the country.

You Need to Know!

Service Appeal Process for Parents and Children Using Family Foster Care and Adoption Services

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Session Two:
Teamwork
toward
Permanence

Resource 2-K

If a foster parent disagrees with *any portion* of the service plan, including any amendments made by the Administrative Case Reviewer, he/she may request a decision review *within five working days* after the ACR by sending a written request to:

DCFS Deputy Director of Administrative Case Review
100 W. Randolph Street, 4th Floor
Chicago, IL Fax: 312-814-1072

Note: Amendments to the service plan resulting from court decisions at the permanency hearing or any other court order may not be the subject of a decision review.

A decision review conference will be held within 10 working days after the receipt of the request.

A final decision will be made within 10 working days after the conference. Implementation of the service plan will be stayed until the decision review conference is held, except when an issue affects compliance with a court order or the residual rights of parents.

If changes to the service plan are required by the decision review, copies of the changes will be sent to all those who are entitled to a copy of the service plan with a notice of the specific changes made, and the reason for the changes.

You Need to Know!

Relevant Regulations for Family Foster Care and Adoption Services

Session Two:
Teamwork
toward
Permanence

Resource 2-K
Page 2

Individuals or married couples wanting to foster or adopt children unrelated to them must be licensed. Relatives may be licensed to care for related children but are not required to do so.

Unrelated foster or adoptive parents must complete all licensing requirements, an assessment, and Foster PRIDE/Adopt PRIDE or equivalent training pre-approved by the Department of Children and Family Services.

Relative caregivers may elect to be licensed but are not required to do so. If they desire to be licensed, they must complete all licensing requirements, an assessment, and 6 hours of Foster PRIDE/Adopt PRIDE or equivalent training pre-approved by the Department of Children and Family Services. If licensed, relative caregivers receive the same board rate as other foster parents. If unlicensed, they receive reimbursement based on the standard of need.

If licensed relative caregivers elect to provide care to unrelated children, they must complete the remaining sessions of Foster PRIDE/Adopt PRIDE or an equivalent training program.

Related caregivers are defined as

- Any person, 21 years of age or over, other than their parent, who:
- Is currently related to the child in any of the following ways by blood or adoption:

Grandparent	Nephew	Niece
Sibling	Niece	Great Uncle
Great grandparent	First cousin	Great
Aunt	Uncle	Second cousin Godparent
	Aunt	

- Is the spouse of such a relative, or
- Is the child's step father, step mother, or adult step brother or step sister
- Is related in any of the above ways to a sibling of a child, even though the person is not related to the child when the child and its sibling are placed together with that person.

YOU NEED TO KNOW IN ILLINOIS!

Child Welfare Professionals as Team Members

Caseworkers, supervisors and administrators of DCFS and private agencies are considered to be “child welfare professionals” as defined by law and educational and performance standards required by the State of Illinois. Child welfare professionals are employees of DCFS or private agencies, authorized to act in a decision making capacity for neglected, abused or dependent children and their families.

Caseworkers provide services directly to birth parents and extended families, to children and to foster and adoptive parents by

- working with families to prevent the removal of children;
- determining and supervising the placement of children in foster care;
- developing plans to address needs and build on family strengths in order to make it possible for children to return home;
- providing direct services and interventions to accomplish permanency for children;
- providing direct interventions to aid parents in following their Service Plan and agreements made during the Administrative Case Review and monitoring parents’ progress in completing the Service Plan;
- participating in the Administrative Case Review;
- completing required forms documenting the delivery of services;
- preparing court reports and testifying in court;
- recommending a Permanency Goal and plan for each child in foster care, including termination of parental rights, if necessary.

The child and his/her parents are the clients served by the child welfare team. The caseworker, in consultation with other members of child welfare team – the caseworker’s supervisor, other agency staff, the clients, foster parents and other service providers – leads and coordinates case planning for the family and facilitates key decision making within the child welfare team.

Caseworkers are to make decisions according to the following principles of social worker practice:

- Engage clients in a supportive relationship and treat them with positive regard.
- Build on clients' apparent strengths and motivation.
- Help clients recognize their conditions, decisions and patterns of behavior and support them in the change process.
- Be consistent, honest and trustworthy.
- Treat the client as an individual and the family as a unique unit with respect for individual, group and cultural diversity.
- Treat the parent as an individual and the family with dignity and positive regard.
- Respect the family's right to be involved in planning and the decision making process.
- Maintain a commitment to a high standard of personal and professional conduct.

Birth Parents as Team Members

The dissolution of family relationship is not to be undertaken lightly. The membership of birth parents on the child welfare team is based upon their legal rights, recognition of the important nature of the parent/child relationship, and the values and goals of child welfare to provide children with safe, nurturing care in the home of the family whenever possible. When children are separated from their parents, they also are separated from all that is known and familiar to them. Including birth parents as part of the team, with the objective of enabling children to return home, enhances the opportunity for a child to regain what was lost to them.

Residual Rights of Birth Parents:

Birth parents retain some rights when their children are in foster care, if their rights have not been relinquished or terminated by the court. These "residual rights" represent the role and responsibilities of birth parents as members of the child welfare team.

The “residual rights” are

- right and duty to support the child;
- reasonable visitation (unless a judge says they cannot);
- know information about the child, including where the child is placed (unless the foster parents request that this information not to be given);
- correct the condition that led to the child’s placement in foster care and regain custody of their child;
- determine the child’s religious affiliation (including the right to allow baptism);
- participate in making decisions about the child;
- consent to the child’s adoption.

Minimum Parenting Standards:

A second aspect of the role of birth parents on the child welfare team is the “minimum parenting standards” – defined by policy and law as the parenting capacity birth parents must exhibit and maintain in order for their children to be returned to them. The “minimum parenting standards” mean that a parent or person responsible for the child’s welfare sees that the child is

- adequately fed;
- clothed appropriately for weather conditions;
- provided with adequate shelter;
- protected from severe physical, mental and emotional harm; and
- provided with necessary medical care and education as required by law.

Foster Parents as Team Members

Because they are volunteer caregivers, foster parents are not required to meet the same educational and performance standards required of “child welfare professionals” by the State of Illinois. However, being a “professional” is not only about having a certain title or image; it is about having a body of knowledge and skills that can be demonstrated. Foster parents require knowledge and many different skills to foster successfully and the Foster PRIDE/ Adopt PRIDE

program is about helping prospective foster parents and adoptive parents develop the competencies which will allow them to work *professionally* as members of child welfare team. The family assessment and being licensed according to the Licensing Standards for Foster Homes, speaks to a family having the basic qualifications to foster and to participate as members of the child welfare team.

The five Competency Categories are both the “job description” and the “performance standards” for foster parents and adoptive parents. The five Competency Categories are:

- Protecting and nurturing children
- Meeting children’s developmental needs and addressing their developmental delays
- Supporting relationships children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

While having sufficient knowledge and skills is necessary for foster parents and adoptive parents to participate in a professional way as members of the child welfare team, other and equally important attributes also are needed, such as

- Holding values which support the team’s work goals and objectives.
- Understanding the unique role the responsibilities of foster parents and adoptive parents
- Understanding and accepting the basic premise of permanency as a child welfare goal means working toward and supporting the return of children to their parents whenever safely possible and appropriate.
- Recognizing that teamwork is always complicated and requires mutual respect and individual dedication in resolving conflicts.

Someone once said that foster parenting and adoptive parenting have three parts: the “head” part, the “heart” part, and the “hard” part. The “head” part is about making the best decision possible as to whether foster care or adoption is the best choice for you, your family and your circumstances. It means thinking seriously about what it will require to fulfill the role and responsibilities. It means attempting to match your hopes and skills with the needs of children *and* families.

The “heart” part is about the emotions which are part and parcel of fostering and adopting; the attachments developed with children; the feelings about parents

who have abused or neglected their children; the satisfaction in meeting children's needs and in seeing them heal; in the hopes we have for children's futures. Being a member of the child welfare team often carries the additional emotional demands of dealing with disagreements and differences of opinion among team members.

The "hard" part is reconciling our individual hopes and needs with the hopes and needs of children and their families; seeking the "high ground" of objectivity when our feelings tend to override our judgment; not allowing *our* needs to take the place of the best interest of the child; and giving our best effort to being professional as a member of the child welfare team.

Each of the "Making a Difference!" stories in the PRIDEbook are from real foster and adoptive parents who were able to make a difference for children and families by working effectively as members of the child welfare team. They recognize that child welfare is difficult and demanding work, requiring the combined, professional efforts of many to "make a difference".

Children as Team Members

Children in substitute care are considered members of the child welfare team by virtue of the fact that they remain a part of their family unit (unless parental rights are terminated or relinquished) even though they are living away from their parents. Older children may be heard in court and participate in other ways in the decisions which affect their futures. The best *interests of the child* are the underlying principles for permanency planning and decision making by all members of the child welfare team.

The factors to be considered in determining the best interests of the child are defined in "The Juvenile Court Act." These factors are considered *within the context of the child's age and developmental needs*.

- Physical safety and welfare of the child, including food, shelter, health and clothing.
- Development of the child's identity.
- Child's background and ties including family, race, culture and religion.
- Child's sense of attachment, including
 - ✓ Child's sense of security;
 - ✓ Child's sense of familiarity;
 - ✓ Continuity of affection of the child;

- ✓ Least disruptive placement alternative for the child;
- ✓ Child's wishes and long-term goals;
- ✓ Child's community ties, including church, school and friends;
- ✓ Permanence for the child;
- ✓ Uniqueness of every child and family;
- ✓ Risks connected with entering and being in substitute case;
- ✓ Preferences of the person available to care for the child.

Benefits of Team Membership

You have learned that teamwork is necessary, complicated, takes practice and that conflicts among team members will surely arise. Being a member of the child welfare team is demanding, but there are benefits which also deserve mention.

Aside from the satisfaction in knowing you can make an important difference in the lives of children and families, there are other noteworthy benefits which can be part of being a foster parent.

Friendship:

After spending so much time together and sharing so much personal information with each other, it is not unusual for Foster PRIDE/Adopt PRIDE classmates to exchange telephone numbers and remain in touch long after the training sessions end.

There are local foster parent associations all over Illinois. There are several organizations for adoptive parents, too. Foster parent associations offer special support and understanding for concerns and frustrations you may experience in the future. After all, their members have "walked the walk". Sometimes the association meetings are purely social. There may be special events for the children at holidays and other occasions, or outing for foster parents and their families. Other times, the association meetings are opportunities to get information about changes in the rule, policy or practices which affect foster parents and/or the children in their care. Many strong friendships have developed through foster parent associations.

Leadership:

Foster parents are asked to serve in an advisory capacity in both DCFS and private agencies. There are foster parent councils in each DCFS region. Foster parent members represent other foster parents in their area in discussing and sharing information about issues related to foster care. The Statewide Foster Care Advisory Board is another avenue where foster parents, representing their area, assume a leadership role in collaboration with DCFS and private agencies on the delivery of child welfare services. Foster parents often serve on agency sponsored committees and projects regarding the delivery of child welfare services.

Enrichment:

Foster PRIDE/Adopt PRIDE training is approved for academic credit in the form of Continuing Education Units at several colleges in Illinois. Many colleges and universities in Illinois grant “returning students” academic credit for life experience and the PRIDE training and fostering experience can often be incorporated into those programs.

The Illinois Department of Children and Family Services and the Illinois Foster Parent Association sponsor two conferences annually for foster parents featuring expert presenters, inspirational speakers, awards, and a time for staff and foster parents to be together.

Through membership in the Illinois Foster and Adoptive Parent Association, foster parents receive a quarterly newspaper. DCFS provides a quarterly newsletter to all licensed foster and adoptive parents.

The National Foster Parent Association also has an annual training conference. The location of the conference rotates among the 50 states. DCFS has funded the basic cost for those foster parents who are officially designated to represent Illinois at the National Foster Parent Association Training conference.

Public Service:

Foster parenting is a community service as well as a service to children and their families.

Confidentiality

There are four fundamental considerations which apply to any discussion of “confidentiality.”

1. Children and their families, who are clients of a child welfare agency, have certain rights related to confidentiality and to their privacy.

2. There are laws, as well as DCFS rules and policies, which stipulate the requirements of maintaining the confidentiality of information about clients and these laws, rules and policies apply to foster parents.

As members of the child welfare team, foster parents receive sensitive, personal information about the child, his/her history, the reason the child is in foster care, information about the family's situation and the progress they are making or not making. Maintaining confidentiality of such information is one way foster parents protect the children in their care. Foster parents should never discuss the child or family's situation with friends, neighbors, other foster parents or acquaintances. It is impossible to know what the eventual impact of sharing such personal information might have on a child or family.

3. Maintaining confidentiality requires good personal judgment and discretion by all members of the team.

Foster parents must have sufficient information to enable them to understand and meet the needs of the child in his/her daily care. That does not mean that foster parents need to know or are entitled to know everything about a family's or a child's history and circumstances. Babysitters, school personnel and others who are part of the child's life also may have a "need to know" some aspects of the child's history but again, their need to know some things does not mean they are entitled to know everything. The best plan is to talk to the child's caseworker to decide mutually what specific information is appropriate to share.

Foster parents may be given personal information by the children in their care or by parents or family members that can relate in important ways to the needs of the child, the services the agency is providing or the agency's ability to plan effectively for the child or the family. "Good judgment" indicates the foster parents will share such information with the child's caseworker.

Sometimes foster parents are asked to share their fostering experience with the media (radio, newspaper, television.) Interviews in the foster parents' home and the potential for photographing or filming children in your care can seriously violate your ability to maintain confidentiality. Foster parents **MUST** contact the DCFS Office of Communications before proceeding.

4. The need to maintain confidentiality should not be used as a means for one team member to exercise control over another or in any other way become an obstacle to effective teamwork.

The foster parent's relationship with the child's worker is particularly important. Ongoing discussion between the foster parent and the caseworker about a child's needs and behaviors can help insure that all pertinent, available information has been provided to the foster parent. Sometimes an agency doesn't have very much information to share at the time of a child's initial placement in foster care but additional information becomes available during the course of working with the family. Some mental health information (from a therapist, psychologist or psychiatrist, for example) cannot be shared with foster parents by the caseworker without proper consents.

If there are disagreements about the nature or need for confidential information, foster parents should talk to the child's caseworker first. If the disagreement persists, the foster parent should talk to the caseworker's supervisor. As a final step, foster parents can use the DCFS Appeal System to settle disagreements related to confidentiality.

Additional information about maintaining confidentiality is found in the Foster Family Handbook and in the Foster Parent Law ("Rights" in Section 1-10 numbers 7, 8, 9, and 10 and "Responsibilities" in Section 1-20, numbers 2, 4 and 11.)

DCFS Office of Communications

Chicago: 312-814-6847

Springfield: 217-524-1970

A Birth Parent’s Perspective:
“Today Is the First Day of the
Rest of Your Life”

Session Two:
Teamwork
toward
Permanence

I’ve had my boys with me now for two years, and I have to say that these have been the best two years of my life. There was a time when this would not have been possible, or when just getting up to make breakfast or walking to the bus stop—all those simple things that you might not even think about, things that bring me so much joy— when I couldn’t have done these things. Maybe it took what happened for me to really understand how lucky I am.

Resource 2-L

I had a rough time growing up, but no worse than a lot of others, I guess. My parents took off and I lived with my aunt for a while and another aunt for a while. But I was real smart. I liked school. I guess that’s how I lucked out the first time. I even got a scholarship to college and went to state for a year. That’s where I met Jeanie. Oh when I look back now, I can still see my Jeanie and how young and pretty she was. It’s still hard for me to believe all the things that happened. When we got married we loved each other. She was pregnant with Troix, but that’s not the only reason we got married. Jeanie’s mom wasn’t too happy about the marriage. Now I can see her point a little better.

Jeanie and I did all right for a while. She kept on going to school part time and I was working two jobs. We were poor but it was a brief slice of happiness in my life. But after Ray was born something just happened to Jeanie. I’ve talked to a lot of doctors about it. She just quit being who she was and then she quit caring for the boys, and I was trying to work. For a while it was all right, but then it got worse and worse instead of better. I didn’t know what to do. Maybe now I would do things better. But both Jeanie and I were just kids—both of us just 20 years old.

Jeanie didn’t know much what to do except dream up ways to try to kill herself. I think after I took her to the hospital for the third time in one month, with the two babies in the back seat still strapped into car seats, that I just decided I couldn’t live that way. I drove the kids to Jeanie’s momma’s house. Just dropped ’em off. Decided maybe somebody else could do a better job than me, take better care of these babies, and maybe I had something to do with Jeanie not wanting to live on this earth another minute. You may fault me for leaving my kids, after all that happened I have relived that night a million times. But in my heart I think I was in such bad shape that I don’t believe I could have done anything else.

In court they made a lot about me “abandoning” my boys. And it’s true I didn’t show up to visit for months. I’m not proud of any of this. I was just trying to run away from things. I lived those two years like a vagabond. If I had any money I sent it to the boys. I was 900 miles away when Jeanie finally succeeded at what she had been trying to do for three years. I was not there to comfort my boys—they didn’t know where to find me. Jeanie’s mom took custody. When I did come back a year later she wouldn’t even let me see the boys. Jeanie’s mom died the next year—real sudden—a stroke or something. The agency came in and took custody of the boys. I found out about six months later. As soon as I found out I hitchhiked for three days to get back.

I spent a lot of time trying to explain my behavior to judges, lawyers, social workers, psychologists and just about everybody else. I guess I’m still trying to explain. There is no good explanation. But I kept remembering that little saying, “Today is the first day of the rest of your life.” The way I figured, it wasn’t too late. And I loved my boys. I really did.

I remember that first meeting at the agency. I met John and Rita Hayes, the boys’ foster parents, for the first time. I think I hated them because they had the only thing I had left in the whole world. They assigned me a social worker named Susan Heaven. I was hoping there was good luck in that name. It turned out there was.

Susan was tough at first—real businesslike and kind of uppity. She was always late and always had papers to sign. We argued a lot, and I didn’t believe she wanted me to have my sons back. She’d just look at me real cold and say, “Jim, you haven’t bothered to see the children in almost three years. Forgive me if I’m skeptical.” I guess you could say she knew how to put me in my place. But Susan helped me get a job, and she sent me to counseling and she was kind of funny—she’d get all excited when I did things or “followed through” as she said. She had this special social work talk. Then I started having regular visits, but I still didn’t want to talk to John and Rita. I thought they were my enemies, and they’d watch me real hard with the boys, like they wanted me to mess up or something. I was shocked to find out that they told Susan I was doing real good with the boys.

At the next meeting they told everybody they thought the boys needed to see me more. Then it hit me one day that they had looked real hard because they loved my boys and wanted to protect them. I had a lot of people pulling for me. Even my boss at the plant wrote Susan a letter about how responsible I was at my job. It took a long time and there were some hard times. But we started having visits at John and Rita’s house and that helped a lot. John and Rita helped the boys understand and adjust to everything. I could never have made it without them.

I still take the boys to see John and Rita. Susan Heaven sent me a Christmas card last year that said, “Thanks Jim for helping restore my faith in birth fathers. You taught me a lot.”

That made me feel good, and I did hope that maybe Susan would be a little less skeptical with the next father, but I guess being skeptical is part of her job. I live every day, just doing simple things, and getting the biggest thrill out of watching my boys grow.

PRIDE Connection

Name: _____

Session Two: Date: _____

Teamwork
toward
Permanence

Family Development Specialist: _____

Genogram

Resource 2-M

One of the competency categories for foster parents and adoptive parents is to protect and nurture children. We first learn about being protected and nurtured from the people who cared for us while we were growing up.

A genogram is a drawing of your family. A genogram first gives a basic “picture” of who is in your family. You and your family development specialist will be creating a genogram of your family as part of the mutual assessment. A genogram can help you look at how your family history affected your values and behaviors, and how your values and behaviors fit with your ability or willingness to meet the competencies of foster care and adoption.

Beginning Your Family Genogram

Begin by completing the basic information on your family on the genogram form on the next page.

Fill in the genogram chart with the basic information you know about your grandparents, parents, aunts, and uncles, brothers, sisters and children. Include their names, birth dates, and dates of death, if relevant. Marriage dates and dates of divorces can be added if you know them. If you don't know how to chart certain family relationships (such as multiple marriages, stepparents, or kinship care) write down information you don't know how to chart in the margin area.

Name: _____
Date: _____
Family Development Specialist: _____

Information about my family for the genogram:

Session Two:
Teamwork
toward
Permanence

My grandparents

Grandfather	Grandmother	Grandfather	Grandmother
Name: _____	Name: _____	Name: _____	Name: _____
Date of birth: _____			
Date of death: _____			

Resource 2-M
Page 2

My father

Name: _____
Date of birth: _____
Date of death: _____

Names of my father's siblings (in order of birth) with birth dates and dates of death if relevant:

My mother

Name: _____
Date of birth: _____
Date of death: _____

Names of my mother's siblings (in order of birth) with birth dates and dates of death if relevant:

My brothers and sisters

Names of my siblings (in order of birth) with birth dates and dates of death if relevant:

Session Two:

Teamwork
toward
Permanence

Resource 2-M
Page 3

My children

Names of my children (in order of birth) with birth dates and dates of death if relevant:

Attachments in Your Family System Today

Looking at this list of people in your family, which ones are significant to you and your family today?

What family members do you think would want to be connected to a child who joined your family through family foster care or adoption?

History of Being Protected and Nurtured

Thinking about how you were protected and nurtured will help you understand your values about this important competency and will help sensitize you to the experiences and feelings of children in family foster care and adoption. Look at the list of people on the last page and think about how you were cared for as a child.

1. As a child and teenager, in what ways were you protected and nurtured, and by whom?
2. How do you protect and nurture those you care about today?
3. How would you protect and nurture a child placed with you?

Making a Difference!

The Vermont Foster Parent Association has a distinguished state, regional, and national reputation for strengthening family foster care services. Foster parents in Vermont have taken a leadership role in statewide foster parent training, regional conferences, and in helping develop the Child Welfare League of America (CWLA) family foster care standards.

The following “Making a Difference!” example is from the statement read by Betsy Foster, as past president of the Vermont Foster Parent Association.

* * * *

Betsy Foster, Foster Parent
Vermont

Foster care has been a part of my life since I was five years old. That is the first time I lived in a foster home. It was the first time I had a social worker. I still remember her name—Miss Felvella, from right here in the Rutland, Vermont district. After a childhood of reunifications, foster placements, and stints of living with relatives, I grew up. I got married, had children, cared for foster children, did day care in my home, and now have adopted a child.

This night is not about the pain, or the grief, or the hardships of my childhood. It is about the power of those people who cared enough to make a difference. And, foster care did make a difference. Some was hurtful, even traumatic, but some was healing and supportive, and life sustaining.

In the end, when I stand at this podium as president of this association, I know I am in the company of some of the most caring, most dedicated people that I’ve ever had the pleasure of being in the same room with.

As a child, I received from my last foster mother a genuine depth of acceptance that brought me, at the age of 15, to know for the first time what it felt like to be good enough and deserving enough to be loved.

Her expectations were high, but fair. Her opinions about what was right and wrong were ingrained in her attitudes and behavior towards me and others. But, when I messed up and disappointed her, she continued to accept me just the same.

I raced through a childhood without a safe place to play, or learn, or think, or rest. I survived within a twisting whirl of adults who were out of control.

I landed, dizzy and scared on the inside, tough and rebellious on the outside, in the protective custody of a system that, for all of its imperfections, cared. I was led by a tall, matronly social worker named Helen Pierce who, while on the way to court, said to me, “It’s not your fault. Some parents just had kids before they were able to take care of them.”

She placed me in the arms of a 54-year-old woman who, for all her mistakes, and all of mine, never once abandoned me.

I stand here tonight, in the presence of staff and foster parents who are following in the path of those who, for all those years, made a difference in my life.

Every time any one of you reaches out to touch the life of a child or adolescent, whether that be in your capacity as a social worker, a supervisor, a manager, a member of the court or the legislature, a foster family doing respite, long- or short-term care, or a family adopting, you make a statement. You say, “I care about the lives of children and their families. I’m willing and able to extend a piece of myself to help heal the wounds of others.”

I heard something the other day that has stayed with me. A therapist friend of mine said, “The therapist is the guide, the client is the hero.” I believe that is true about Human Services staff and foster parents. You are the guide that lights the way for a chance at an improved life.

This year the President’s Award, without wrapping or bow, or any particular plaque that I can pass from my hand to yours, goes instead from my heart to yours. To every one of you who extends yourself to make a difference in the life of a child, who does for one child or a hundred children, what Evelyn Reynolds and the agency did for me some 20-odd years ago, I give you this year’s President’s Award, and I say thank you from the bottom of my heart where, because of people like you, many of my childhood wounds have been healed.

Session Three

Meeting Developmental Needs: Attachment

Session Three

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Understand the factors which contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse.
- Know the physical, medical, emotional, and behavioral indicators of neglect.
- Know the physical, medical, emotional, and behavioral indicators of physical abuse.
- Know the physical, medical, emotional, and behavioral indicators of sexual abuse.
- Know the indicators of emotional maltreatment.
- Know the stages of normal human growth and development.
- Know how physical abuse, sexual abuse, neglect, and emotional maltreatment affect attachment.
- Know the impact of multiple placements on a child's development.
- Know how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child behavior.
- Know how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development.
- Know the conditions and experiences that may cause developmental delays and affect attachment.
- Can apply an understanding of attachment to the adoption process.
- Can recognize developmental delays and respond appropriately.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-A

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-A

Page 2

1. List and define the three areas of development.
2. Explain that children's development is influenced by ethnic and cultural identity, education, appearance, and life experiences.
3. Explain the role of attachment in the child's overall growth and development.
4. Explain that development occurs in stages, and that each stage is important for the next.
5. Describe the use of "developmental milestones" within a wide range of what is considered normal growth and development.
6. Describe the three major developmental tasks of adolescents and why these tasks present significant challenges for youth in family foster care.
7. Describe how attachment develops as a result of having needs met.
8. Explain how child maltreatment impacts attachment.
9. Explain how attachment is affected when needs are not met.
10. Identify the conditions that contribute to delayed development.
11. Describe how a child's difficulty with attachments may be compounded by the placement process.
12. Identify ways to strengthen attachment between children and their foster families or adoptive families.
13. Explain how different types of child maltreatment may impact the child's behavior.
14. Identify strategies to deal with challenging behaviors that a child who is maltreated is likely to present.
15. Describe how chronological age and appearance affect expectations of child behavior.
16. Explain why it is important to be culturally competent when assessing a child's development.

-
17. Describe the impact of child maltreatment on the child's development.
 18. Describe how foster families and adoptive families can continue the challenging process of building attachments with children.
 19. Describe the importance of teamwork in meeting the developmental needs of children, and addressing their developmental delays.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Describe the child growth and development chart and how it can be used.
2. Describe the conditions that negatively affect child growth and development, and how these conditions affect attachment.
3. Identify the indicators of:
 - Infants exposed to alcohol/drugs during pregnancy
 - Developmental disabilities
 - Emotional maltreatment
 - Neglect
 - Physical abuse
 - Sexual abuse
 - HIV/AIDS
4. Describe ways to lessen the effects of sexual abuse on child victims.
5. 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.

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-B

Session Three

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Two
- C. Making Connections with Assessment, Licensing, and Certification

Part II: Overview of Human Development

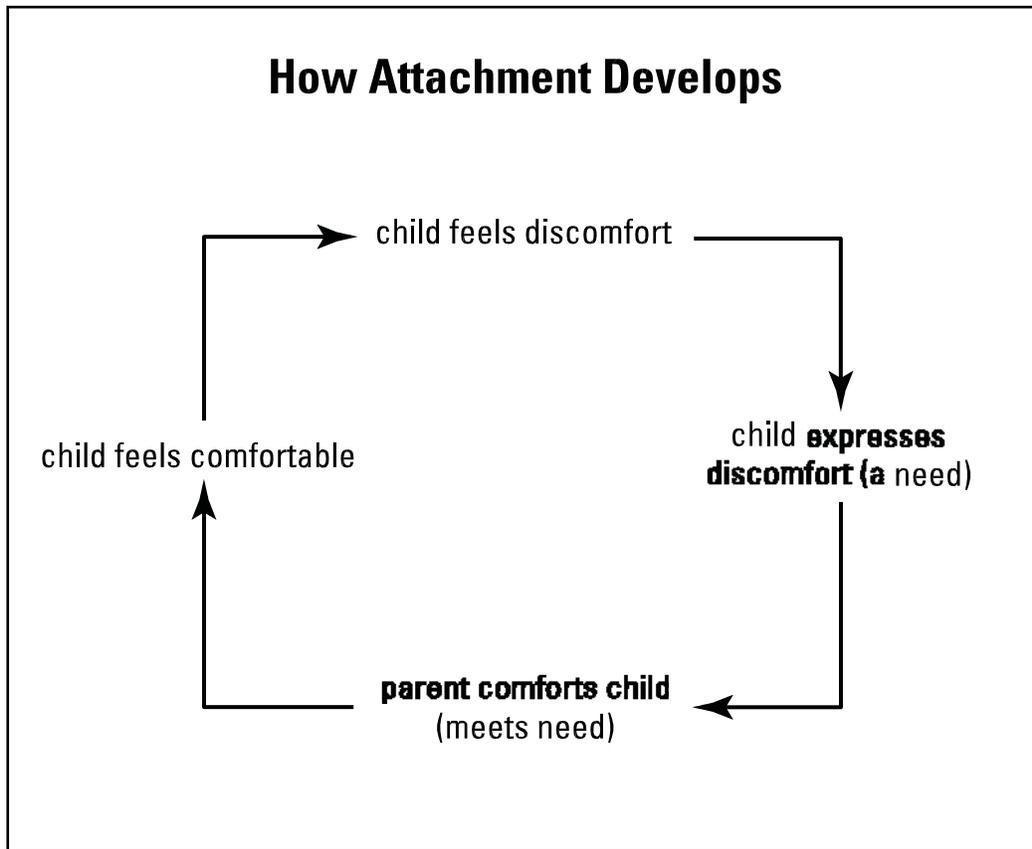
- A. The Influence of Family, Environment, and Attachment
- B. Overview of Attachment
- C. Developmental Challenges

Part III: The Impact of Maltreatment and Trauma on the Child

- A. The Child's Experience of Abuse and Neglect
- B. The Impact of Maltreatment and Trauma on Attachment
- C. The Impact of Maltreatment and Trauma on Behavior
- D. The Impact of Maltreatment and Trauma on Development

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Four
- G. Making a Difference!
- H. End Session



Resource 3-D

Definitions of Child Abuse and Neglect

Physical abuse—physical acts that caused or could have caused bodily injury to a child (Example: Hitting that results in bodily harm such as broken bones or bruises.)

Sexual abuse—the offender’s involvement of the child in sexual activity to provide sexual gratification or financial benefit to the offender, including contact with the child for sexual purposes, prostitution, exposure, or other sexually exploitative activities. Sexual abuse does not always involve direct contact. Exhibitionism, viewing pornography together, or taking sexualized pictures of a child are examples of sexual abuse that does not involve contact. Examples of direct contact include fondling, inappropriate sexual touch, or sexual intercourse.

Neglect—depriving the child of necessities; failing to provide the child with needed, age-appropriate care, even though the caregiver is financially able to do so, or offered financial or other means to do so. (Example: The home is so dirty that a toddler is exposed to broken glass and dog feces on the floor).

Medical neglect—the failure of a caregiver to provide appropriate health care for the child, resulting in harm to the child’s health, even though the caregiver is financially able to do so, or is offered financial or other means to do so.

This may include prenatal exposure to drugs. (Example: A caregiver does not provide a diabetic child with needed insulin on a consistent basis.)

Emotional/psychological maltreatment—the offender’s acts or omissions, other than physical or sexual abuse, that caused or could have caused cognitive, affective, conduct, or mental disorders in the child. (Example: A child is repeatedly told that he or she is worthless and stupid. The child, who is of average intelligence, begins to have significant problems in school, is afraid to take tests, and refuses to try to learn.)

Case Three: Annie

Annie came into care at age eight due to sexual abuse by her father. The sexual abuse consisted of fondling and digital penetration that had been occurring over a period of two to three months. Annie was also physically and emotionally abused. When Annie came into care she was very quiet and withdrawn. She would not make eye contact with the foster father and tried to stay away from him. She would talk to the foster mother, but often seemed removed and sad. The foster mother wondered if she was getting through to Annie.

1. What behaviors does Annie exhibit that may be difficult for the foster family to handle?

2. What are some strategies to deal with these behaviors?

Attachment in Children: Tips for Caregivers

Session Three:

Meeting
Developmental
Needs:
Attachment

At one time or another it is likely that you will have a child in your care who exhibits a range of behaviors that do not make sense to you and/or for whom your usual methods of discipline seem ineffective. If this is the case, it is likely that the child may have attachment issues. Many children in family foster care

do have attachment issues. This is because attachment issues often occur when a child experiences traumatic separations and losses. The very fact that the child has been placed in your care means that the child has experienced a separation from his or her family. The child's behaviors may seem overwhelming at times. However, there are some things you can keep in mind that may be of help to you in caring for the child.

Resource 3-F

Building Positive Attachment: When the child's behaviors are overwhelming to you, it may be difficult for you to consider ways to build positive attachment with the child. However, that is actually the best way to address the behavior issues in the long run. The child may continue to exhibit poor behavior as a way to ensure that you do not have positive interactions with him or her. Therefore you may have to work very hard to build positive moments into your relationship:

- Search for the rare moment when the child is able to interact positively with you and seek to build on this moment by giving the child attention. You want the child to see that positive interactions are rewarding.
- Try to find out what the child likes to do and make a special effort to spend time with the child doing these activities. It could be something simple like baking cookies or playing a game.
- Help the child develop a Lifebook. During Session 5 of Preservice you will learn more about Lifebooks and will see a sample of one. There is even more discussion of Lifebooks in Module 7 of Foster PRIDE Core (Inservice). The child may not be able to resist the fun of looking at pictures and having the opportunity to talk about him or herself.
- Encourage the child to attach to a special blanket or stuffed animal or toy, regardless of the child's age. The child needs a comfort object.
- Build nurturing and supportive routines into the child's day to day life. The child who will not accept a hug or any type of affection, may allow you to fix his or her hair, read a book, or watch a favorite show together.
- Create supportive family rituals. In the video "Making a Difference" the candle lighting ritual helped Vernon acknowledge the importance of his birth family and his foster family, and supported his transition to his adoptive family. Rituals help the child develop a cohesive sense of self through merging the past with the present.

-
- Find creative ways to communicate. Send the child a note, draw a picture, take a picture, or start a diary where you write back and forth to one another.
 - Encourage the child to be a part of your family. Explain your family traditions and rules. Encourage participation in family projects. Let the child know what life is like in your family on a day to day basis. This is referred to as “claiming” the child.

Handling the Bad Moments: The behaviors that children with attachment issues present can be overwhelming and frustrating. But there are things you can do to help both yourself and the child get through these moments.

- Realize that the behavior has very little to do with you or your parenting. The behavior is likely the result of many things that have occurred in the child’s life that you cannot control or change and the child cannot control or change.
- Handle poor behavior with as little emotion as possible. Seek to keep your voice low and even. Matter-of-factly state the rule or the behavior you are addressing as well as the consequence.
- Prioritize the behaviors you will address. Behavior that compromises the child’s or someone else’s safety is always a priority and most children, regardless of their attachment issues, will have some understanding of this.
- There may be some bad moments that you need to ignore.
- Protect the child from hurting self or others when the child tantrums. This is best done by giving the child pillows to hit, escorting the child to a safe space (where hard objects are removed and the space is filled with pillows and blankets), and reassuring the child of safety. You can say, “I am here to make sure you are safe.” Never yell or demand that the child stop the behavior. You can encourage the child by saying, “I know you are afraid. But I believe that you are going to be able to handle your feelings very soon. I am here until you can.”
- Avoid long lectures. The child is usually in an emotional state and is not able to attend to what you are saying. You will likely get more frustrated.

What to Do in the Long Run: Foster parents who deal with children who have attachment issues will tell you that it can be a long process before you see progress. But they would recommend you do the following:

- Involve the child’s team in order to ensure that the child receives all needed services. This is a child who is also likely to have issues in school. Therapy is usually necessary, as the child may have experienced multiple losses and trauma. The team needs to work together on the child’s behalf.
- Develop clear rules and expectations that are simple to remember. Session Six of Preservice Training is devoted entirely to discipline of children who have experienced abuse and neglect. Also, Modules One and Two of the Foster PRIDE Core (In-Service) Training Program offers 21 hours of instruction to help foster parents deal with behaviors.

Session Three:
Meeting
Developmental
Needs:
Attachment

- Expect the child to exhibit behaviors that are younger than his or her chronological age. Instead of getting angry or trying to get the child to change the behaviors, help the child to move through them. For example, if the child insists on sleeping with the light on, then let it be. Then try a dimmer light, then move to a night light, all the while encouraging and helping the child to feel safe.
- Patience, patience, patience.

Suggested Resources*

Resource 3-F Page 3

Some Children's Books

- Allen, M. *The Rainy Day Band*
- Berenstain, S. & J. *The Berenstain Bears and the Messy Room*
- Bloomquist, G. & P Zachary's *New Home: A Story For Foster and Adopted Children*
- Callen, L. *The Just-Right Family*
- Gikow, L. *Muppet Kids in "I'm Mad at You!"*
- Gliori, D. *No Matter What* Karst,
P. *The Invisible String* Kraus, R.
Leo the Late Bloomer Leonard,
M. *How I Feel Happy*
- Lopshire, R. *I Want to Be Somebody New!*
- Mayer, M. *I Just Forgot*
- McCourt, L. *I Love You Stinky Face*
- Modesitt, J. *Mama, If You Had A Wish*
- Moser, A. *Don't Feed the Monster on Tuesdays!*
- Moser, A. *Don't Pop Your Cork on Mondays!*
- Munsch, R. *Love You Forever*
- Piper, W. *The Little Engine that Could*
- Polocco, P. *Chicken Sunday*
- Viorst, J. *Alexander and the Terrible, Horrible, No Good, Very Bad Day*
- Wilt, J. *Handling Your Ups and Downs*
- Winter, S. *A Baby Just Like Me*

*Compiled by Nory Behana, Grossmont College Foster, Adoptive and Kinship Care Education Program

Some Books for Adults

- Cline, F & Fay, J. (2006) *Parenting Teens With Love And Logic: Preparing Teens for Responsible Adulthood*, Updated and Expanded Edition. Colorado Springs, CO: Pinon Press.
- Delise, D. & J. (1996) *Growing Good Kids: 28 Activities to Enhance Self-Awareness, Compassion, and Leadership*. Minneapolis, MN: Free Spirit Publishing.
- Goleman, D. (1994) *Emotional Intelligence*, New York: Bantam Books.
- Fahlberg, V. (1994) *A Child's Journey Through Placement*. Indianapolis, IN: Perspectives Press, Inc.
- Forbes, H. & Post, B. (2006) *Beyond Consequences, Logic, And Control: A Love Based Approach to Helping Attachment-Challenged Children with Severe Behaviors*. Orlando, FL: Beyond Consequences Institute.
- Hughes, D. (1999) *Building The Bonds Of Attachment: Awakening Love In Deeply Troubled Children*. Northvale, NJ: Jason Aronson Printers.
- Hughes, D. (2000) *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavior Change in Foster and Adopted Children*. Northvale, NJ: Jason Aronson Printers.
- Hughes, D. (2008) *Principles Of Attachment-Focused Parenting: Effective Strategies to Care for Children*. Northvale, NJ: Jason Aronson Printers.
- Jernberg, A & Booth, P. (1999) *Theraplay: Helping Parents and Children Build Better Relationships through Attachment-Based Play*. New York: Jossey-Bass, Inc.
- Jewett-Jarrett, C. (1994) *Helping Children Cope with Separation and Loss*, Revised Edition. Boston: The Harvard Common Press.
- Keck, G. & Kupecky, R. (1995) *Adopting the Hurt Child*. Colorado Springs, CO: Pinon Press.
- Levy, T. & Orlans, M. (1998) *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families*. Washington D.C.: Child Welfare League of America.
- Morin, V. (1999) *Fun to Grow On: Engaging Play Activities for Kids with Teachers, Parents and Grandparents*. Chicago: Magnolia Street Publishing.
- Nelson, J. et. al. (1992) *Positive Discipline: The First Three Years*. Rocklin, CA: Prima Press.
- Shapiro, L. (1998) *How To Raise A Child With High EQ: A Parent's Guide to Emotional Quotient*. New York: Harper Collins Publ.
- Siegel, D. (2003) *Parenting From the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive*. NY: J.P. Tarchey

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-G

Summary of Stages of Child Growth and Development

Age	Physical Milestones	Emotional/Social Milestones	Intellectual Milestones
0–3 months	<ul style="list-style-type: none"> • Sucking, grasping reflexes • Lifts head when held at shoulder • Moves arms and legs actively • Is able to follow objects and to focus 	<ul style="list-style-type: none"> • Wants to have needs met • Smiles spontaneously and responsively • Likes movement, to be held and rocked 	<ul style="list-style-type: none"> • Vocalizes sounds (coos) • Smiles and expresses pleasure when sees faces
3–6 months	<ul style="list-style-type: none"> • Rolls over • Holds head up when held in sitting position • Lifts up knees, crawling motions • Reaches for objects 	<ul style="list-style-type: none"> • Smiles responsively • Laughs aloud • Socializes with anyone, but knows mother • Responds to tickling 	<ul style="list-style-type: none"> • Recognizes primary caregiver • Uses both hands to grasp objects • Has extensive visual interests
6–9 months	<ul style="list-style-type: none"> • Sits unaided, spends more time in upright position • Learns to crawl • Climbs stairs • Develops eye-hand coordination 	<ul style="list-style-type: none"> • Prefers primary caregiver • May cry when strangers approach • Commonly exhibits separation anxiety 	<ul style="list-style-type: none"> • Puts everything in mouth • Solves simple problems, e.g., will move obstacles aside to reach objects • Transfers objects from hand to hand • Responds to changes in environment and can repeat action that caused it, (e.g., sound of rattle) • Drops objects repeatedly • Is fascinated with small objects • Begins to respond selectively to words
9–14 months	<ul style="list-style-type: none"> • Achieves mobility, strong urge to climb, crawl • Stands and walks • Learns to walk on his or her own • Learns to grasp with thumb and finger • Feeds self 	<ul style="list-style-type: none"> • Extends attachments for primary caregivers to the world; in love with world and wants to explore everything • Demonstrates object permanence: knows parents exist and will return (helps child deal with separation anxiety) • Is typically friendly and affectionate with caregivers, less so with new acquaintances 	<ul style="list-style-type: none"> • Demonstrates intentional behavior, initiates actions • Is eager for sensory experience, explores everything, has to touch and mouth every object • Curious about everything • Realizes objects exist when out of sight and will look for them (object permanence) • Stares for long periods to gain information • Is interested and understands words • Says words like “mama,” “dada”

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-G
Page 2

Age	Physical Milestones	Emotional/Social Milestones	Intellectual Milestones
14–24 months	<ul style="list-style-type: none"> • Walks and runs • Drinks from a cup alone • Turns pages of books • Scribbles spontaneously • Walks backwards • Loves to practice new skills • Uses fingers with increasing skill • Likes gymnastics and climbing and descending slides • Stacks two–three blocks 	<ul style="list-style-type: none"> • Tends to exhibit negativism; “no” stage • Becomes aware of self as an independent entity and starts to assert independence • Tests limits • Develops concept of self, fearful of injury; band-aid stage; wants everything, possessive • Tends to stay near mother and makes regular overtures to her, seeks approval, asks for help 	<ul style="list-style-type: none"> • Uses language to serve immediate needs: “mine,” “cookie” • Imitates words readily and understands a lot more than can say • Is able to do actions in head, can retain images, memory improves, experiments to see what will happen • Learns to use new means to achieve ends, e.g., can tilt objects to get them through bars in crib • Spends long periods of time exploring a single subject • Loves to play with others
2–3 years	<ul style="list-style-type: none"> • Has sufficient muscle control for toilet training • Is highly mobile, skills are refined • Uses spoon to feed self • Throws and kicks a ball • Disassembles simple objects and puts them back together • Has increased eye-hand coordination, can do simple puzzles, string beads, stack blocks 	<ul style="list-style-type: none"> • Has great difficulty sharing • Has strong urges and desires but is developing ability to exert self-control. Wants to please parents, but sometimes has difficulty containing impulses • Displays affection, especially for caregiver • Initiates own play activity and occupies self • Is able to communicate and converse • Is developing interest in peers 	<ul style="list-style-type: none"> • Is capable of thinking before acting • Is becoming very verbal • Enjoys talking to self and others • Enjoys creative activities, e.g., block play, art • Loves to pretend and to imitate others • Thinks through and solves problems in head before acting (has moved beyond action-bound stage)
3–4 years	<ul style="list-style-type: none"> • Jumps in place • Walks down stairs • Balances on one foot • Uses toilet consistently • Begins to dress self • Builds with blocks and constructs toys • Has developed fine muscle control • Has boundless energy 	<ul style="list-style-type: none"> • Knows name, sex, age, and sees self as part of a family unit • Has difficulty sharing • Plays alongside other children and begins to interact with them • Helps with small household tasks • Likes to be “big” and to achieve new skills 	<ul style="list-style-type: none"> • Believes there is a purpose for everything and asks “why” • Uses symbolic play; has strong fantasy life • Loves to imitate and role play • Understands some number concepts, comparisons, colors • Converses and reasons • Is interested in letters • Is able to scribble, and to draw recognizable objects and circles

(continued next page)

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-G
Page 3

Summary of Stages of Child Growth and Development *(continued)*

Age	Physical Milestones	Emotional/Social Milestones	Intellectual Milestones
4–6 years	<ul style="list-style-type: none"> • Has refined coordination and is learning many new skills • Has improved finger dexterity, able to hold and use pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth • Climbs, hops, skips, and likes to do stunts 	<ul style="list-style-type: none"> • Plays cooperatively with peers • Develops capacity to share and take turns • Is developing ethnic and sexual identification • Displays independence • Protects self and stands up for rights • Identifies with parents and likes to imitate them • Often has “best friends” • Likes to show off skills to adults • Continually forms images of self, based on interactions with others 	<ul style="list-style-type: none"> • Shows increased attention span • Understands cause and effect relationships • Expands dramatic play with attention to detail and reality • Has increasingly more complex and versatile language skills • Expresses ideas, asks questions, engages in discussions • Speaks clearly • Knows and can name members of family and friends
6–12 years	<ul style="list-style-type: none"> • Enjoys using new skills, both gross and fine motor • Likes to achieve in sports • Is energetic and tends to have large appetite • Is increasing in height and weight at a steady rate • Has increased coordination and strength • Is developing body proportions similar to adult 	<ul style="list-style-type: none"> • Is developing a more refined personality • Acts very independent and self-assured, but at times can be childish and silly • Enjoys working/playing with others and alone • Defines self-concept in part by success at school • Has a strong group identity; increasingly defines self through peers • Plays almost exclusively with same sex • Begins to experience conflicts between parents’ values and those of peers • Has a strong sense of fairness and fair play • Believes that rules are important and must be followed • Likes affection from adults; wants them to be there to help • Is able to assume responsibility for self, and may care for younger siblings 	<ul style="list-style-type: none"> • Enjoys projects that are task-oriented like sewing, cooking, woodwork • Is highly verbal; enjoys jokes and puns, uses language creatively • Asks questions that are fact-oriented; wants to know how, why, and when • Likes to make up stories, plays, and puppet shows • Is able to deal with abstract ideas • Judges success on ability to learn to read, write, and do arithmetic

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-G
Page 4

Age	Physical Milestones	Emotional/Social Milestones	Intellectual Milestones
12–18 years	<ul style="list-style-type: none"> • 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 • May be anxious about physical changes and worry about deviation from “ideals” • Achieves sexual maturity and increased sexual drives 	<ul style="list-style-type: none"> • Needs help in dealing with most changes taking place in order to retain a strong sense of identity and values • Is likely to show extreme swings; often doesn’t know how to express anger • Enjoys social activities at school • Relies heavily on peers; struggles to be independent of parents • Tries to conform to group norms • Has close friendships and emotional involvements • Is concerned with meaningful interpersonal relationships and is developing personal morality code • Seeks emotional alliances outside family; is less dependent on family for affection and emotional support • Experiences conflicts with parents on expectations, e.g., for achievements • Strives to define self as separate individual and may adopt extreme hairstyles, clothes, destructive behavior • Often feels misunderstood by parents 	<ul style="list-style-type: none"> • Shows increased or decreased interest in school, or loss of interest in academic studies • Achieves impressive changes in cognitive development • Is able to reason, to generate hypotheses, and to test them out against evidence • Begins to consider and sometimes make vocational choices • Is interested in making money; takes part-time jobs

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.

Effects of Trauma on Child Development

Infants and Toddlers

Domain	Normal Development	How Trauma Impacts	Specific Issues with Physical Abuse	Specific Issues with Sexual Abuse	Specific Issues with Neglect
Physical	Child develops ability to control own muscles; balance, coordination, and stability. Child progresses from lifting head, to rolling over, to crawling, to pulling up, to walking. Child learns to use hands and grasp toys.	Child has limited motivation to learn or practice physical actions leading to delays in both fine and gross motor skills. Trauma interrupts child's ability to establish physical routines such as eating, sleeping, and self-soothing.	Physical abuse may cause pain that limits physical movement and results in delays; muscles may be poorly developed; fear of abuse prevents child from exploring and taking risks needed to tackle physical tasks such as walking.	Sleep problems and anxiety related to bedtime; problems with toilet training; intense sexualized behaviors that lead to excessive masturbation.	Lack of basic food and care limits child's physical growth; Infant left in one position has limited opportunity to practice physical tasks; lack of stimulation leads to lethargy; lack of nurturing relationship limits child's motivation to tackle new tasks.
Cognitive	Child develops ability to recognize people; develops object permanence around 9 months to 1 year; begins to understand use of language; and begins to say words and express self in simple sentences.	Trauma interferes with child's ability to focus and concentrate, resulting in overall delayed cognitive development. The child may have difficulty making language associations, understanding the meaning of words, and have overall delays in speech.	Child may experience physical pain that prevents other cognitive tasks from occurring; physical disabilities may arise from abuse such as hearing or sight problems that further limit child's cognitive abilities.	Child may experience physical pain that prevents other cognitive tasks from occurring; sexual abuse may pre-empt age appropriate care that supports cognitive development (no games, books, bedtime stories etc).	Child does not receive nurturing and encouragement that promotes cognitive learning; child is not exposed to toys or books that promote learning; child is deprived of interaction that promotes language development.
Social/Emotional	Primary task of infant is to develop attachment to caregiver. Toddler learns to develop trusting relationships with others; play simple games; and interact with others. The toddler may begin to develop an understanding of right and wrong or good and bad.	Trauma interferes with positive attachment and limits the child's ability to form positive, trusting relationships with others.	Child will have difficulty forming positive relationships, knowing who he/she can trust, and have general anxiety and fear of others. This greatly interferes with child's social interactions and ability to form a positive sense of self. Abuse also confuses child's sense of right and wrong.	Child has distorted sense of relationships; may touch others inappropriately, exhibit sexualized behavior, and not know how to relate to other children. Child may also feel anxious and fearful.	Child may develop only weak attachments; may not learn positive ways of interacting with caregivers or other children (which in turn may lead to further neglect of child); may have limited opportunities for interaction.

Pre-School (Age 3–5)					
Domain	Normal Development	How Trauma Impacts	Specific Issues with Physical Abuse	Specific Issues with Sexual Abuse	Specific Issues with Neglect
Physical	Motor skills are constantly practiced. Child enjoys physical challenges.	Dealing with trauma limits the energy the child has to practice physical activities leading to over-all delay in motor skills, poor muscle tone and coordination. Child may have difficulty regulating physical functions such as eating, sleeping, and digesting.	Physical abuse may cause pain and limit movement; child may withdraw and not participate in physical activities; and physical disabilities may result from abuse. All of these lead to delays in physical development.	Sleep problems, nightmares, and anxiety related to bedtime; psychosomatic complaints; fearfulness and generalized anxiety.	Child may be malnourished, underweight, lethargic, and listless; child may sit for hours before television or have limited exposure to physical activity; child may not have established patterns for eating and sleeping; child may be frequently ill, have skin problems (such as scabies or fungal infections); and have vitamin deficiencies.
Cognitive	Child develops ability to communicate in words and vocabulary increases greatly. Child has concrete ideas and thinking is very focused on self. Child may have fantasies and may begin to understand simple examples of cause and effect.	Trauma interferes with child's ability to focus and concentrate, resulting in overall delayed cognitive development. Language is delayed or hard to understand; thinking is disorganized; child has very short attention span.	Physical abuse distorts child's understanding of cause and effect; child has limited ability to understand the abuse and may be overly compliant trying to avoid abuse or may act out the experiences of abuse. Child may play and replay abuse experiences in his/her mind. Child does not have language to express self, leading to non-verbal expressions of anxiety, modeling the abuse in play, and fantasy thinking.	Same as physical abuse. But children who are sexually abused may also have a vague sense that the behavior is wrong or "bad" and may begin to form a negative sense of self or have tremendous confusion around what has happened.	Limited interactions lead to language delays; child has limited opportunity to ask questions or learn about cause and effect.
Social/Emotional	Child learns to understand his place in the family and extended family; enjoys interactions with family members; explores social roles; plays (sometimes cooperatively) with other children; has sense of right and wrong.	Trauma interferes with development of positive relationships. The ability to develop a sense of right and wrong is impaired as this understanding generally emanates through positive relationships with others.	Child has difficulty trusting others and the world around him. This results in social/emotional responses that are extreme—aggression and anger; withdrawal and depression; or extreme clinginess. Child may model aggressive behavior with other children.	The child does not understand his/her role in the family and may be very confused, upset, and anxious. Child may exhibit or try to act out sexual behaviors, leading to issues with other children.	Child may have little knowledge of social interaction, how to play with other children, or even how to communicate. Child may appear withdrawn and emotionless; and have no interest in social activities. Child may be very needy and clingy—even with people whom they have no relationship.

(continued next page)

Effects of Trauma on Child Development (continued)

School Age (6–12)

Domain	Normal Development	How Trauma Impacts	Specific Issues with Physical Abuse	Specific Issues with Sexual Abuse	Specific Issues with Neglect
Physical	Child refines and masters motor skills; child is energetic and active; child enters puberty with accompanying sexual development and hormonal changes.	Trauma interferes with child's motivation and level of activity. Child may be lethargic or withdrawn, and continue to have difficulty with regulation of basic physical functions such as sleeping, eating, digestive, and toileting processes. Accidents may occur as child is unable to focus on tasks.	Physical abuse may cause pain that limits physical movement and results in delays; physical injuries from abuse may cause additional delays.	Sexual abuse distorts the normal developmental tasks related to sexual development that occur at this age. Physical issues from sexual trauma, such as bruises or tears, or STDs present additional challenges.	Child's over-all physical development may be delayed; child may be underweight or obese making physical tasks even more difficult for the child. If medical needs have been neglected child may have issues such as bad teeth, difficulty hearing (from multiple ear infections), vitamin deficiency, head lice, or fungal infections.
Cognitive	Child develops rational and logical thinking; thinking moves from "self" to "others"; can see other points view; can develop problem solving strategies and act on them; and develops special interests.	Trauma interferes with ability to focus and concentrate, resulting in frustration, lack of patience, and an inability to stick with tasks and carry them out. This makes school an incredible challenge for the child who has experienced trauma.	Child uses strategies to try to deal with abuse—magical thinking, denial it is happening, "black-outs", or distortions of reality. Memories of the abuse may replay in the child's mind causing high anxiety and fear. Little energy for school, problem solving, or special interests.	Same as with physical abuse.	Neglected children have little motivation for learning. Child may be listless in school, and have no interest in books or toys. Because child's basic needs have often not been met, the child's thinking has not moved outward to develop empathy for others or to develop problem solving strategies.
Social/Emotional	Family continues to important to child, but begin to develop outside the family. Peer groups develop. Child likes to participate in group activities—sports, clubs, dance, etc. Child imitates, learns and adopts the behaviors of those around him/her.	Trauma history interferes with ability to have positive relationships so at this age discipline issues may emerge both at home and at school. Experiencing trauma at this age makes child feel disconnected from others.	Child will have difficulty forming positive relationships or knowing who he/she can trust, and have general anxiety and fear of others. This greatly interferes with child's social interactions and ability to form a positive sense of self. Abuse also confuses child's sense of right and wrong.	Child has distorted sense of relationships; may touch others inappropriately, exhibit sexualized behavior, and not know how to relate to other children. Child may also feel anxious and fearful.	Child may develop only weak attachments; may not learn positive ways of interacting with caregivers or other children (which in turn may lead to further neglect of child); may have limited opportunities for interaction.

Teens (Age 13–19)					
Domain	Normal Development	How Trauma Impacts	Specific Issues with Physical Abuse	Specific Issues with Sexual Abuse	Specific Issues with Neglect
Physical	<p>Teen experiences tremendous growth and development; hormonal changes related to sexual development and physical maturity. Teens have sexual feelings and begin to develop their sexuality.</p>	<p>Trauma interferes with focus, thus resulting in accidents and injuries. Trauma also interferes with established physiological processes such as sleeping patterns, eating patterns, and digestion. Trauma induces high levels of anxiety that keeps teen in a hyper-vigilant and on-edge state.</p>	<p>Physical abuse may cause pain that limits physical movement and results in delays; physical injuries from abuse may cause additional delays.</p>	<p>Sexual abuse of teen will directly impact child's ability to manage sexual developmental tasks—teen may become over sexualized or may withdraw from sexual expression; or may explore lesbian or gay sexuality. Sleep problems and eating issues (bulimia, anorexia, or obesity) may develop. STDs may develop.</p>	<p>History of chronic neglect becomes more apparent in teen who may suffer from long term vitamin deficiency, and poor immune system. Lack of activity and poor diet may put teens at risk for diabetes and heart disease.</p>
Cognitive	<p>Teen thinking becomes more complex and adult-like; develops insight and understandings; and can problem solve complex issues.</p>	<p>Trauma interferes with ability to achieve and meet the demands of high school; memories and images of trauma may be acute, re-playing in the teen's mind, causing high anxiety on an ongoing basis. Teen may try to relieve anxiety through substance abuse or alcohol. Teen struggles to think through cause and effect of trauma.</p>	<p>Thinking is distorted as teen struggles to make sense of abuse; magical thinking may continue, as well as denial and use of substances to enable denial. Moral development is corrupted by teen's inability to understand cause and effect of abuse; teen may become abusive or set self up to be abused again.</p>	<p>Teen will struggle to understand sexual abuse; may feel tremendous guilt related to abuse and have continuous thoughts of suicide or violence; or may seek to explore sexuality with others as a means to erase the event. Over-all cognitive development suffers as so much energy is directed toward handling abuse.</p>	<p>The neglected teen may have little stimulation other than video games and television; lack of relationship role models results in little ability to problem solve, learn basic life skills, or develop special interests that lead to a vocation or career. Neglected teens typically do poor in school.</p>
Social/Emotional	<p>Family continues to important to child, but begin to develop outside the family. Peer groups develop. Child likes to participate in group activities—sports, clubs, dance, etc. Child imitates, learns and adopts the behaviors of those around him/her.</p>	<p>Trauma history interferes with ability to have positive relationships so in the teen years control issues may become paramount both at home and at school. Experiencing trauma at this age makes child feel disconnected from others. Teen can only focus on self and own needs; has little empathy for others.</p>	<p>Teen will have difficulty forming positive relationships or knowing who he/she can trust, and have general anxiety and fear of others. This greatly interferes with child's social interactions and ability to form a positive sense of self. Abuse also confuses child's sense of right and wrong.</p>	<p>Sexual abuse of teen leads to issues with self-esteem, depression, guilt, and feelings of self-worth. Teen may sexually act out with others, be heavily dependent on others to meet needs, and have a distorted view of right and wrong. Depression and emotional issues may make social situations challenging.</p>	<p>The neglected teen has weak attachments, fights with others, and is generally ineffective in relationships. There is heightened difficulty with authority or criticism; little energy to form positive emotional relationships; lack of motivation for employment or vocational participation.</p>

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-I

Effects of Sexual Abuse on Child Development		
Infants and Toddlers (birth to 3 years)		
Domain	Normal Development	Result of Abuse
Physical	<p>Birth–One: Develops ability to control own muscles</p> <p>One–Two: Develops balance, coordination and stability.</p> <p>Two–Three: Develops increased strength and coordination. Can meet challenges in the environment (bikes, stairs, playground equipment, crayons, etc.). Ready to be toilet trained.</p>	<p>Delays in both gross and fine motor skills; muscles can be poorly developed if neglect or physical abuse is also present.</p> <p>Sleep problems; apparent fear around sleep time. Problems with toilet training. Internal damage, such as pain, inflammation, bruising, bleeding, scarring, sexually transmitted diseases.</p> <p>Inappropriate immobility.</p> <p>Intense sexualized feelings, leading to excessive masturbation.</p>
Cognitive	<p>Birth–One: Beginning to be alert and aware, can recognize significant people. Interested in looking, listening, touching. Can remember objects even if they are hidden (object permanence).</p> <p>One–Two: Understands that objects have names, that the names mean something (symbolic thought), and learns to use the names.</p> <p>Two–Three: Able to speak more clearly, use words to communicate with others.</p>	<p>Apathy, listlessness.</p> <p>Delay of speech, including loss of already developed speech in extreme cases. Does not explore environment or manipulate objects; lacks curiosity.</p> <p>Does not master basic ideas, such as object permanence or basic skills in problem-solving, may appear to be developmentally delayed if severely neglected as well as sexually abused.</p>
Social/Emotional	<p>Birth–One: Attaches to caregiver, then learns to trust the caregiver.</p> <p>One–Two: Affectionate and trusting relationships develop with people other than the primary caregiver. Can play simple games.</p> <p>Two–Three: Enjoys playing “beside” other children. Likes to do things by herself. Understands the idea of “good” and “bad.”</p>	<p>Failure to form attachments and trust relationships; lack of ability to pick out significant people. Does not appear to notice or respond to separation from parent; may not show stranger anxiety.</p> <p>Inability to relate with other children; may touch others inappropriately. Shows adult knowledge of sexual behavior.</p> <p>Cautious, watchful, on guard, “frozen.” Perception of self as “bad” child. Fearful, anxious.</p> <p>Avoids or is alarmed by visual or tactile reminders of the abuse (triggers).</p>

Preschool (3 to 5 years)		
Domain	Normal Development	Result of Abuse
Physical	<p>Most gross motor skills have been developed, now being practiced. Enjoys new physical challenges.</p>	<p>Motor skills may be delayed or absent. Poor muscle tone, poor motor coordination; lack of strength if neglect, confinement, or under-stimulation were part of the abuse.</p> <p>Sleep problems, fearfulness, nightmares and night terrors, fear of being alone and of going to sleep.</p> <p>Psychosomatic complaints (aches and pains that have no physical basis).</p>
Cognitive	<p>Language develops well, words are used in correct order, and vocabulary increases rapidly, can communicate in words.</p> <p>Ideas are concrete and centre around self. Cannot yet follow step-by-step approach to solving problems but can draw conclusions based on little information. At this age children have many fantasies and their facts and fantasies are often mixed together.</p> <p>Poor understanding of cause and effect.</p> <p>Reasoning may not make sense to us but makes perfect sense to the child. When adult points out flaws, child stubbornly clings to her version.</p>	<p>Speech may be absent, delayed, or hard to understand.</p> <p>Receptive language (ability to understand what is being said) may be far better than expressive language (the ability to express self in words). Can eventually lead to a learning disability.</p> <p>May have an unusually short attention span, not be interested in things in the surroundings, and have trouble concentrating.</p> <p>Thinking skills may present as those of a younger child. Tries to make sense of the traumatic experience. When the child cannot understand an event, may make up a magical explanation for it.</p> <p>Sees images of unpleasant memories of the traumatic events. These images pop into the child's mind against his or her will, and s/he is unable to talk about them.</p>
Social/Emotional	<p>Has relationships with adults outside of the family. Can interact and play cooperatively with peers.</p> <p>Understands, explores, and pretends about "social roles" (e.g., This is what mommy does, or I'm a fireman).</p> <p>Learns the concept of right and wrong, can judge her own behavior in relation to others, which affects her sense of self.</p> <p>Experiences guilt when s/he has behaved badly.</p> <p>Able to try new things, likes to take charge, and can take initiative in activities. No longer dependent.</p>	<p>Play shows confusion about events that have injured or shocked the child. Other children might also be enlisted to "play out" the trauma. May include aggression, sexualized touching of others.</p> <p>Excessively fearful, anxious, easily upset or apathetic; shows a loss of interest in activities.</p>

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-I
Page 2

(continued next page)

Effects of Sexual Abuse on Child Development
(continued)

School Age (6 to 12 years)

Domain	Normal Development	Result of Abuse
Physical	<p>Practices, refines and masters complex gross and fine motor skills.</p> <p>The child is energetic, active, “always on the go”.</p> <p>Boys tend to be more “rough and tumble”, girls more adept at fine motor skills, probably because of what they are encouraged to do by adult caregivers (socialization).</p> <p>Experiences some discomfort or embarrassment about sexual topics, urges, and own development.</p>	<p>Can experience toileting accidents (wetting pants, soiling).</p> <p>Also see previous stages.</p>
Cognitive	<p>Instead of being magical and self-centred, the child is now capable of thinking that is more logical and rational.</p> <p>The child is now capable of observing and correctly understanding how relationships, actions, objects, etc., work. She/he can develop ideas about how to interact with things to make them work out well (concrete operational thought).</p> <p>The child is less self-centred, more able to see other people’s points of view and to act on those perceptions.</p>	<p>“Intrusions” of unwanted thoughts and images and memories of the trauma. These images disrupt concentration and create anxiety.</p> <p>Performance at school can be affected because of inability to concentrate.</p> <p>Ordinary life events (seasons, special occasions, etc.) have become strongly associated with and can bring on memories of the abuse. Perceptions of these events or seasons may have been distorted by the abuse.</p> <p>The child’s memories of the traumatic events may have been affected and changed by the child’s fears or wishes about the event. The length of the event can seem either longer or shorter than it actually was, which can upset the child’s sense of time.</p>
Social/Emotional	<p>Relationships outside the immediate family take on importance to the child. S/he enjoys participating in peer groups.</p> <p>The child imitates, learns, and adopts the behaviors of those around him/her. Being like others and fitting in takes on importance for the first time.</p> <p>The child understands rules, why they exist, and what happens if they are not adhered to. She/he is interested in and concerned with following the rules.</p> <p>She/he is becoming more aware of herself as an individual, and the child’s self esteem is affected by how s/he sees her/himself (self-perception).</p>	<p>Anxiety, fearfulness, fear of traumatic event recurring. Fears and mistrusts all adults. Intensity of own feelings is frightening.</p> <p>Secretive re-enactment or playing out of the traumatic event.</p> <p>May be able to talk about the sexual abuse. Sometimes repeatedly talks about the traumatic event, seemingly without getting any relief in the telling.</p> <p>Either withdrawn and quiet or excessively aggressive and testing rules and limitations.</p> <p>Engages in behaviors that cannot be mistaken as anything else but sexual aggression or intrusiveness (simulated or actual intercourse, fondling, etc.). Relates to adults in a sexual way.</p>

Adolescents (13+ Years)		
Domain	Normal Development	Result of Abuse
Physical	<p>As the body matures into adulthood, hormones cause changes. Includes fast physical growth and a new physical maturity. This also includes development of the sexual organs.</p> <p>The changes in the body need getting used to. Some of the changes mean the child will need to behave differently (e.g., physically maturing girl will feel less comfortable with touch football).</p> <p>The body becomes ready for sexual interaction and is able to reproduce.</p>	<p>Accident prone.</p> <p>Problems with sleeping.</p> <p>Eating disorders, such as bulimia or anorexia.</p> <p>See also previous stages.</p>
Cognitive	<p>Thinking has become almost adult in its complexity. Adolescents can develop an idea, look at its various points of view and logically analyze the idea (thinking hypothetically).</p> <p>The adolescent can, for the first time, think about the process of thinking in an abstract way, especially in mid and late adolescence.</p> <p>Insight is developed. Can solve problems by thinking about them in detail, working out complex solutions, and evaluate those solutions.</p>	<p>The memories and images of the trauma become acute and pierce into the child's day-to-day living. The child is extremely aware of these images and distressed by them.</p> <p>“Flashback” episodes (sudden memories of the traumatizing event) become more frequent and have more negative impact.</p>
Social/Emotional	<p>Peers are more important than family relationships.</p> <p>The values and ideas of the peer group will be more important to the teen than the parents' ideas in terms of guiding their behavior.</p> <p>Peer acceptance is important to self esteem. Feeling “different” is unacceptable.</p> <p>First interest in sexual partners, leading to interest in sex itself. Some teens will experiment with sex.</p> <p>Mood swings; teens can be quite reactive to emotional stress.</p>	<p>Teen feels shame, guilt humiliation. The inner turmoil (tension) is managed through unhelpful tension reducers (running, withdrawal, sexual acting out, etc.).</p> <p>Wish for revenge or action to “put things right”. Vulnerable to depression, pessimism, fear of growing up.</p> <p>Clings to remaining in the protection of a family, even if the family is negative.</p> <p>Teen wants to escape the horror of the trauma and mistakenly believes that adult behavior (e.g., early marriage, childbirth, dropping out of school, and change from peer to adult relationships) will somehow take him/her away from having to work out the impact of the abuse.</p>

SOURCE: Osmond, Margaret, Durham, Duane, Leggett, Andrew, Keating, John. *Treating the Aftermath of Sexual Abuse - A Handbook for Working with Children in Care*. CWLA Press, Washington DC. Appendix B, p. 149–152.



Session Three:

Meeting
Developmental
Needs:
Attachment

Understanding Child Traumatic Stress: Information for Resource Parents

Resource 3-J **What is traumatic stress?**

By the time most children enter the foster care system they have already been exposed to a wide range of painful and distressing experiences. Although all of these experiences are stressful, experiences are considered **traumatic** when they threaten the life or physical wholeness of the child or someone critically important to the child (such as a parent or sibling). Traumatic stress characteristically produces intense physical and emotional reactions, including:

- A primal fight, flight, or freeze response
- An overwhelming sense of terror, helplessness, and horror
- Physical sensations such as rapid heart rate, trembling, dizziness, or loss of bladder or bowel control

Not every distressing event automatically results in traumatic stress. Something that is traumatic for one child may not be traumatic for another. The actual impact of a potentially traumatic event depends on several factors, notably:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces in the aftermath of the trauma
- The presence/availability of adults who can offer help and protection

In general, children who have been exposed to repeated stressful events within an environment of abuse and neglect are more vulnerable to experiencing traumatic stress.

Types of Traumatic Stress: Acute Trauma

A single traumatic event that is limited in time is called an **acute trauma**. A natural disaster, dog bite, or motor vehicle accident are all examples of acute traumas. Over the course of even a brief event, a child may go through a variety of complicated sensations, thoughts, feelings, and physical responses that change from moment-to-moment as the child appraises and re-appraises the danger faced and the prospects of safety. As the traumatic event unfolds, the child's pounding heart, out-of-control emotions, loss of bladder control, and

other physical reactions are frightening in themselves and contribute to his/her sense of being overwhelmed. After going through an acute trauma, a child may experience:

- Nervousness, jumpiness, and a sense of being on edge
- Difficulty sleeping, nightmares, or night terrors
- Intrusive repeated thoughts, images, and sensations of what happened
- Secret fantasies and wishes about how it could have been different
- Anger or aggression
- Difficulty concentrating or paying attention in school
- Play that recreates the whole event or some moments in it
- A feeling of being numb
- Withdrawal from ordinary activities and relationships
- Feelings of isolation and of having been made different from others by the experience
- Strong reactions to any person, place, thing, situation, or feeling that remind the child of the traumatic event

Types of Traumatic Stress: Chronic Trauma

When a child has experienced multiple traumatic events, the term **chronic trauma** is used. Chronic trauma may refer to multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or long-standing trauma such as physical abuse or war.

Chronic trauma may result in any or all of the symptoms of acute trauma, but these problems may be more severe and more long lasting. The effects of trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

Types of Traumatic Stress: Complex Trauma

“**Complex trauma**” is a term used by some experts to describe both exposure to chronic trauma—usually caused by adults entrusted with the child’s care, such as parents or caregivers—and the long-term impact of such exposure on the

child. Children who experienced complex trauma have endured multiple interpersonal traumatic events (such as physical or sexual abuse, profound neglect, or community violence) from a very young age (typically younger than age 5).

When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of a child’s development and functioning. Children who have

experienced complex trauma have had to cope with chronically overwhelming and unmanageable stresses almost entirely on their own. As a result, these children often:

- Have extreme difficulty regulating their feelings and emotions
- Believe they are unlovable and that others will not respond to their needs
- Have difficulty forming trusting relationships
- Have difficulty describing their feelings because no adult has ever helped them understand and find words for their experiences
- Have problems forming coherent memories and may experience a sense of dissociation— as if they are in a dream or outside their own bodies— when under stress
- Have no fixed sense of who they are or where they fit in the world

Neglect and Trauma

Neglect is defined as the failure to provide for a child's basic physical, medical, educational, and emotional needs. Whereas physical and sexual abuses involve clear "acts of commission," neglect results from "omissions" in care, making it more difficult to measure. It is important to understand that an infant or very young child, left alone in a crib, without predictable loving attention, in a wet diaper, and suffering from the pain of hunger, cannot recognize the difference between acts of "omission" vs. "commission." Abandonment feels like an acute threat to survival.

Neglect can have broad and significantly negative effects on all aspects of a child's development. Its effects may resemble those of complex trauma, and it may be difficult to differentiate the effects of neglect from those of abuse, since neglect often occurs in the context of other maltreatment.

Transcending Trauma: The Role of Resource Parents

No matter what the age of a child or what types of trauma a child has experienced, healing is possible. With nurture and support, children who have been through trauma can regain trust, confidence, and hope.

Resource parents are critical in helping children in their care overcome the emotional and behavioral effects of child traumatic stress. By creating a structured, predictable environment, being willing to listen to the child's story at the child's pace, and working with professionals trained in trauma and its treatment, resource parents can make all the difference.

For more information on the impact of trauma on children, visit the National Child Traumatic Stress Network (NCTSN) at www.nctsn.org.



Coping with Trauma Reminders: **Facts for Resource Parents**

Resource 3-K

What are trauma reminders?

Many children in the foster care system have been through multiple traumatic events, often at the hands of those they trusted to take care of them. When faced with people, situations, places, or things that remind them of these events, children may re-experience the intense and disturbing feelings tied to the original trauma. These “trauma reminders” can lead to behaviors that seem out of place in the current situation, but were appropriate—and perhaps even helpful—at the time of the original traumatic event. For example:

A seven-year-old boy whose father and older brother fought physically in front of him becomes frantic and tries to separate classmates playfully wrestling on the schoolyard.

- A three-year-old girl who witnessed her father beating her mother clings to her resource mother, crying hysterically when her resource parents have a mild dispute in front of her.
- A nine-year-old girl who was repeatedly abused in the basement of a family friend’s house refuses to enter the resource family’s basement playroom.
- A toddler who saw her cousin lying in a pool of blood after a drive by shooting has a tantrum after a bottle of catsup spills on the kitchen floor.
- A teenager who was abused by her stepfather refuses to go to gym class after meeting the new gym teacher who wears the same aftershave as her stepfather.
- A twelve-year-old boy who’d been molested by a man in a Santa Clause suit runs screaming out of a YMCA Christmas party.

What happens when a child responds to a trauma reminder?

When faced with a “trauma reminder,” children may feel frightened, jumpy, angry, or shut down. Their hearts may pound or they may freeze in their tracks, just as one might do when confronting an immediate danger. Or they may experience physical symptoms such as nausea or dizziness. They may feel inexplicably guilty or ashamed or experience a sense of dissociation, as if they are in a dream or outside their own bodies.

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-K
Page 2

Children's reactions may vary somewhat by age. Preschool children may:

- Feel vulnerable and helpless
- React very literally and dramatically (e.g., flinching, crying, trying to hide) to concrete reminders such as a raised hand or a facial expression
- Exhibit sudden strong emotional outbursts or tantrums
- Have little memory of the traumatic events that they can put into words
- Act out the traumatic events in play

School-aged children may:

- Exhibit physical symptoms, such as stomachaches or headaches
- Vacillate between being withdrawn and quiet or aggressive and noisy

Teenagers may:

- Respond recklessly, taking more risks or abusing substances
- Limit themselves or withdraw from activities to avoid reminders
- Fear that their strong reactions mean they are “going crazy”
- Feel stigmatized by having gone through traumatic events and may not feel that they can talk about them

Sometimes children are aware of their reaction and its connection to the original event. More often, however, they are unaware of the root cause of their feelings and may even feel frightened by the intensity of their reaction.

How can I help?

Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of trust. Resource parents are in a unique position to help these children recognize safety and begin to trust adults who do indeed deserve their trust.

It's very difficult for children in the midst of a reaction to a trauma reminder to calm themselves, especially if they do not understand why they are experiencing such intense feelings. Despite reassurance, these children may be convinced that danger is imminent or that the “bad thing” is about to happen again. It is therefore critical to create as safe an environment as possible. Children who have experienced trauma need repeated reassurances of their safety. When a child is experiencing a trauma reminder, it is important to state very clearly and specifically the reasons why the child is now safe. Each time a child copes with a trauma reminder and learns once more that he/she is finally safe, the world becomes a little less dangerous, and other people a little more reliable.

Tips for Helping Your Child Identify and Cope With Trauma Reminders

- Learn as many specifics as you can of what your child experienced so that you can identify when your child is reacting to a reminder. Look for patterns (time of day, month, season, activity, location, sounds, sights, smells) that will help you understand when your child is reacting. Help your child to recognize these trauma reminders. Sometimes just realizing where a feeling came from can help to minimize its intensity.
- Do not force your child into situations that seem to cause unbearable distress. Allow your child to avoid the most intense reminders, at least initially, until he or she feels safe and trusts you.
- When your child is reacting to a reminder, help him or her to discriminate between past experiences and the present one. Calmly point out all the ways in which the current situation is different from the past. Part of the way children learn to overcome their powerful responses is by distinguishing between the past and the present. They learn, on both an emotional (feeling) and cognitive (thinking and understanding) level, that the new experience is different from the old one.
- Provide tools to manage emotional and physical reactions. Deep breathing, meditation, or other techniques may help a child to manage emotional and physical reactions to reminders. If you are unfamiliar with such techniques, ask a counselor to help.
- Recognize the seriousness of what the child went through, and empathize with his or her feelings. Don't be surprised or impatient if your child continues to react to reminders weeks, months, or even years after the events. Help your child to recognize that reactions to trauma reminders are normal and not a sign of being out of control, crazy, or weak. Shame about reactions can make the experience worse.
- Anticipate that anniversaries of events, holidays, and birthdays may serve as reminders.
- With your child, identify ways that you can best reassure and comfort during a trauma reminder. These might be a look of support, a reassurance of safety, words of comfort, a physical gesture, or help in distinguishing between the present and the past.
- Seek professional help if your child's distress is extreme, or if avoidance of trauma reminders is seriously limiting your child's life or movement forward.
- Be self-aware. A child's reaction to a trauma reminder may serve to remind you of something bad that happened in your own past. Work to separate your own reactions from those of your child.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-K
Page 3

For more information on the impact of trauma on children, visit the National Child Traumatic Stress Network (NCTSN) at www.nctsn.org.

Key Points

Meeting Developmental Needs: Attachment

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-L

The Role of Attachment in Human Development

Understanding human development is a necessary first step toward understanding the children placed with you for foster care or adoption. Given the right conditions, a baby will be born and progress through normal stages of development. Unfortunately, certain factors impede or delay growth and development. These factors shape the adults these children become.

Attachment is the basis for all human development. Human babies are helpless. Their physical survival and social development depend on attachments they form to parents or adult caregivers. Children need a great deal of care for many years. But food, clothing, and shelter are not enough to promote normal development. Children require loving care and attention in order to become adults who can form relationships with others.

Research in orphanages and institutions shows that infants get sick and even die from a lack of significant contact with other human beings, even when all their physical needs are met. Children who do not get sufficient attention run a serious risk of mental, social, emotional, and physical delays. Recent research on trauma and brain imaging technology are providing us with new information about how process and structures in the brain are actually shaped by early experiences.¹

How Attachment Develops

Human babies are adaptable and sociable. They have the capacity to draw adults to them and to develop strong emotional ties to the adults they come to rely on. We call this “attachment.” From the time they are born, infants express their needs. Hungry babies feel tense and uncomfortable, and begin to cry. Likewise, they cry when they are wet, cold, too hot, tired, or over-stimulated.

Responsive, nurturing parents quickly learn to understand the needs their babies communicate. They meet needs by feeding, changing diapers, regulating temperature, or calming them in various ways.

When the need is met, the infant feels relaxed and comfortable again until the next need is felt, for example, when he or she needs a diaper changed again. As each need is expressed and met, infants develop a sense of trust that their needs will be met, and a sense of attachment to the persons meeting their needs.

¹ Shonkoff, J.P. & Phillips, D.A. (Eds.). (2000). *From Neurons to Neighborhoods*. Washington, DC: National Academy Press.

This cycle is known as the arousal/relaxation cycle. It continues throughout our life. Every time we have a need, express it, and someone meets that need, we feel attached to that individual. Eventually, we trust that they will continue to meet our needs and take care of us. There is no limit to the number of attachments people can develop in a lifetime.

Developmental Challenges

Unfortunately, there are factors that impede or delay attachment and child growth and development. They are:

- Genetic or congenital conditions
- Prenatal factors
- Physical neglect
- Physical abuse
- Emotional abuse and neglect
- Sexual abuse
- Accidents and trauma
- Inappropriate behavioral patterns

These same conditions are the reasons why children come into foster care. That is why it is so important for foster parents and adoptive parents to understand how to address developmental delays.

Adolescence can also present as a developmental challenge because of the rapid rate of change. The major developmental tasks include: 1) separation from family, 2) developing a sense of one's sexuality, and 3) developing a career path. Youth dealing with the impact of maltreatment may have great difficulty attending to these developmental tasks.

The Impact of Maltreatment and Trauma on the Child

There may be no topic that is as disturbing and as confusing to us as child abuse and neglect. More than 900,000 children were confirmed victims of child abuse or neglect in 1996.² The same year, there were 930 reported child abuse fatalities.³ With the growth of public awareness, as well as the prevalence of risk factors such as substance abuse and poverty, the number of children reported for child abuse and neglect has risen dramatically since 1980.⁴ This has placed tremendous responsibility on state and county child protection systems and has increased the need for family foster care and adoption services.

² US Department of Health and Human Services, Children's Bureau. (1998). Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System. Washington, DC: NCANDS.

³ Petit, M.R., Curtis, P.A., Woodruff, K., Arnold, L., Feagan, L., & Ang, J. (1999). Child Abuse and Neglect: A Look at the States. 1999 CWLA Stat Book. Washington, DC: CWLA Press.

⁴ Ibid.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-L
Page 3

While the numbers are quite significant, they do not tell the entire story. 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. While we think of families as being safe, some children have learned that families are not safe. Instead, they are places where children get hurt, and even where big people have sex with little people.

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 and are insecurely attached.

Categories of Behavior Associated with Insecure Attachment

An unattached child is rare because most children will have formed an attachment to someone along the way even if the attachment is fragile. But this can occur in situations where children are extremely neglected; have received routine, mechanized, institutional care, or have experienced sensory deprivation.

Moving to the right on the continuum, there are attachment problems more commonly found in children in need of family foster care or adoption services. Insecure attachment in some children leads to disordered behaviors. These are children who don’t appear to know how to get their needs met. They appear to be out of control, have difficulty regulating their emotions and behaviors, and struggle to express what they need. Moving further toward the right, another group of insecurely attached children are those whose behaviors are avoidant. These children learned at a young age that the best strategy for being in a relationship is to hide your needs and feelings behind a mask of detachment. It is likely that they were punished for expressing their needs and for developing.

Despite the sense of self-sufficiency they may exhibit, these children do need to be protected, nurtured, and valued. In contrast, the insecurely attached child whose behaviors are anxious exhibits clingy and needy behavior. These are children who have experienced some attachment but are preoccupied with not being left alone and with ensuring that their needs are met. These children were likely to have been left alone a lot, and to have experienced multiple separations or periods of time when needs were not met.

Fortunately, most children are able to develop some attachment to their parents, even when they have been abused, neglected, and otherwise maltreated. But in some ways, this is confusing. We naturally wonder, “Why wouldn’t children be happy or at least relieved to get away from where they were being hurt?” In the video shown in Session One, instead of being happy and relieved, Vernon was very angry when he moved to the Hansons, even though it was a safe and nurturing home. This could be due to one of the following reasons:

- The child was raised in this environment, and it’s all he knows or understands. The relationship is painful, but it is also familiar.
- Instead of thinking the parent is at fault, the child blames himself. It is typical for children to think that their parents are okay, and they are bad.
- Abusive attention (physical, sexual, or verbal) may be the only attention the child receives. Negative attention is better than no attention at all.

Even though parents may be abusive and neglectful, they are probably not consistent in those behaviors. More likely, there are times when they behave in a nurturing or loving way with the child. It is during these times that positive feelings and attachments are reinforced.

The Impact of Maltreatment on Attachment

The impact of maltreatment on attachment may differ depending on the type of maltreatment the child experiences. Let’s look at some of the different types of maltreatment and how they may impact attachment and behavior.

Neglect: When children are neglected, they are left on their own a lot with uncomfortable or distressing feelings and unmet needs. Sometimes, they don’t learn how to reach out and receive nurturing from others. They may turn inward and rely only on themselves. They generally do not get their needs met consistently enough to get on a regular schedule that allows them to learn how to regulate their emotions and responses. Serious developmental delays are often an outcome of neglect.

Physical abuse: Children who are physically abused often learn to be hypervigilant, scanning their environment constantly for clues about possible threats of harm. They may be hyperactive, angry, and aggressive. Some children may be overcompliant, always trying to please and appease

adults as a way of keeping themselves safe. Physically abused children develop a fear-based attachment that leaves little opportunity for them to play freely or relax. They may exhibit violent and abusive behaviors that model what they experienced and offer them a way to express some of the rage they feel about being abused themselves.

Sexual abuse: Depending on the circumstances, there are many different ways that attachment could be affected by sexual abuse. A child may have great difficulty trusting adults to meet needs for safety. While physical closeness normally helps build security, physical closeness comes to mean sexual intimacy for the child who has been sexually abused. These children may fear any type of intimacy or closeness with an adult for fear that it will result in sexual contact. Sexual abuse could result in children feeling so much shame that they feel they are unworthy of any type of secure relationship. Feelings of closeness, comfort and being cared for may be linked with feeling overpowered, coerced, and out-of-control. Sexually abused children may express their confused feelings of sexual arousal, anger, fear and shame through bedwetting, encopresis, enuresis, fear of going to bed, masturbation or sexually provocative behaviors with other children or adults.

Emotional maltreatment: These children may come to believe that they are “stupid” or “ugly” or “bad.” They may not feel worthy of positive attention or genuine unconditional affection. In some types of emotional maltreatment the perpetrator may use the child to meet his or her own emotional needs, discouraging relationships with others. The child then has difficulty developing peer relationships or relationships with other adults such as teachers. Behavior is often withdrawn or sad. The child may lack self-confidence, motivation, problem solving skills, and hope. They have a tendency to misread other people’s intentions and feelings, often believing that others are hostile toward them when they are not.

The Impact of Trauma and Maltreatment on 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 of development. The tasks are focused on the three broad areas—physical development, emotional and social development, and intellectual development. This information has been gathered and condensed into developmental charts.

The developmental chart will be a useful tool for you. You can think of the “milestones” as general guidelines about what a child at a given age should be able to do. Being a little behind is probably not of concern. Likewise, being

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-L
Page 6

Resource 3-L
Page 7

behind in one area may simply reflect that development can be irregular. However, delays across all areas, or significant delays in one area, may indicate a problem. The chart is a helpful tool to identify when more assessment is needed. Pediatricians, psychologists, and social workers may all be helpful in continuing to assess with you if there is a developmental problem. It is not your job to diagnose a developmental delay or disability. It is up to you to express your concerns to the child welfare team, because child maltreatment and trauma may directly impact the child's development even beyond what was discussed regarding attachment.

It is important to keep in mind that the developmental chart is only a tool and is intended to give you an overall sense of how the child is developing. The chart reflects where most children are at a given point in the developmental process—it is reflective of how the majority of children develop. The chart is therefore not culturally sensitive or aware. That is your responsibility. When assessing a child's overall development, it is important to understand the child's culture. For example, the dominant culture in the United States places a high value on independence. In other cultures this value may not be as prevalent. In some cultures, the caregiver may hold and keep the child close, and discourage independence, for a longer period of time. This child could appear delayed, based only on the developmental charts.

Neglect might affect a child's development in the following ways:

- Children who are neglected in regard to supervision may harm themselves and as a result may learn not to take risks. This can delay development.
- Children need caregivers to guide and direct their developmental learning. A child left alone cannot model or mimic skills and may not receive needed help.
- Children in a deprived environment may not receive needed stimulation. Children need objects to play with and things to watch and observe.
- Basic needs must be met before children can concern themselves with other developmental tasks. If children are hungry, sick, or craving emotional attention, they cannot attend to other skills or learning.

Physical abuse might affect a child's development in the following ways:

- A child who is physically abused may be afraid to take risks for fear of doing something wrong, and development may be delayed.
- Some children sustain serious injuries that affect their development on an ongoing basis such as hearing loss, blindness, or brain injuries.

Sexual abuse might affect development in the following ways:

- Sexual abuse may introduce sexual activity before a child is physically mature. This may cause physical injury that impedes the child's normal sexual development.
- Sexually transmitted diseases and infections may impede the child's normal sexual development.
- The emotional trauma of sexual abuse may impede normal sexual development—contributing to promiscuous sexual behavior or a fear of sexuality.
- The emotional trauma of sexual abuse may take tremendous energy and focus that would otherwise be devoted to age appropriate developmental tasks. For example, how does an 11-year-old who has been sexually abused by her two uncles sit around and giggle with her girlfriends about “cute boys” in her class?

Emotional maltreatment might impact development in the following ways:

- Emotional maltreatment may cause self-esteem to erode to the point where the child feels incompetent to tackle even the most basic of skills.
- Emotional maltreatment that keeps a child from developing outside relationships can result in poor social development, lack of social skills, difficulty with peers, etc.

Understanding the Child's Developmental Jigsaw Puzzle

We all make assumptions about people's behavior and developmental levels based on their age. This works because for most people, development takes a normal course. Most aspects of their development match their age. This means that an eight year old is physically, emotionally, intellectually, academically, and socially at an eight-year-old level. In a jigsaw puzzle representing the child's development, all the pieces would read “eight years old.”

But for children whose experiences may lead to developmental delays, it is unrealistic to expect development to be consistent with age. Because of their experiences, children may be normal in some areas of development, but exhibit delays in other areas. For example, a child may have normal intelligence and physical appearance for his age, but emotionally, socially, and academically may function at a much younger level.

In family foster care and adoption, child development can be compared to a jigsaw puzzle where every piece must be labeled with a different age or developmental level. It is important for foster parents and adoptive parents to identify the puzzle pieces, and understand the child's level of functioning in each aspect of development.

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-L
Page 9

There are no shortcuts when it comes to raising healthy children. Separating children from those who have abused and/or neglected them only stops the abuse and neglect. It does not automatically guarantee a child's normal development.

An important concept of human development is that human beings progress through certain stages, and no stage can be skipped. This means that the foster family, or adoptive family, must begin to care for each child at the child's actual stage of development, not his or her chronological age, and help the child move forward from there.

Human beings are extremely vulnerable. However, it is important to remember that human beings are also quite resilient. We are vulnerable to many genetic, prenatal, and environmental influences, yet most of us develop into reasonably healthy humans. With your care and commitment, and with the support of everyone on the team, children who have been abused and neglected can too!

Promoting Mutual Attachment and Supporting Commitment

Foster parents and adoptive parents can help children develop attachments by:

- Consistently understanding and meeting children's needs.
- Helping children express their feelings and demonstrating that they understand.
- Helping children relax and have fun.
- Using non-abusive discipline.
- Helping children feel good about themselves.
- Making sure that children do not feel rejected even when their behavior is unacceptable.

Foster parents or adoptive parents can help develop attachments to children by:

- Spending the time necessary to understand children and their needs.
- Taking time to enjoy children, and finding things to do together that they both enjoy.
- Helping children learn appropriate behavior so that they are easier to live with.

-
- Helping children learn skills in which both the children and the parents can take pride.

Foster parents and adoptive parents can remain committed by:

- Seeking the help of other team members to understand the children's needs.
- Using the agency and other resources such as foster parent and adoptive parent support groups.
- Having time alone and as a couple to prevent “burn out.”
- Maintaining a sense of humor and perspective.
- Having realistic expectations.
- Understanding that most behaviors and relationships will improve over time.
- Taking pride in small accomplishments and steps forward.

You Need to Know! Children's Growth and Development*

Session Three:
Meeting
Developmental
Needs:
Attachment

Child behavior that is typical at one age or stage may not be at another. For example, temper tantrums in which a child falls on the floor screaming and kicking are not unusual at two years of age. The same behavior at 10 years of age is a cause for concern.

Resource 3-M

Likewise, interest in sexual intercourse is expected among teens, but similar interest in a four year old is a problem and should be discussed with the foster care team.

Most children in family foster care, and most children available for adoption through child welfare agencies, have experienced one or more conditions that interfere with normal growth and development.

Always remember to react to the context of a child's behavior, not to the behavior itself. It is important to keep in mind that when children express strong feelings and inappropriate behaviors, it may be because they:

- Have learned these patterns in the past.
- Are developmentally delayed and react like a much younger child.
- Have a developmental disability that limits their understanding or behavior.
- Are grieving.
- Have real fears.

As foster parents and adoptive parents, you can help children deal with these experiences and learn more appropriate ways of coping and behaving. To do this, you may need help.

This does not mean that you are inadequate, or that the child is mentally ill. If a child has a broken leg, you seek medical help. When a fever persists, you take the child to a physician. In the same way, when a child demonstrates serious problems, you must seek professional help. Discuss this with your social worker, and she or he can help you find the most appropriate resource.

* Adapted from California Early Intervention Technical Assistance Network Work Group, December, 1989, Pasadena, CA.

Conditions and Experiences That May Cause Developmental Delays and Affect Attachment

Genetic or Congenital Conditions

Some children are born with conditions that affect their development. Examples include Down's Syndrome, and congenital blindness. These conditions may affect their social interactions with others and complicate attachment formation.

Prenatal Factors

Sometimes the conditions of fetal development or problems during birth limit developmental potential. Examples include exposure to measles, alcohol and other drugs, HIV/AIDS, poor nutrition, and lack of prenatal care. As a result, children may demonstrate behaviors that may make it difficult for others to like them; this can affect children's ability to attach.

Neglect

Some children do not receive the physical care they need for health and optimal growth. Typically, they are deprived of necessities such as food, hygiene, clothing, and shelter. They also may lack supervision, health care, and education. Often, parents are more unable than unwilling to provide what their children need. Parents may not know or understand how to care for their children, or may be too ill or poor to provide basic care.

Physical Abuse

Some children suffer attacks on their bodies. Examples include beating, kicking, whipping, burning with cigarettes and hot water, pinching, hair pulling, being tied up, and a range of other physical tortures. Sometimes, parents use extreme forms of punishment as discipline, or sometimes parents and other caregivers, such as babysitters, just lose control. Parents may be under extreme stress, or they punish their children the way they were punished. Sometimes, abuse results when parents or other caregivers expect too much from children. In other cases, parents may get personal gratification from hurting their children, or fail to recognize that their children feel pain. These circumstances may cause developmental delays, and may also affect children's abilities to trust and attach, not only to the parent, but to any adult.

Emotional Maltreatment

Some children receive just enough physical care to survive, but do not get the emotional care and security they need to feel good about themselves (self-esteem) and others. This may be due to caregivers who are unable or unwilling to provide this basic care. Examples of maltreatment are: putting children down with words, e.g., calling them stupid, or ugly; bullying and

threatening; shaming; consistent inattention and ignoring; preventing children from having normal relationships, so they have no friends and are made to feel alone; and encouraging children to behave in self-destructive ways.

Session Three:

Meeting
Developmental
Needs:
Attachment

Whenever parents significantly and consistently betray children's trust and fail to meet their needs, children are at risk for problems with attachment.

Sexual Abuse

Some parents use their children for their own sexual pleasure or for the pleasure of others. Children of all ages may be sexually abused, including infants, toddlers, preschool children, grade school children, and teenagers. This abuse may include: sexual touching and fondling; oral sex; anal and vaginal penetration with fingers, a penis, or other objects; age inappropriate sexual discussions; and using children for pornography or prostitution. These traumatic experiences often place children at risk for both developmental delays and serious attachment problems.

Resource 3-M

Page 3

Accidents and Trauma

Some children are permanently injured, either accidentally or through deliberate acts of their caregivers. Examples include automobile accidents and falls. The nature of the accident or trauma, and the overall psychological health of the child determine the effects.

Inappropriate Behavioral Patterns

Some children are reared by adults who directly or indirectly teach them inappropriate behaviors. They may just copy the inappropriate behaviors of these adults, or they may be deliberately taught to behave in unacceptable ways. Examples include patterns of family violence, substance abuse, and criminality, which children copy or which the parents actually teach them. These situations may affect the children's development, and ability to have positive attachments with others.

Some Indicators of Infants Exposed to Alcohol or Other Drugs During Pregnancy

Infants exposed to alcohol or other addictive substances during pregnancy may go through withdrawal after birth when the substance is no longer being carried in their bloodstream. They may exhibit the following symptoms:

- High irritability
- Problems with sleep and eating
- Low birth weight
- Stiffening of the body
- Failure to bond

Infants with fetal alcohol syndrome may remain mentally impaired.

When crack cocaine enters the mother's body, both the mother's and the fetus's blood vessels constrict, and the flow of blood to the fetus is sharply reduced. This reduced blood flow deprives the fetus of oxygen, resulting in:

- Delayed growth
- Birth defects affecting the heart, lungs, intestines
- Premature birth

The fetus's brain cells, deprived of oxygen, can atrophy and die, resulting in developmental problems and delays in motor functioning, speech, hearing, vision, smell, touch, and the planning and organization of thoughts and actions.

Crack cocaine affects the central nervous system by overstimulating the baby's nerves and damaging nerve endings. A damaged central nervous system cannot carry messages about body functions, feelings, and thoughts. Children with this kind of damage may have:

- Attention deficit disorders
- Periods of uncontrollable rage or restlessness
- Inability to be comforted
- Inability to respond to typical caregiving functions

Foster parents and adoptive parents can provide these children with the protective, predictable, and nurturing environments that they need. The benefits of one consistent and nurturing caregiver are overwhelmingly positive.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-M
Page 4

General Information about Attachment*

Session Three:
Meeting
Developmental
Needs:
Attachment

What is it?

Attachment is an enduring affectionate bond between two individuals that joins them emotionally.

Resource 3-M
Page 5

Why is it important?

Attachment between caregiver and infant lays the foundation for healthy psychological, physical, and cognitive development in a child. You see the process of attachment when you observe a caregiver touching, holding, caressing, and having eye contact with his or her infant.

What does this mean for me?

Many children in family foster care or placed with adoptive families have never formed a secure attachment to a caregiver. These children may behave in ways that compensate for this lack of attachment.

What should I look for?

Lack of secure attachment may cause the following behaviors:

- Manipulation
- Chronic anxiety
- Problems getting along with people in authority
- Aggressiveness
- Hostility
- Poor relationships with others
- Poor self-esteem
- Self-isolation

* Shatz, M.S. & Faust, T.P. (1992). Parenting the Poorly Attached Teenager, Fort Collins, CO: Colorado Department of Social Services.

What can I do?

Foster parents and adoptive parents can promote attachment and reduce behavior problems of children who are poorly attached through:

- Positive interactions with the child.
- Strong nurturing.
- Allowing the child to grieve and mourn.
- Providing structure in the home.

What if the behavior continues or gets worse?

Foster parents and adoptive parents may not be able to “reach” a child who is poorly attached. Contact your social worker, because the child may need an assessment and treatment.

Some Indicators of Developmental Disabilities

Developmental disabilities/delays can result when a child lacks the conditions necessary for physical, emotional, social, cultural, and intellectual growth. Some causes of developmental disabilities/delays are:

- Lack of prenatal care
- Genetic inheritance
- Prenatal trauma
- Prenatal exposure to drugs/alcohol
- Accident or birth injury
- Poor nutrition
- Certain diseases
- Physical abuse
- Emotional abuse

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-M
Page 6

These children usually have severe problems in one or more of the following areas:

- Self-care
- Walking
- Appropriate behavior
- Speech
- Manners
- Age appropriate use of home and neighborhood
- Getting along with others
- Self-direction

Some children with developmental disabilities/delays will be able to develop a degree of self-sufficiency as adults. Others will always be dependent.

NOTE: As foster parents and adoptive parents, you are not alone in providing care for children who have developmental disabilities. Special education services are available through the public school system. Your social worker may also direct you to other agencies in your community.

Educators and other professionals working with the child who is developmentally disabled form the team that prepares the child's individualized education plan (IEP). Adoptive parents are always invited to the IEP meeting. Foster parents are usually encouraged to attend, but this varies according to school district. Contact the school. Your input is valuable.

You Need to Know! Indicators of Child Maltreatment*

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Some Indicators of Emotional Maltreatment

Session Three:
Meeting
Developmental
Needs:
Attachment

Child's Appearance

- Speech disorders
- Lags in physical development

Resource 3-M
Page 8

Child's Behavior

- Habit disorders:
 - sucking, biting, rocking
 - bedwetting, soiling
 - feeding problems
- Conduct problems, such as
 - destructiveness
 - cruelty
 - stealing
- Neurotic traits:
 - sleep disorders
 - inhibitions in play
 - hysteria
- Obsessiveness, compulsiveness, phobias

* Adapted from Pasztor, E.M. and Murphy, M. (1984). The Army Family Advocacy Program: Child Abuse and Neglect Training for Child Development Services and Youth Activities Personnel (A Training Manual). Washington, DC: Nova University Institute for Social Services to Families.

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-M

Page 9

- Extreme behaviors:
 - overly compliant
 - extremely passive or aggressive
 - very demanding or not demanding at all
- Overly adaptive behaviors:
 - inappropriately adult (parenting other children)
 - inappropriately infantile (rocking, head banging)
- Developmental lags:
 - in emotional development
 - in intellectual development
 - suicide attempts

NOTE: These characteristics may also describe a child with emotional disturbance. Discuss any concerns with other members of the professional team.

Some Indicators of Neglect

Child's Appearance

- Inappropriate or poor hygiene:
 - chronically unwashed
 - chronic diaper rash
- Inappropriate clothing for weather conditions, age, size
- Shaved head or matted hair

Child's Health

- Underweight
- Prone to illness
- Pale
- Listless
- Delayed growth
- Delayed speech

Eating habits:

- Begs, steals, hoards food
- Constantly hungry
- Chronic school absenteeism

Session Three:
Meeting
Developmental
Needs:
Attachment

Some Indicators of Severe Neglect

Resource 3-M
Page 10

- Failure to thrive due to underfeeding:
 - extreme underweight condition
 - failure to gain weight at home
 - rapid weight gain out of the home
 - ravenous appetite
- Medical neglect:
 - lack of life-sustaining medical attention
 - extreme obesity due to overeating
 - untreated eating disorder
 - untreated severe and chronic medical/dental condition

Some Indicators of Physical Abuse

Child's Appearance

- Bruises and welts:
 - unexplained, unusual, suspicious, non-accidental
 - located on face, lips, mouth, torso, buttocks, thighs
 - in various stages of healing (of different colors)
 - clustered, forming regular patterns
 - reflecting shape of article used (e.g., electric cord, buckle)
 - choke marks
 - human hand marks
 - regularly appear after absence (weekend, vacation)
 - any bruise on an infant

- Burns:
 - shaped like a cigar or cigarette, especially on soles, palms, back, or buttocks
 - immersion burns (socklike, glovelike, doughnut-shaped on buttocks or genitals)
 - patterned like an electric burner or iron
 - rope burns on arms, legs, neck, or torso
- Fractures:
 - of various ages
 - inconsistent with explanation
 - spiral fracture in infant
 - repeated fractures to same site
- Unexplained lacerations or abrasions:
 - on mouth, lips, gums, eyes, genitals
- Unexplained or unusual abdominal injuries:
 - swelling of abdomen
 - constant vomiting
- Head injuries, subdural hematomas
- Internal injuries

Child's Behavior

- Wary of physical contact with adults:
 - refuses, draws away from contact
 - draws back, shrinks away at the touch or approach of an adult
- Anxious, apprehensive:
 - when other children cry
 - about any normal activity, for example, taking a nap, eating
 - experiences nightmares
 - experiences flashbacks
- Fearful
 - shrinks from contact with parents or caregiver
 - reports injury by a parent or caregiver
 - accepts blame for everything that goes wrong
 - protects from pain by repressing or blocking memory

-
- Demonstrates extreme behaviors:
 - extreme aggressiveness
 - extreme withdrawal
 - overly compliant
 - obnoxious, hurtful, or destructive behavior
 - any behavior outside the range of average, expected for the child's age and stage of development

Some Indicators of Sexual Abuse

Child's Appearance

- Difficulty in walking or sitting
- Torn, stained, or bloodied underclothing
- Bruises or bleeding in genital, vaginal, or anal area
- Blood or semen on clothing
- Foreign bodies in genital, anal, or urethral openings
- Sperm in vagina
- Trauma to breasts, buttocks, lower abdomen, or thighs
- Pregnancy
- Venereal disease

Child's Behaviors

- Displays bizarre, unusual, sophisticated knowledge or behavior regarding sex (the younger the child, the stronger the indicator)
- Does an unusual amount of sex play with self or toys
- Initiates sex play with other children

Relationships with Others

- Generally poor relationships with other children
- Unwillingness to participate in physical activities
- Overly compliant
- Emotional state:
 - appears withdrawn, engages in fantasy or unusually infantile behavior
- Excessive acting out of any kind
- Sudden drop in school performance or interest in activities
- Difficulty in sleeping
- Regressive behavior
- Continuously depressed
- Acts overly grown-up
- Complains of pain or itching in genital area
- Runs away from home
- Talks about suicide
- States that she or he has been forced to have sex

NOTE: A child can be molested even though there is no medical evidence, for example, through fondling, oral copulation, masturbation, pornographic photography.

What Foster Parents and Adoptive Parents Can Do to Decrease the Effects of Sexual Abuse on Child Victims

Some child victims:	Foster parents and adoptive parents should:
Consider themselves “damaged goods.” This puts them at risk for further sexual abuse. Moreover, some men and boys view the child victim as fair game: “One more time won’t hurt.”	Remember to treat the victim as a child, not as an adult or piece of “damaged goods.” Provide closer supervision of the victim when he or she is around adolescents or adults who are aware of his or her victimization.
Feel guilt for being a victim; they believe they somehow “asked for it” or could have stopped it. They are labeled “seductive.”	Remind the child that the perpetrator is the only one responsible for the sexual abuse. Children do not give consent for sexual activity; they “cooperate” because the perpetrator is a parent, a member of the family, or a trusted adult.
Feel guilt over the consequences of reporting the sexual abuse; the disruption to the family. Family members may blame the child for their pain: “Look what you have done to your family/father.”	Reassure the child that he or she did the right thing in reporting the sexual abuse. You should also emphasize that a child can never be held responsible for initiating or participating in sexual activity with an adult, or for the disruption that follows.
Have a fear of being abused again. This could result in sleep disturbances or nightmares. Most victims also have feelings of depression.	Encourage the child to talk about any fears. You must create an environment in which the child can express all feelings, positive and negative, and feel believed and supported.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-M
Page 14

The Need for Therapy

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-M
Page 15

Child victims of sexual abuse must resolve feelings of:

- Guilt
- Low self-esteem
- Anger (sometimes not expressed)
- Inability to develop trusting relationships

These are best resolved in a therapeutic setting with:

- Individual therapy
- Group therapy
- Therapy with parent and/or perpetrator
- Any combination of the above

Foster Parents and Adoptive Parents Play a Vital Role

As foster parents and adoptive parents, you provide a truly invaluable service when you stick with a child victim, even as she acts out her pain. You show her that it is possible for someone to love her without exploiting her. You also provide a model of positive parenting. But remember you don't have to do this alone; you are a member of a team within a social work agency which will support and advise you.

NOTE: Although the female "she" was used above, many victims of child sexual abuse are boys and young men.

Some Information About HIV/AIDS

Foster parents and adoptive parents caring for children with the Human Immunodeficiency Virus (HIV) infection face a particular challenge. However, with the support of health and social work professionals you can provide a loving, stable and nurturing environment. By doing so, you can enhance the quality, meaning, and even the length of a child's life.

Session Three:
Meeting
Developmental
Needs:
Attachment

HIV is transmitted through:

- Direct contact with infected blood, semen, or vaginal fluids
- Prenatal or perinatal exposure from mother to infant
- In rare cases, breast milk

Resource 3-M
Page 16

Children who test positive for HIV may exhibit “nonspecific” symptoms such as:

- Enlarged lymph nodes
- Enlarged liver and spleen
- Oral thrush
- Diarrhea
- Weight loss
- Fever
- A disease known as lymphocytic interstitial pneumonia (LIP)

The progression of the virus from HIV infection to full blown AIDS differs from one infected child to the next. However: **HIV Can Be Spread Only by Direct Contact with Infected Body Fluids. There Is No Evidence That HIV Can Be Transmitted by Casual Contact with an Infected Child.**

Children who are HIV-infected need:

- Consistent loving attention and nurturing stimulation.
- Individual therapy to help the child resolve any shame or anger, and to bolster self-esteem.
- Family therapy to assist in developing open communication in the home.
- Consistent preventive care with appropriate antibiotics as the child's immune system becomes increasingly compromised.
- Close monitoring of growth and development for any changes, such as failure to gain weight, which signal a serious progression of the HIV infection.
- Nutrition management to help enhance the child's immune system and development.
- Consistent immunizations in accordance with Centers for Disease Control (CDC) recommendations.
- Frequent monitoring by health care professionals who are aware of the child's health history, knowledgeable of pediatric HIV infection, and are in contact with experts in the field.

YOU NEED TO KNOW IN ILLINOIS!

Education

Life experiences and health influence every child's growth and development and experiences such as abuse, neglect and separation from family can negatively affect a child's ability and readiness to learn. Luckily, most developmental and educational delays are temporary and experts confirm that early identification of delays coupled with support services, can help children go on to reach their intellectual and educational potential.

Meeting children's developmental needs and addressing their developmental delays is one of the Competency Categories in Foster PRIDE/Adopt PRIDE because it is one of the primary tasks of foster parents and adoptive parents. While the caseworker is responsible for completing an educational plan for each child in foster care within 30 days of court ordered temporary custody, the responsibility for implementing the plan on a daily basis falls to the foster and adoptive parents.

The most important educational responsibility of foster parents and adoptive parents is to make sure that school age children attend school every day unless they are ill. Except to participate in Administrative Case Reviews or court hearings, children should not miss school for the convenience of the caseworker, agency or foster and adoptive parents.

Attending school every day is important to a child's self-esteem, social and educational development and progress. If a foster parent suspects or is notified of truancy, the caseworker for the child must be notified immediately.

Some examples of other educational responsibilities of foster parents are to:

- Enroll the child in school within two days of placement in your home
- Check daily to see if the child has homework and has completed it and if the child needs help, provide it
- Communicate regularly with the child's teachers
- Know the school disciplinary policies and where and how to call in absence
- Attend parent-teacher conferences and school programs in which the child participates
- Pick up report cards as required by the school and share them with the caseworker

Look for opportunities to involve the child's parents in school-related tasks and activities. Unless parental rights have been terminated, birth parents have the right to be involved in their child's education and participate in school events.

For high school students:

- Advocate for the youth's current and future educational needs
- Help youth enroll in classes/programs required for graduation and which match the youth's interests, abilities and goals

Children from birth to 5 years old

The goal of educational planning for the children from birth to 5 years of age is to identify any developmental delays quickly and connect the child to local preschool support programs. Preschool support programs and early intervention services are explained in this Resource section in "Special Education". (Additional information on such programs and how to access them can be found in the Foster Family Handbook.)

Meeting children's educational needs can be a challenge because teachers, other school personnel and the school district, as well as the caseworker, foster parents and birth parents are part of the educational team and have specific and important responsibilities. Good communication and coordination can be difficult but the effort is worthwhile because of the lifetime significance of a child being able to reach his or her intellectual and educational potential.

Special Education

"Special Education" refers to the individualized education services for children up to age 21 with disabilities who require special services and support to receive the maximum benefits from their education. The "special education" services to be provided by the public school district are spelled out in a child's "Individualized Education Plan" (often referred to as the "I.E.P.")

Many of the children who come into foster care will be entitled to "special education" services and there is usually no one who has a better understanding of the child than the foster parent. Federal laws have been changed to allow foster parents to serve in the parental role at special education meetings.

Foster Parents Role in Special Education:

Foster parents should be the strongest advocates for their children. DCFS and private agency foster parents can play a significant role in special education

decisions that are made about the children placed in their homes when the following circumstances are present:

- The foster parent has an ongoing, parental relationship with the child;
- The foster parent is willing to make educational decisions required of parents
- The foster parent has no interest which would conflict with the interest of the child; and
- The foster parent has attended educational Advocacy Training.

Educational Advocacy Training

Educational Advocacy Training is a six-hour training that all foster parents are encouraged to complete. Foster parents can obtain information regarding training sessions in their area by contacting their licensing worker or the DCFS Office of Training at 877-800-3393.

Additional Supports for Foster Parents:

For those foster parents who need additional assistance with the special education process for any reason, DCFS has skilled volunteers who will serve as Educational Advocates. An advocate may be assigned upon request of the foster parent, the private agency, or the Department to provide additional support and to attend school meetings with the foster parent as needed. An Educational Advocate will be appointed for any child whose foster parents have not completed Educational Advocacy Training.

Special Services for Children from Birth to 5 years:

Some special education programs for younger children are provided by the local school district and others by agencies and organizations in the community.

Foster parents and adoptive parents should look closely for signs of developmental delays and if there is any possible delay, discuss with the caseworker how to obtain a developmental screening” for an infant or toddler to determine the child’s needs and eligibility for special education services. Special education services are at no cost to the foster family.

Early Intervention:

Eligible children are from birth to 3 years of age and include those born with fetal alcohol syndrome or other conditions caused by exposure to drugs before birth. Down Syndrome, visual impairment, autism and traumatic brain injury.

Preschool Special Education:

Eligible children are ages 3 to 5 years who have disabilities which limit their ability to function in the normal classroom setting. Learning disabilities-disabilities which do not limit children intellectually but do interfere with their ability to read, write, follow directions, etc.—as well as other disabilities and impairments can make a child eligible and able to benefit from Preschool Special Education.

Pre-Kindergarten for Children at Risk or Academic Failure: (called Pre-K”)

Pre-K programs are for children from 3 – 5 years who do not qualify for Preschool Education Programs. Pre-K programs include screening, evaluation, and education and parent involvement. A history of serious abuse and/or neglect may put a child at risk for failure in school and qualify the child for a Pre-K program.

Head Start:

Eligible children are from 3 to 5 years although a few Head Start programs accept children under 3. Head start is designed for disadvantaged children and provides exposure to a stimulating, enriched physical environment in a structured setting to help prepare young children for success in grammar school. Head Start also allows children with disabilities to participate.

DCFS Aids Policy

Testing for HIV:

DCFS must have temporary custody of a child in foster care to authorize testing for HIV. Testing requires the consent of a parent or the DCFS Guardianship Administrator or the DCFS Guardian’s Authorized Agency. (Any child over age 12 may consent to testing. A physician may test a patient *without consent* in order to provide an appropriate diagnosis and treatment.)

One of the following factors must be documented to justify testing.

A child who:

- Was born to a parent with HIV or at risk of HIV
- Was prenatally exposed to drugs
- Is sexually active
- Has a history of intravenous drug use

- Has hemophilia, or a history of blood transfusions
- Has HIV related symptoms

Prospective adoptive parents have the right to request HIV testing for any child being placed with them for whom DCFS is legally responsible.

Confidentiality of HIV status:

The confidential nature of information about an adult or child's HIV status is provided for in the "AIDS Confidentiality Act" and in DCFS rules and procedures.

Release of information about the HIV status of a child in foster care is based on a person's "need to know". Foster parents and relative caregivers are considered persons with a need to know". Foster parents and others with need to know" are expected to keep this information confidential. They may not disclose it to others without permission of the parent or the DCFS Guardianship Administrator.

If a foster parent thinks a neighbor, babysitter, or someone else may need to be informed about a child's HIV status, the foster parent should consult with the child's caseworker. Foster parents should NOT communicate this information themselves.

HIV testing information may be written in the child's Health Passport. The Health Passport is a confidential document, not to be shared with anyone but DCFS, health care providers or the caseworker.

DCFS AIDS Project:

DCFS staff with the AIDS project can be reached by telephone at 312/328-2283 or 312/328-2284.

The AIDS Project can answer questions about fostering an HIV child and provide services which include:

- Testing children at risk of HIV
- Managing the placement of HIV exposed children
- Providing training and consultation on medical, psychological and policy issues
- Providing support services to birth families and foster families
- Providing permanency planning services

DCFS routinely notifies the AIDS Project when a child's exposure to HIV is known. Foster parents are to be informed about a child's HIV exposure prior to placement. There are times when a child's history is unknown until after the child is placed in a foster home. In such a case, the foster parents would be notified of the child's HIV exposure when it becomes known and the AIDS project would provide support services.

Good Stuff to Read

Helping a child develop a love for reading is a lifelong gift. Even 15 minutes each day devoted to reading to a child (or the child reading to you) can promote intellectual development and enhance school performance. Quiet times together for reading can also be special opportunities for enhancing attachment. Reading may give way to talking when a child realizes this is his/her dependable time with you. Or, the story being read may stimulate a conversation or information sharing. In either case, it can be time well spent.

Muriel J. LaRue has been a child development educator, worked in child welfare for many years and is also a PRIDE Master Trainer. Muriel put together the following book list. The comments which accompany the recommended books are also Muriel's.

Sexual Development:

I have used both books to help college students begin to develop acknowledge, vocabulary and comfort level for discussing normal sexual development. These books can and should be read by children. Parents should read the books before giving them to children. It is always better if parents know and understand what the children will be reading.

Where Did I Come From?

Written by Peter Mayle and Arthur Robins
Published by First Carol Publishing Group, 120.
Enterprise, Secaucus, NJ. 07094

What's Happening to Me?

Also written by Mayle and Robins.

Foster Care:

Twice awarded the National Book Award for Children's Literature, the author has written about a child in foster care. The difference is that this story is written from a child's view of foster care.

The Great Gilly Hopkins

Written by Katherine Paterson

Self- Esteem and Identity:

The books listed here are pertinent to African-American children. It can be difficult to find books for children in which a minority person is the positive focus of the story. It is important that African-American children and others have books to read in which they do not have to translate their identities to those of heroes and heroines who are Caucasian.

A child should be able to learn through reading, for example, that other types of hair and eyes are beautiful and acceptable; that beautiful” need not be limited to the golden locks of Rapunzel or Goldilocks of the Three Bears fame.

My Mamma Sings

Written by Jeanne Whitehouse
Pererson,
Published by Harper Collins Publishers

Papa’s Stories

Written by Delores Johnson.
MacMillan Publishing Company

Meet Addy

Written by Connie Porter.
Published by Pleasant Company,
Middle, WI.

*Addy’s Surprise – A Christmas
Story*

Written by Connie Porter

A Williamsburg Household

Written by Joan Anderson.
Houghton Mifflin

Baby’s School

Written by Neil Ricklen.
Simon and Schuster

From Ms. Ida’s Porch

Written by Sandra Belton.
MacMillian

A Birth Parent’s Perspective

“Letting Go Was Best for Both of Us”

To Bennie’s Adoptive Parents:
Hi—I’m Janine—I’m Bennie’s mother.

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. My momma wasn’t able to help out much more. Someone at school day care 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.

Session Three:
Meeting
Developmental
Needs:
Attachment

Resource 3-N

PRIDE Connection

Name: _____
Date: _____
Family Development Specialist: _____

Session Three:
Meeting
Developmental
Needs:
Attachment

**Meeting Developmental Needs—
Past and Present**

Resource 3-0

One of the competency categories for foster parents and adoptive parents is to meet children’s developmental needs and address their developmental delays. Reflecting on how your own developmental needs were met as you grew up will help you think about values and skills you bring to meeting the developmental needs of children.

Think about the way people met your developmental needs, and how that has affected the way you meet these same developmental needs for children in your family now. Use the chart on the next page to fill in short answers or quick notes to remind you of your thoughts. A discussion on this topic will be part of the mutual family assessment.

Needs of All Children	Who Met This Need for You and How Did They Do It?	How Would You Meet This Need for Children?
For Self-Esteem		
For Cultural and Spiritual Identity		
For Positive Guidance		
For Appropriate Discipline		
To be Interested in Learning		
To Learn to Get Along Well With Others		

Name: _____
Date: _____
Family Development Specialist: _____

Factors that Impact Growth and Development

Some factors that might have an impact on normal growth and development in children are:

- Genetic and prenatal conditions
- Handicapping conditions
- Physical neglect
- Physical abuse
- Sexual abuse
- Emotional abuse and neglect
- Accidents and trauma
- Being exposed to inappropriate behavioral patterns of adults such as substance abuse or domestic violence

1. Describe any experiences you or someone you know has had with these situations.

2. How will you use these experiences to help you be an effective foster parent or adoptive parent?

Session Three:

Meeting
Developmental
Needs:
Attachment

Resource 3-P

Making a Difference!

My husband and I became the adoptive parents for a 10-year-old boy who was energetic, a non-stop talker, funny and friendly. He had a lot of wonderful traits, in spite of the fact that he also had endured a lot of physical and emotional tragedies in his short decade of life. As a result, his jigsaw puzzle looked like this: age, 10 years; appearance, nine years; intellectual ability, eight years; school grade, reading and writing at first grade level= six years; social age, three years; emotional age, infant to one year; cultural match with adoptive parents, same ethnicity, religion, few shared values; life experience, adult.

One day, when our son was 19, I was talking with a friend who also happened to be a social worker. I was discouraged about the lack of progress for our son. I told my friend, “He’s 19 years old and he’s only completed one college course, it took him seven times to pass his driver’s test, he can only manage a part-time job, he has only one friend, he’s only had one date, and he likes hanging out with us. I don’t think we’re making much progress toward independence!”

My friend said, “Remember his jigsaw puzzle when he was 10 years old: reading at first grade level, not having any friends, not trusting any adults?” “I remember,” I said.

My friend said, “Well, in just nine years he’s been able to get to college when it takes most kids 12 years. And in just nine years this untrusting, unsociable kid, with no self-confidence, has been able to take a test until he passed, hold down a job for more than a year, and become attached to his parents. Given where he started from nine years ago, he’s not delayed . . . this kid is an over-achiever!”

So, when our son got home, I said to him, “You know, I’m really proud of you. I love you.” And our son said, “I know, Mom, thanks.”

Adoptive Parent

California

Session Four

Meeting Developmental Needs: Loss

Session Four

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- 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, prospective foster parents and adoptive parents will be able to:

1. Explain why dealing with loss and separation is very challenging work.
2. Explain how reactions to expected losses may differ from reactions to unexpected losses.
3. Define and explain the three major categories of loss.
4. Identify losses that birth families, foster families, and adoptive families experience because they are involved in the child welfare system.
5. Describe the Pathway Through the Grieving Process.
6. Provide examples of how children behave and react as they respond to grief.
7. Identify ways to deal with behaviors and reactions of children who are responding to grief.
8. Identify the eight factors that influence how someone experiences a loss.

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-A

Resource 4-A

Page 2

-
9. Identify the losses that children in the adoption process may be grieving.
 10. Describe the process of developmental grieving and its importance when children are adopted.
 11. Describe the Loss History Chart, and how it can help people understand loss.
 12. Explain the importance of teamwork in dealing with separation and loss.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Describe how losses related to separation and placement affect child growth, development, feelings, and behaviors.
2. Identify some ways to help children through the grieving process according to their age and stage of development.
3. Describe the importance of understanding a child's loss history.
4. 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.
5. Identify specific ways to support a child's safety, permanence, and well-being.

Session Four

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Three
- C. Making Connections with Assessment, Licensing, and Certification

Part II: Loss and Grieving

- A. The Experience of Loss
- B. Categories and Types of Losses
- C. Connecting Loss and Grieving to Future Roles

Part III: Living With Loss

- A. The Pathway Through the Grieving Process
- B. Factors that Influence Loss
- C. Being a Loss Manager for Children
- D. The Important Role of Teamwork

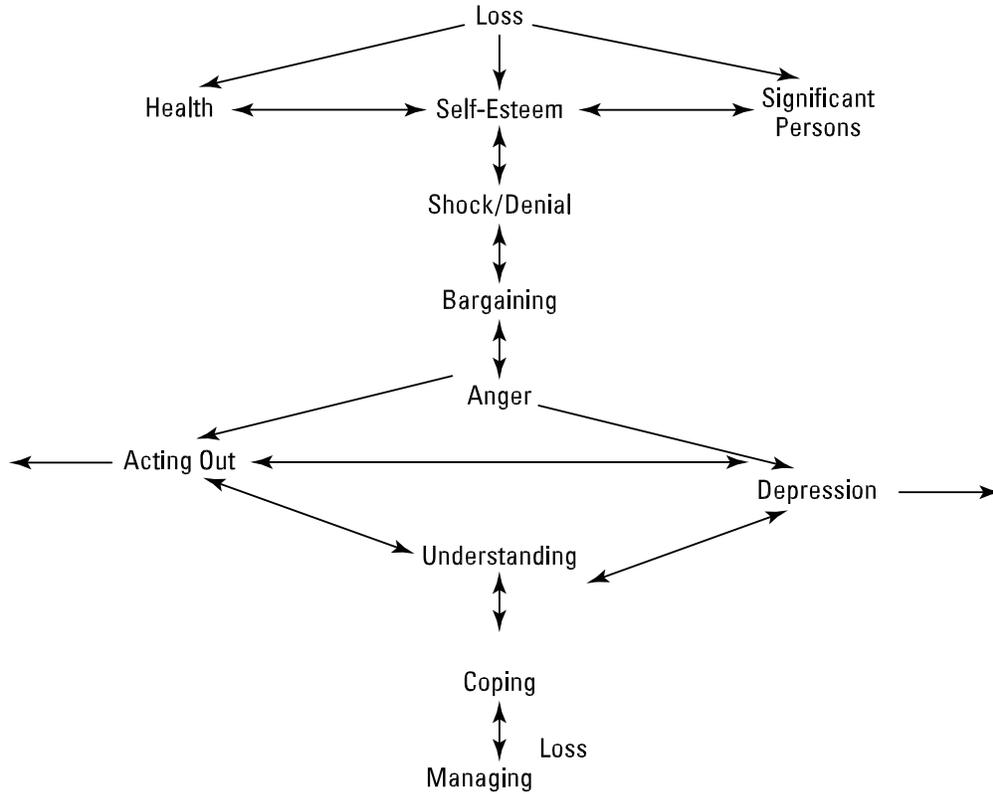
Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Five
- G. Making a Difference!
- H. End Session

The Pathway Through the Grieving Process*

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-C



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 Youth Manage Separation and Loss, Homeworks #1 (At-Home Training Resources for Foster Parents and Adoptive Parents). Washington, DC: Child Welfare League of America, 13.

Child's Loss History Chart				
Age at Time of Loss	Type of Loss (Remember that losses can include an important person, health, or sense of safety and well-being.)	What Happened? (What are the circumstances of the loss?)	Effects on Child/Youth	Help received

Kevin's Loss History Chart

Age at Time of Loss	Type of Loss (Remember that losses can include an important person, health, or sense of safety and well-being.)	What Happened? (What are the circumstances of the loss?)	Effects on Child/Youth	Help received
8	Self-esteem and health; Physical abuse	Kevin's mother used drugs and whipped him with a belt and baseball bat 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
10-12	Significant others; left shelter and foster families Self-esteem and well-being; cultural affiliation	Kevin had planned moves from shelter to foster home, and to his preadoptive family; each move involved a new school system Kevin's placements did not always reflect his cultural heritage	With each move Kevin had more difficulty making the adjustment; he continued to worry about his mother Kevin denied that there was any effect; he asked not to continue with the Big Brother	Counseling continued Kevin had an African American Big Brother for a short period

Age at Time of Loss	Type of Loss (Remember that losses can include an important person, health, or sense of safety and well-being.)	What Happened? (What are the circumstances of the loss?)	Effects on Child/Youth	Help received
12–15	Self-esteem and well-being; delays in the adoption process	Legal delays and an appeal by Kevin's mother resulted in the preadoptive family questioning if they could continue with adoption	Grades in school went from excellent to failure	No help; Kevin refused to continue counseling; school adjustment counselor tried to help
15	Significant other; visits with mother ended	When mother lost the appeal the court terminated visits	Kevin began to skip school and abuse substances contact	Social worker and preadoptive family talked to Kevin; arranged for letters and telephone
15	Significant other; Kevin ran away from preadoptive 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 engages in sexual solicitation	Kevin makes money through prostitution; injured on several occasions and repeated STDs (Sexually Transmitted Diseases)	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 presents as motivated	Mobile health clinic provides medication; Street Worker from local church befriends Kevin; police connect Kevin back to agency when he is arrested for sexual solicitation

Resource 4-F

Putting It Together

Instructions:

Consider Nathan's situation, described below. We learned about Nathan earlier in our video, *Making a Difference!*

- What losses has Nathan had to grieve? Of these losses, which will he need to continue to grieve and why?
- How might the team help Nathan now with his past and present losses?
- What supports may Nathan continue to need in the future from his foster family or other members of a helping team?

Nathan is 14 years old. He has lived with the Hanson foster family for the last three years since coming into the agency's care. For his first 11 years, Nathan lived with his mother and father. His father, an alcoholic, was sober off and on. When Nathan's father was drinking, he would occasionally verbally abuse Nathan and his mother. During those times Nathan's mother also worked long hours to support them. Nathan was frequently alone at home. Because of his father's drinking and the problems it caused, Nathan's extended family on both sides cut ties with the family.

Nathan's mother was killed by random gunfire one night on her way home from work. Nathan was 11 at the time. His father began drinking heavily and couldn't care for Nathan. Nathan began staying home from school to care for his father during the day. At night he ran with a group of boys who were aggressive and destructively acting out. After his arrest on a juvenile charge, the agency investigated, and removed Nathan from his home. Nathan's relatives were unwilling or unable to care for him. Nathan's father has made significant progress, and feels ready to take his son home. Nathan will be leaving the Hanson's soon, after three years in their home.

Key Points

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 foster families and 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.
- Foster and adoptive parents 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.

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-G

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.

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.

Circumstances that bring children into family foster care or adoption are unexpected losses which have serious effects. They often involve loss of health (from abuse or neglect), loss of loved ones (their parents, brothers and sisters, other extended family members), and loss of self-esteem (children blame themselves, thinking they have been bad, and so their parents have rejected them).

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.

Children and youth coming into care are all being separated from the families the environments they know. They will be grieving. This is true even and when the children have run away or asked to be taken away. Remember, most children do not want to leave their families, no matter how inadequate or abusive the family has been.

Many children in care have suffered many losses. They experienced the death, desertion, or disappearance of significant people in their lives. They experienced loss of trust when their parents failed to meet their needs or abused them. Some have lived with several different families. Pain from loss and separation is another type of trauma that can cause children to become stuck at one level of development, or even regress to an earlier level.

Adoptive parents hope that placement will be a joyful event for the child they are adopting. In reality, most children, no matter how well prepared and how much they want to be adopted, are experiencing loss and anxiety about the future, so placement is a time when children are grieving new losses and old losses. Loss and trauma for Indian children may be inter-generational. Their history and present status may add a level of distrust or grief that can manifest in behavioral difficulties or incongruities (acting out, silence, passive defiance, etc.).

Losses that children who are in the adoption process may be grieving include the following:

- The finality of the separation from their birth family.
- The loss of their foster family.
- The loss friends, neighbors, teachers, coaches and others who they knew when they were living with their foster family and/or birth family.
- The loss of the hope that they might return to their birth family.

In working with children, we should expect their past life experiences to be a significant factor in the present. They may have learned behavior patterns that helped them survive neglect or abuse, but the community may view these behaviors as inappropriate or disruptive. They are often angry, depressed, or hostile because of the loss and pain they have suffered. We call this “the pain beneath the rage.” In other words, whenever you see anger, look for the hurt! Other children seem too good to be true, or appear to be charming and care-free. This is their way of coping, by hiding the pain that will eventually surface.

They need families that will, temporarily or permanently, provide them with care and the consistency as they deal with the pain, to learn more appropriate behaviors, grow, and develop.

Session Four:
Meeting
Developmental
Needs: Loss

The Important Role of Foster Families and Adoptive Families

Resource 4-G
Page 4

The children who will be placed in your care usually have experienced all three major losses: health, significant others, and loved ones. If you recall our discussions about why children come into care, what causes their developmental delays and their attachment problems, you begin to see all the losses these youngsters have endured.

Sometimes we may wonder, since these children have had so much trauma, how can we possibly make a difference? But every day, hundreds of thousands of foster parents, adoptive parents, and social workers do make a difference in the lives of these children, and for their families. We should remember that many losses experienced by the children also affect their parents.

What can a 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.

The Important Role of Teamwork

According to Dr. Vera Fahlberg, who has decades of experience in working with children, youth, and families involved in fostering and adopting, loss is never completely resolved. It may recycle in a variety of ways, but it need not threaten successful adoption. Nor should the loss and grief issues of children

jeopardize their experience with a foster family. In fact, the child's new family, foster or adoptive, is not supposed to be the source of the problem, but instead the source of the cure.¹

This is important work, and we need to have reasonable expectations for progress children can make and for the help we can give. One way to have reasonable expectations is to understand the factors influencing a child's ability to move through the pathway through the grieving process.² These factors are:

- Nature of the loss—loved one, health, or self-esteem.
- Age at the time of each loss.
- Degree of attachment to the persons from whom the child is being separated.
- Ability to understand why separation took place. For example, an 8-year-old who was sexually abused can understand a foster parent who says, "What your Daddy did was against the law. He can't see you until he learns that it was wrong to touch you like that. And your mother has to go learn how to protect you and keep you safe. It is okay to feel mad, bad, and sad about being here. You will be safe here until your parents learn how to take care of you." But a 2-year-old can't understand that information; she or he will need a soothing tone of voice, appropriate touch, and consistency.
- Emotional strength.
- Cultural influences affect how children are taught to express their grief. Children who are taught not to cry will hold their grief inside.
- Circumstances causing the loss.
- Number of previous separations.
- Help given before, during, and after the separation.

Even if you have a child for a short time, as a foster parent, you can:

- Help the child feel safe and cared for.
- Let the child express his or her feelings.

¹ Interview with Vera Fahlberg. (Spring 1991). In: Adoptalk. St. Paul, MN: North American Council on Adoptable Children, 4–5.

² Pasztor, E.M. (1983). Preparation for Fostering: Preservice Education for Foster Families (A Training Manual). Ft. Lauderdale, FL: Nova University.

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-G
Page 6

- Help the child get from one stage of grieving to another, i.e., from shock or denial to anger; or teach appropriate ways to express; and help the child learn to understand what happened to his or her family.

What adoptive parents can do:

- Help the child feel safe and cared for.
- Encourage the child to express feelings.
- Be patient with the child.
- Understand that, as the child grows and develops, all the steps along the pathway may need to be expressed over and over again. After all, your 18-year-old will understand differently than an 8-year-old, and you will have had many years to develop solid attachments.

Teamwork Is Essential

Helping others with their losses is probably the most challenging and most rewarding experience of fostering and adopting. As we said in Session One, the issues we have to deal with are especially emotionally charged. Not only is it okay to ask for help, it's a good idea. And if we can talk openly and honestly with each other, together we can make a difference for fragile children and families.

As prospective foster parents and prospective adoptive parents, you need to carefully consider the extent to which you are, or can be, a loss manager for children and families who may be very wrapped up in feelings of shock and denial, anger, or depression.

Being a loss manager is a challenge because:

- The losses that children have may remind us of our own. If one of us was sexually abused, it might be hard to work with a child who has been as well.
- Losses related to abuse, neglect, and maltreatment may make us angry with the parents, even though these tragedies are losses for them, too.
- A child placed with us may remind us of the child we weren't able to have.
- A child's developmental grieving, even long after placement, may make us sad or frustrated. After all, we're the ones who have loved the child.

-
- Our loss of control (our inability to have children, our need to qualify to be foster parents and adoptive parents through an agency) can make us feel angry and sad.

So it's important to talk honestly, openly, and directly with the Family Development Specialist to identify your strengths, concerns, and the supports you need.

It is critically important to have loss managers on the team because:

- We need the energy to help those in our care, instead of being “stuck” in stages of shock/denial, anger, or depression due to our own losses.
- Our own experience of growing stronger from losses gives us some ideas about how to help others.
- We can continue our opportunities for personal growth.

Do you recall in the *Making a Difference!* video how the rosebush finally blossomed? Well, the rosebush had to do its own growing, but it took the team of Emma Hanson, Nathan, and later, Vernon, to create the environment in which it could grow. In fact, once Nathan and Vernon were able to understand and cope with their own sad and mad feelings, they could be loss managers for that rosebush.

You can see why teamwork is essential.

You Need to Know!

Separation and Loss: Responses and Needs

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-H

The grieving process:

- Is a normal part of life for most people, and certainly for the children in your care.
- Influences feelings which, in turn, direct behavior.
- Requires that foster parents, adoptive parents, and social workers cooperate to help children manage feelings and behaviors so they can make the most of their foster or adoptive experience.
- Elicits different responses:
 - Shock, denial, or protest
 - Bargaining
 - Anger (acting out)
 - Depression (anger turned inward)
 - Understanding and coping

There is a pathway through the grieving process which begins with a significant loss. This loss typically falls into one, two, or three categories. The children in your care usually have experienced all three of these losses:

- Loss of health from being abused or neglected.
- Loss of significant persons (parents or siblings) to whom they felt a strong attachment.
- Loss of self-esteem from feeling worthless, inadequate, and unable to control the events in their world.

As children move through this pathway, there are signs indicating which response the child is experiencing. Children also have specific needs related to each developmental stage.*

* From Pasztor, E.M. and Leighton, M. (1992). Homeworks #1: Helping Children and Youth Manage Separation and Loss. Washington, DC: CWLA, 13.

Understanding and Helping Children with the Impact of Separation and Loss

Age	Developmental task	Effect of separation and loss	Help to minimize trauma
Infant	Infants develop a sense of security and trust from day-to-day experiences. Their primary job is to develop a sense of trust in others. By 7–9 months they know family members and fear others. Their dependency on mother decreases as trust develops.	They react to difference in temperature, noise, visuals. They may lose their sense of being able to rely on the environment and the individuals within it. May become less flexible. Rebuilding trust in adults is major task.	Be attentive to needs. Keep changes in daily routine to a minimum.
Toddler	They separate from their mothers, begin to develop self-confidence and self-esteem, and begin to feel capable of doing things themselves.	Damages their sense of independence, self-confidence, and self-esteem. Toddlers may regress to younger behaviors.	Need help developing independence, or a balance between dependency and independence. Tolerate clingy behavior, as they do not trust adults will be there when they need them. May behave like they want to parent themselves. Need opportunities for trust and autonomy, and opportunities to control their environment. Be aware of all events surrounding the separation or loss, as similar events will reawaken memories in the future.
Preschooler	Become good at self-care at home, typically ask a lot of questions, become more individual and more independent. Show tremendous interest in and excitement with the world. Develop language skills. Unable to understand cause and effect.	World is confusing, fear abandonment, susceptible to misperceptions as to the reasons for moves, and will blame selves.	Listen for odd or peculiar statements for clues suggesting a child's misperceptions about the reasons for the placement. Be attentive to the child's development. Language delays are common in children who have been abused or neglected. Need consistency and predictability to regain sense of trust and control.

(continued next page)

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-H
Page 2

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-H
Page 3

**Understanding and Helping Children with the
Impact of Separation and Loss** *(continued)*

Age	Developmental task	Effect of separation and loss	Help to minimize trauma
Six-to-ten year-old	Learning in school, developing motor skills, and same-sex peer relationships are important. Moral development includes a heightened sense of right and wrong. Become more assertive; the issue of fairness is very important. Increased ability to understand and conceptualize.	Interferes with ability to learn and develop friendships. Regression to earlier stages is common.	Need help to reason out loss. Need information about their past to help them with identity issues. Need help with peer relationships, poor school performance, and identifying and managing angry feelings. Children who have been sexually abused need nurturing in nonsexual relationships.
Adolescent	Need to be accepted by peer group versus need to belong in family. Must cope with abundant sexual and aggressive impulses. Beginning to find place in the world. Want independence from family; control battles common. Developing intellectual and reasoning abilities. Sense of belonging and peer relationships are very important.	Loss is intensified due to adolescent's emotional instability and impulsivity. Loss complicates issues of identity and self-esteem. Separation from family at a stage of desiring independence confuses the anger	Need to be full participants in the helping plan. Need to feel their desires are considered at all times. Need help acknowledging and managing sad and angry feelings, and low self-esteem. Need to be acknowledged for responsible behaviors. Need help in resolving sexual issues in nonsexual relationships. Need support in peer relationships; for example, help to manage peer pressure.
A move/loss is a time of high anxiety and discomfort for children. Being aware of all their feelings, and responding in a helpful way can support the attachment process between the child and the new family			

This chart is a composite of information found in a collection of work by Vera Fahlberg called, "Putting the Pieces Together," which includes the book: [Attachment and Separation](#). The collection, "Putting the Pieces Together" was originally published in 1982, and republished and distributed in January 1988 by Spaulding for Children, Michigan.

The Importance of a Loss History Chart

Children coming into family foster care or joining an adoptive family:

- Bring with them their individual history, including every significant loss throughout their lifetime.
- Have reacted to these losses by moving through the various stages of the grieving process.
- Are now experiencing the pain of losing a significant other.
- Will move at different times from one stage to another and back again.

Knowing the child's loss history will enable the foster parent or adoptive parent to understand the child's current needs, and to help the child deal with his or her losses. The Loss History Chart must be completed by the foster parent or adoptive parent, and the child's social worker. The success of the Loss History Chart will depend on:

- Teamwork among the foster parent, adoptive parent, and social worker.
- The availability and documentation of the loss history.
- Recognition of the child's progress through the grieving process.
- The stability of the child's present family situation.

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-H
Page 4

Adapted from Pasztor, E.M. and Leighton, M. (1992). Homeworks #1 (At-Home Training Resources for Foster Parents and Adoptive Parents). Helping Children and Youth Manage Separation and Loss. Washington, DC: CWLA, 45.

YOU NEED TO KNOW IN ILLINOIS!

Family Preservation Services

Providing Family Preservation Services is one way the child welfare system fulfills its mission to strengthen families and meet the needs of children for safety, well-being and permanency. In Session One, we discussed the circumstances and conditions that can affect how well a family functions. Poverty, homelessness, chemical dependency, poor parenting skills, medical problems, a lack of resources and supports within the family and in the community—all can put families at risk for incidents of abuse and neglect.

Some families reported to DCFS for abuse or neglect become clients of the agency but the services provided are directed toward preventing the placement of children away from the family and avoiding the experience of separation and loss. As always, children's needs for safety, well-being and permanence drive the assessment which leads to the decision to provide Family Preservation Services rather than a placement outside the home. A client Service Plan is developed to address the family's problems but the children remain with the parent's while they work to correct the conditions which brought the family to the attention of DCFS.

Family Preservation Services may include

- Referrals for financial assistance and employment-related day care, housing assistance and advocacy, legal services.
- Emergency caretaker or homemaker services.
- Counseling and parent education.
- Advocacy and referrals to self-help groups.
- Other services intended to maintain the family while insuring the safety and well-being of the children in the home.

Child Protection Proceedings What Happens When

Suspected child abuse and neglect are reported to the DCFS hotline. Mandated reporters who are required to report suspected child abuse neglect make many reports. Anyone may report suspected child abuse or neglect. Reports may be made anonymously by people who are not mandated reporters.

When the Hotline staff receives a call, the person will assess whether or not the report meets the criteria of an abuse or neglect report. If the Hotline staff takes the report, an investigation of the report will begin within 24 hours.

The Hotline staff refers the report to the local DCFS office serving the area in which the child lives. A Child Protection Investigator will make contact with the reporter (unless the report was made anonymously) and with the child alleged to be abused or neglected within 24 hours. If there is a possibility that the child is in immediate danger, the investigation will begin immediately.

Upon contacting the child, the investigator occasionally determines that there is immediate danger and that the child must be removed from the environment as quick as possible. In those instances, the Investigator may take Protective Custody of the child and immediately remove him or her from the home. In those cases, a custody hearing in Juvenile Court must be scheduled within 48 hours.

There may be times when the investigator contacts the child and can determine at that time that abuse or neglect did not occur. In those cases, the investigation will be discontinued.

Most of the time, the investigator will need to contact additional people to gather enough information to determine whether or not child abuse or neglect has occurred. The investigation must be completed within 60 days. In some cases, a 30-day extension may be granted.

If at the end of the investigation, the investigator determines that abuse or neglect has occurred, the report will be “indicated”. If the investigator determines that abuse or neglect did not occur, the report will be “unfounded”. If the report is “indicated”, decisions as to the best interest of the child will be made which may mean the child remains at home with services from the agency or the child may be placed in foster care or with a relative. If the report is “unfounded”, services will not be provided.

When reports of child abuse or neglect are alleged for a child in a foster home, the same investigative process will be followed.

Termination of Parental Rights

The initial Permanency Goal for most children is “Return Home.” Agencies usually pursue “Termination of Parental Rights” after parents have demonstrated over a period of time that they are unwilling or unable to change the behaviors and conditions which led to the child’s maltreatment. In some instances, however, the agency and the court consider “Termination of Parental Rights” as a first step in permanency planning for a child.

Parental history and intent are also assessed in determining permanency plans and goals. An assessment to determine if grounds for parental unfitness exist, or any of the factors identifying the potential for the child’s adoption, takes place about 90 to 120 days after DCFS is awarded temporary protective custody.

Grounds of **Parental Unfitness** are defined in the Adoption Act. There are 22 grounds that include conditions such as:

- Child abandonment
- Failure to maintain a reasonable degree of interest, concern or responsibility as to the child's welfare
- Substantial neglect if continuous or repeated
- Extreme or repeated cruelty
- Depravity
- Certain criminal convictions

Agencies **MUST** seek **Expedited Termination of Parental Rights** and plan for the child's adoption when the following conditions and behaviors exist.

- Extreme and repeated cruelty to a child
- A finding of physical abuse and criminal conviction of aggravated battery of the child
- Conviction of certain crimes related to the murder of any child
- Abandonment of a newborn infant in a hospital or other setting where the evidence suggests the parent intended to relinquish parental rights.
- Incarceration of a parent preventing the parent from parenting for two years and when prior to incarceration, the parent had little contact and provided little support to the child.

Grounds for which agencies **shall consider Expedited Termination of Parental Rights** are:

- Abandonment of a child other than a newborn baby
- Desertion
- Inability to discharge parental responsibility due to mental illness/impairment or developmental disability
- A finding at birth that the child's blood or urine contained any amount of a controlled substance* unless as a result of medical treatment given to the mother or infant and the biological mother of this child is the biological mother of at least one other child who was adjudicated a neglected minor,

after which the biological mother had opportunity to participate in a drug counseling, treatment, and rehabilitation program.

If you are interested in a Legal Risk Placement of Adoption, tell your agency that you are available for the placement of children for whom expedited termination of parental rights applies.

If the child already placed with you for foster care is one for whom grounds appear to exist for expedited termination of parental rights and you are interested in adoption, contact the worker and supervisor to ask if the case meets the criteria to expedite terminating the parent's rights.

*As defined in Section 102 of the Illinois Controlled Substances Act.

Consideration for Informed Decision Making

During the first session of Foster PRIDE/Adopt PRIDE, we said that one of the goals for the classes is to help you make an informed decision if fostering, adoption or neither were the best choice for you and your family. It is a critical decision for you, your family and for the children and families served by the child welfare system.

The vast majority of children who enter the child welfare system need temporary foster care services. Since the primary goal is to return children to their parents whenever the child's safety and well-being can be assured, foster care is an essential service to children and to their families.

The degree to which foster parents may have contact with birth parents can vary from "no contact" to "parenting the parents." Each situation is unique and the willingness and ability of foster parents to work with birth parents directly is also a consideration. At the least, those of you who choose foster care must be able to accept a child's ties to birth family, the significance of those ties, and be willing to support the child's desire to return to them. Most children can and do return home. Agencies badly need foster parents as members of the team to help do the important and challenging work involved in returning children to their families.

Adoption is also essential child welfare service. When children cannot return home, adoption is the first choice in providing them with permanent families. Adoption is a lifelong commitment to a child. Adoption has its own benefits and challenges.

Given these two options and how very different they are in terms of the nature and length of the commitment, as well as the role and responsibility of foster and adoptive parents as members of the child welfare team, the choices are clear. Right? Yes and No!

The Big complication is that many children need both essential services at different times in their lives. Foster parents are given the first option of adopting children who have lived with them for one year or more when the children become legally free for adoption. “Converting” from being the foster parents to becoming the adoptive parents for a child can be wonderful for all involved when the attachment is strong, the “chemistry” is right, the family’s circumstances can accommodate adoption and when it is the family’s true choice. Foster parents need not adopt. As the Hansons demonstrated in the “Making A Difference!” video, making a difference in the lives of several or many children through fostering is both worthy and admirable.

While foster care can lead to adoption, adoption is not the purpose or the goal of foster care. Families tempted to choose foster care as an avenue for adoption will most likely be disappointed. The probability is that the child or children will return home. Secondly, in situations where the agency is working toward the child’s return home and the foster parents are covertly seeking to adopt the child, teamwork cannot exist. The child’s needs become secondary to the substantial conflicts which can occur among members of the team.

For those who know they want to adopt, there are several ways of doing so. There are many “waiting children”—children who are already legally free for adoption because the rights of their parents have been terminated or relinquished. Every child welfare agency with an adoption program has access to the Adoption Information about the “waiting children” in Illinois. Your agency can help you find a child who is a “match” for your family in terms of your mutual strengths and needs.

“Legal Risk” placements for adoption are foster care placements which incorporate an agreement that if the child or children become legally free for adoption (parental rights are terminated or relinquished), you will become the child or children’s adoptive parent. “Legal Risk” placements are often used in situations where “Expedited Termination of Parental Rights” applies.

„Concurrent Planning” is the way agencies try to insure permanency outcomes for children. “Concurrent Planning” means that the agency and foster parents work whole-heartedly together for the child’s return home but, particularly in situations where the probability of achieving “return home” appears doubtful, the agency does not wait to see if the parents succeed or fail before discussing adoption as a possible option with the child’s foster parents. Difficult? Yes. But the pursuit of alternative permanency plans is openly discussed and known by all members of the team. There is no subterfuge.

Additional information on adoption, legal risk and concurrent planning is provided later in the “You Need to Know in Illinois!” information and in the foster Family Handbook.

A Birth Parent's Perspective "They Tell Me I Need to Let Her Go"

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-I

I'm Susan's mother. I thought I'd tell you a little about me.

I started hearing the voices before Susan was born when I was about sixteen years old and in school. It was very confusing then and they only got worse. Bill, Susan's father, and I were dating and when we were sixteen I was pregnant and we got married. At first I thought the voices were just the stress. You know, not enough sleep, lots of money worries, a baby, all that stuff.

All along the voices told me to do things and sometimes people said they worried about Susan. Somebody sent a social worker who helped for a while. But around the time Susan was seven, I went into the hospital for a whole year. I missed her eighth birthday. I knew they were all ashamed of me, but it was tough in the hospital too. The social worker and some neighbors helped me go home.

Six months later, Bill was taken seriously ill. Within two years' time he was dead. I had no money, no family, my own medical problems, no job and an eleven-year-old daughter who was a nervous wreck all the time.

I asked my aunt to help. For a while she helped care for Susan for weeks at a time, taking her to school, feeding her, etc. I still had no job and money was getting tighter and tighter.

I often forgot to take the pills they gave me. Susan looked scared sometimes when I said things. Then one day we got evicted. Next thing I knew Susan was in foster care and I was on the streets. Homelessness takes it all away. I know Susan needs to live in a house and go to school, have friends and live with people who can care for her. But I'm not there.

They tell me I need to let her go. But she's all the family I have left. I write her cards all the time and send her money to that court place. I sure hope they give it to her so she knows I care even if I'm not with her. Maybe she can save up and come visit me someday.

I only visit her once a year. That's the agreement. But I get excited every time! She's OK and getting so tall. I wish things weren't like they are but she seems happy and OK with this. That is something important to me.

PRIDE Connection **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 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.

Session Four:
Meeting
Developmental
Needs: Loss

Resource 4-J

Name: _____
Date: _____
Family Development Specialist: _____

Age at Time of Loss	Type of Loss (Remember that losses can include an important person, health, or sense of safety and well-being.)	What Happened? (What were the circumstances of the loss?)	Effects of the Loss on You	Help You Received

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

Making a Difference!

Mike was just two years old when he came to live with us. He was the youngest of seven children. His mother, barely out of her teens and over-whelmed with sole responsibility for her babies, had left them, never to return. His absentee father reentered the children's lives when they were all in foster care, and began working to regain custody of them, one by one.

Session Four:
Meeting
Developmental
Needs: Loss

It took several weeks for Mike to smile for the first time, longer to accept our love. After all, he had lost his mother and his siblings at a very vulnerable age. Trust, and a feeling of security did not come easily. But his second family embraced him, giving him four additional brothers and sisters to play with, fight with, and love—a safe place to be.

Resource 4-K

His father began visiting in our home almost immediately, coming from the city on the train several times a year. Mike would often hide in his room, angry and unwilling to accept this stranger who reminded him of days he barely remembered, and who disrupted the fragile sense of security he was forming. Occasionally, Poppa would bring one of Mike's sisters to meet him, further confusing him, while at the same time, striking a chord of familiarity in him.

Two of Mike's brothers, twins, were with another foster family, and during the summer the boys would get together. It must have felt confusing for Mike to gaze into faces so like his own, yet virtual strangers to him.

By the time Mike was 10 years old, Poppa had regained custody of six siblings. The four older sisters were absorbed more easily in the extended family. The twin boys experienced much difficulty, however, having to leave their foster family after eight years. The move did not work, and unable to return to their foster parents, they spent their teen years in a boy's home, maintaining close ties with the foster family.

When Mike was told his father now wanted him to return home, he replied he would run away to us. When told he would again be sent home, he said he'd stay with his father, but when he was 18, he would come back to us to be adopted. Poppa then realized it would be wrong to move him, and agreed to let him stay with us, though he would not agree to adoption.

Visits continued, and as Mike grew older, he would go to Poppa's house, sometimes staying overnight, meeting his relatives, and getting to know his siblings. While this was a good thing, it also left Mike feeling he belonged nowhere, that he was between families, truly attached to neither. He felt no sense of security, and had a fear of being moved that caused him much anguish, and delayed his psychological and emotional maturity.

Finally when he was 17, Mike was adopted into our family. Poppa signed surrender papers, and Mike was legally and forever joined with us, at last one of “the kids.” Never again did he have to fear losing us. It was a most joyful day. Finally, Mike felt secure in his position firmly anchored to us. The adoption also allowed him to reach out to his birth family, knowing it was now safe to do so.

Mike feels a part of both families, and draws his self-assurance as a person from both sides. He knows he belongs to his birth family because he looks like them, he has certain inborn reactions to life like them, he shares a common heritage with them that is undeniable. His artistic talents come from them. He must have wondered all those years why he looked at life differently than his adopted siblings, who tend toward math and logical order, while Mike sees life in a flash and lives it that way!

But Mike knows he belongs to his adopted family as well. He shares our values, our strong sense of family, the knowledge that we are always there for each other. He shares our commitment to “DYB”—Do Your Best! But mostly he shares our love.

Jim and Judy Johnsen,
Adoptive Parents
Illinois/Arkansas

Session Five

Strengthening Family Relationships

Session Five

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Know the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem.
- Know the value of Lifebooks.
- Understand the importance of respecting children's connections to their birth families, communities or tribal communities, and previous foster families and/or adoptive families.
- 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 importance of being non-judgmental in caring for children, working with their families, and collaborating with other members of the team.
- Know the value of maintaining records regarding a child's history.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Describe the connection between family relationships and the child's self-esteem, personal identity, and cultural identity.

2. Describe the impact of placement on the child's self-esteem, personal identity, and cultural identity.
3. Demonstrate the use of an ecomap to better understand family connections.
4. Identify ways to strengthen connections for children in family foster care.
5. Describe how positive cultural identity develops in a child.
6. Identify age appropriate strategies to promote positive cultural identity.
7. Describe the importance of visits to maintaining the child's connections.
8. Describe the importance of visits to children receiving adoption services and/or children who have been adopted.
9. Describe the difference between visits for reunification and open adoption visits.
10. Identify the components of the visiting plan.
11. Identify ways to help prepare the child for visits.
12. Describe the connection between the child's feelings and behaviors after visits.
13. Identify ways to help the child handle feelings immediately after a visit.
14. Identify three reasons why family continuity is such a challenge for children in foster care or receiving adoption services.
15. Explain the concept of "time traveling," and identify specifically how this can be used to promote family continuity.
16. Explain the use of the Lifebook in promoting family continuity.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Identify examples of parents' rights and responsibilities when their child is in family foster care.

-
2. Identify reasons why separating siblings through foster care or adoption adds to their emotional trauma.
 3. Identify issues affecting their ability and willingness to work effectively with birth parents, based on the information in this session's A Birth Parent's Perspective.
 4. Identify specific ways to support a child's safety, permanence, and well-being.

Session Five

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Four
- C. Making Connections with Assessment, Licensing, and Certification

Part II: The Family and Self-Esteem, Personal Identity, and Cultural Identity

- A. The Role of Families
- B. Supporting the Development of Positive Cultural Identity
- C. How the Team Works to Support Family Relationships
- D. The Ecomap as a Tool for Understanding Family Relationships

Part III: Supporting Family Connections and Family Continuity

- A. The Impact of Placement on Connections and Sense of Continuity
- B. Supporting and Maintaining Family Connections
- C. Promoting Family Continuity

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Six
- G. Making a Difference!
- H. End Session

The Development of Racial Identity

- Birth to age 3: Toddlers become aware of physical race and skin color difference and learn names for specific groups. They do not comprehend the real meanings of these labels and may be puzzled by the use of colors to describe people.
- Ages 4–6: Preschoolers can usually identify their own racial or ethnic group and may place a positive or negative value on their own and other groups. Feelings about groups are acquired by absorbing societal messages from the media, literature, toys, and their surroundings, even in the absence of contact or parent instruction.
- Ages 7–11: Latency age children usually have a firmer understanding of their own racial and ethnic identity and—given the opportunity—will explore what it means to be a member of this group. This can be a prime age for participating in group activities with a cultural or educational focus, as well as a time when role models are especially important.
- Ages 12–18: Adolescence is a time of exploration, including determining the significance of race, ethnicity, culture, adoption, and examining how these apply to the individual. A teen's past experiences with his or her ethnic group identity are important, as those experience determines whether his or her identity now is positive, negative, or in transition.

Resource 5-D

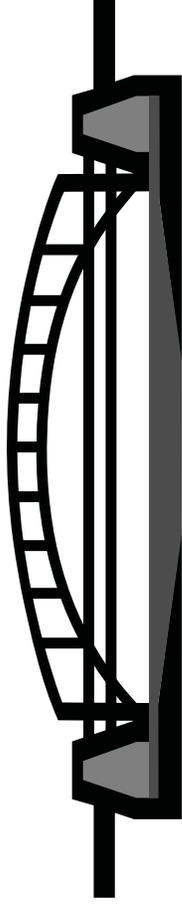
Promoting Positive Racial Identity

To help promote positive racial and cultural identity, caregivers need to communicate important principles, such as the following:

- Members of the child's minority group can and do make positive achievements.
- The child and his or her minority group have the same rights and entitlements as members of the dominant group.
- The child and his or her minority group are as good as any other group.
- Stereotypes, prejudice, and discrimination are wrong and are based on untruths.
 - Expose the child to historic figures and give information about his or her group's accomplishments, capacities, value, and culture.
 - Redefine and reframe the child's definition of success, strength, and accomplishment by using standards of the child's culture (such as highlighting family commitment, group survival, or spiritual integrity)
 - Expose the child to members of the same minority group who are in positions of power and control

Adapted from Crumbley, J. (1999). Transracial Adoption and Foster Care. Washington, DC: CWLA Press, 3–4.

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
- 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

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 advice
- 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

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
- 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

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
- 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

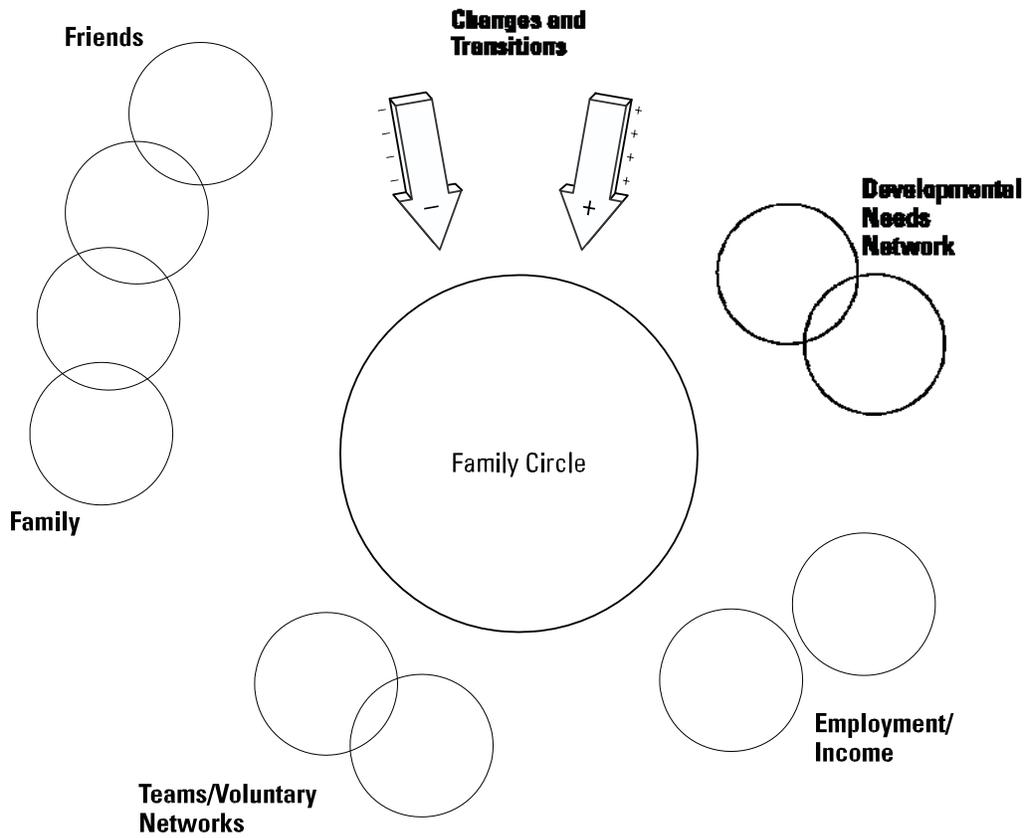
As we bridge the gap between resource parents and birth parents, we also bridge the gap between children and their families.

PRIDE Connection

The ecomap is a tool used to create a drawing that represents your family's connections to other individuals and to the community. You can create an ecomap for your family with the following steps:

1. The large circle in the center represents your family. In this circle put smaller circles representing the people who live in your home; then write their names.
2. The circles on the top left represent friends and family. Circles connected by straight lines indicate positive and supportive relationships. Slashed lines represent stressful relationships, and dotted lines are weak relationships.
3. The circles to the right marked "Developmental Needs" represent resources in the community that are essential to your family's well-being and development. You might add medical clinics, schools, day care, or other resources. Indicate by a straight, slashed, or dotted line the nature of the relationship.
4. The next area is marked "Employment." Identify here any financial sources of support or places of employment.
5. The last circles represent voluntary organizations, teams, or clubs in which you participate. This might be church, volunteer work, or organizations to which you and members of your family belong.
6. Review your completed ecomap. What new insights can you learn about your family?

Name: _____
Date: _____
Family Development Specialist: _____

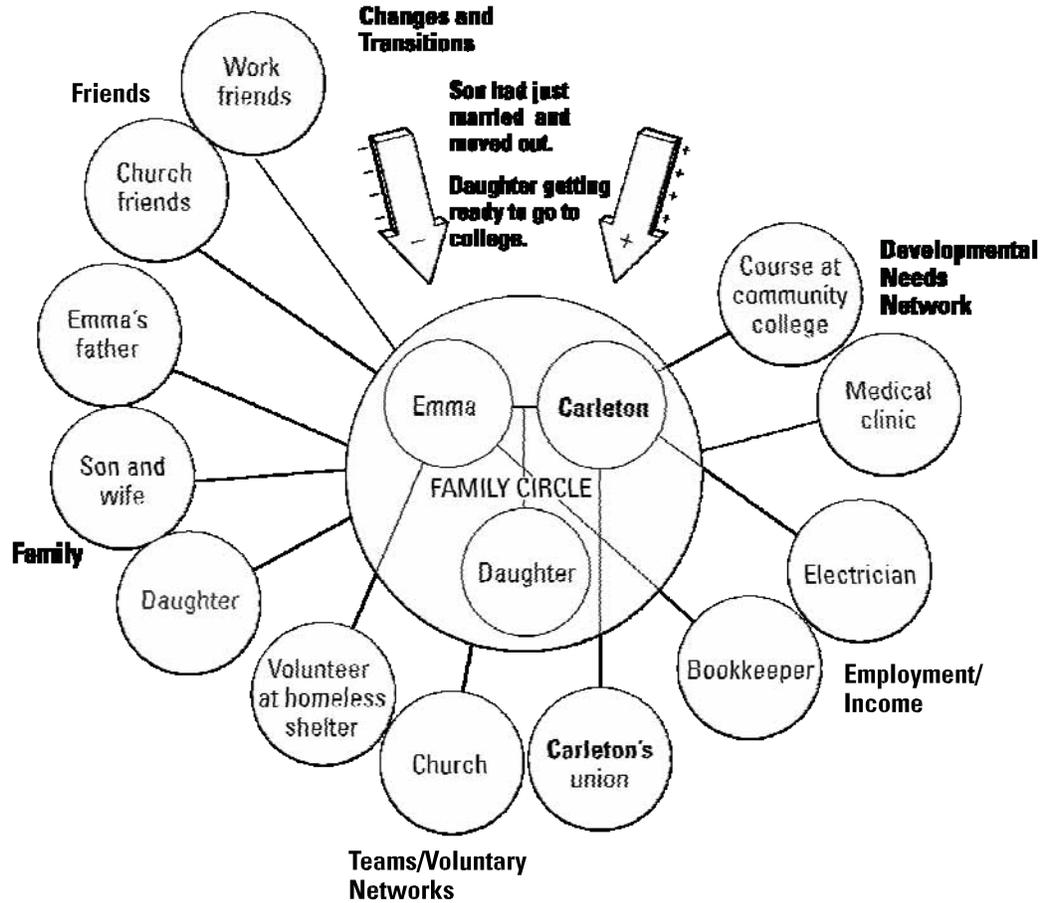


Hanson Family Ecomap

Completed During Their PRIDE Training

Session Five:
Strengthening
Family
Relationships

Resource 5-G

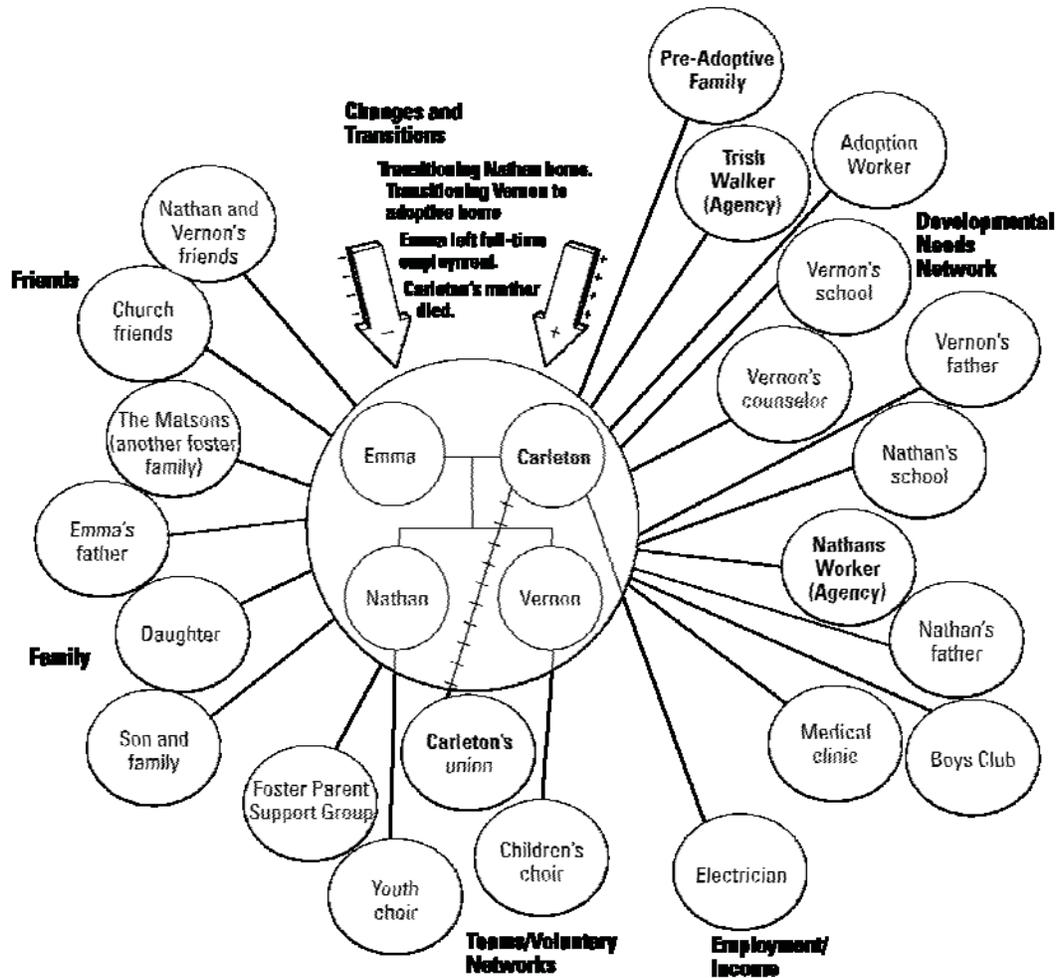


Hanson Family

Current Ecomap

Session Five:
Strengthening
Family
Relationships

Resource 5-G
Page 2



Will's World

Will is an eight-year-old boy who is being placed in foster care in a suburb 12 miles from the inner city neighborhood where he grew up. Will's mother is an alcoholic. She works as a waitress and the family receives food stamps. Her current boyfriend sexually abused Will. Will has never lived with or met his biological father. For the first five years of his life, Will's mother had a live-in boyfriend, who was close to Will. Occasionally, this man stops by Will's Little League games to watch him play.

Will's grandmother and uncle live in his neighborhood. His grandmother's health is poor. Will's uncle is a former drug addict who has contracted AIDS and is very ill. Before his illness, the uncle played with Will and helped him with his homework. The uncle has distanced himself from Will, because he doesn't want Will to know he is sick. Will sees his grandmother every couple of weeks. She always tells him his uncle would like to see him, but is too busy.

Will and his mother live in a three-family house. Will has been befriended by the elderly couple upstairs. Will's mother depends on him to help with the household. He walks every few days to the local convenience store to buy bread or soda. The convenience store owner has taken a liking to him. He always has a joke or kind word for Will, and gives him bubble gum.

Will has several friends in the neighborhood who are his own age. An older boy, Jim, has taken Will under his wing, and offers him protection from the neighborhood bullies. Will has athletic talent, and his school gym teacher arranged for him to be on the Little League team. Will had a difficult school year due to oppositional behavior. His teacher was frustrated with him and couldn't handle his behaviors. Will saw the adjustment counselor weekly.

Will has been going to the same neighborhood health clinic for the last few years due to frequent ear infections. He knows the receptionist and the nurse practitioner there. Last Christmas they sent Will home with a gift certificate for groceries and a toy doctor's bag.

Planning for Visits

The foster care team must plan and prepare for family visits. The team must consider whether visits are supervised or unsupervised, where the visits will be, how often visits will take place, and how long visits will last.

Visits are generally supervised in the following situations:

- If there is concern for the safety and protection of the child.
- If there is concern that a parent might leave with the child.
- If the parent is unable to manage the child's behavior.
- If termination of parental rights is being pursued (in this case visits must be supervised).
- If the caseworker wishes to observe parent-child interaction in order to assess progress toward the case goal (visits should not be used exclusively for this purpose—use either some visits or part of each visit).
- The child has just been placed and visits are just beginning.
- The court orders supervised visits.
- When parents need help to make the visit succeed. In these instances the worker or foster parent will use the visit to help enhance the parent-child relationship. (This should not be the primary purpose for the visit. If the parents need long-term assistance, a referral for additional family services should be made.)

Session Five:
Strengthening
Family
Relationships

Resource 5-J

Location of Visits					
Location	Agency	Foster Home	Parents' Home	Relatives' Home	Neutral Spot (e.g., restaurant)
Advantage	Easy for worker to observe. Controlled situation if needed.	Satisfies parents' curiosity about how child is living. Less disruption in child's life.	Parents and child may feel more comfortable.	Maintains kinship ties; the child may feel comfortable there.	The setting may be less emotionally charged than the parents' home or the foster parents' home.
Disadvantage	Can seem cold or impersonal. Parents and children feel uncomfortable; lacks privacy.	Parents may feel uncomfortable visiting their children in someone else's home.	Problems with housing or housekeeping may not have been resolved. Child may not be adequately protected or supervised by parents.	Parents may feel criticized by family. Occasionally, extended family is not safe for child.	Lack of privacy.

Frequency and Length of Visits

When reunification is the goal, the visiting plan must include longer and more frequent visits over time. The first visit needs to occur as soon after placement as possible (at least within a week). One must consider the concept of “time” through a child’s eyes. Visits need to occur at least weekly, on an ongoing basis, and increase over time. Before a child returns home, there should be extended visits, including overnight stays.

When the case plan calls for terminating parental rights, the department still has a continuing obligation to arrange parent-child visits. These visits would be supervised and occur consistently, but generally, would not increase over time. As termination of parental rights draws near, visits might decrease. It is important to arrange a final visit that coincides with the termination of parental rights (or voluntary surrender) of a child.

Children's Reactions to Visits

How a child might feel inside . . .

Session Five:
Strengthening
Family
Relationships

Resource 5-L

When first separated from parents:	When they first see their parents on a visit:	When they must say goodbye at the end of a visit:	When they return to the foster family:
shock, anger, fear, depression	elation, fear, sadness, anger	fear, sadness, anger, relief, anxiety	sadness, anger, depression, relief, elation

How a child might behave . . .

Listless, withdrawn, distracted, hostile, aggressive, tearful, inconsolable	Hyperactive, hostile, aggressive, talking too much, not talking at all, cowering, avoiding parent, clinging to parent, clinging to other caregiver, ignoring parent	Crying, angry, hostile to parent, whining, leaving without saying goodbye, clinging	Hyperactive, hostile, aggressive, talking too much, not talking at all, avoiding family members, clinging to family members, crying, not eating, problems with sleeping, bed-wetting, or other regressive behaviors
---	---	---	---

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.

Four-Year-Old Mike

1.

2.

Ten-Year-Old Charlie

Part A. (Answer Question #2 only)

Session Five:
Strengthening
Family
Relationships

2.

Part B.

Resource 5-M
Page 2

1.

2.

3.

Morrison, T. (1994) .The Bluest Eye. New York: Alfred Knopf, 46-47.

The Life Story Book

by Vera Fahlberg

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Every individual is entitled to his or her own history.

It is difficult to grow up to be a psychologically-healthy adult without having had to one's own history. Traditionally, the family is the repository of knowledge about the child. Children separated from their families of origin do not have daily access to this source of information about their personal histories. It becomes more difficult for them to develop a strong sense of self and to understand how the past may influence present behaviors. Without this awareness, it will be more difficult for them to make conscious choices and to take responsibility for their own behaviors. For this reason, we believe a Lifebook should be made for each child. It is never too late or too early to make a Lifebook.

The Lifebook is designed to enable the child to understand significant events in the past, confront the feelings that are secondary to these events, and become more fully involved in the future planning of their lives. Frequently, the first step is to learn how he explains himself to himself, and what he understands his situation to be. This means listening for the child's perceptions of these matters. Until we do this, we won't know if we are to expand their information or correct their perceptions. Each time the Lifebook is read, the child is likely to understand the message in a slightly different way, reflecting her current intellectual abilities and psychological needs. The message we are trying to convey is, "You are important. Your thoughts and feelings are important" (Ryan, 1985).

A Lifebook can

- provide a chronology of the child's life;
- enhance self-esteem and identity formation;
- help a child share his history with others;
- assist in resolving separation issues;
- identify connections between past, present, and future;
- facilitate attachment;
- increase trust for adults;
- help the child recognize and resolve strong emotions related to past life events;
- separate reality from fantasy or magical thinking;
- identify positives, as well as negatives, about the family of origin.

Session Five:
Strengthening
Family
Relationships

Resource 5-N

What Goes Into A Lifebook?

The Lifebook is an account of the child's life, conveyed through words, pictures, photographs, and documents. Every Lifebook should mention the child's birth mother and birth father. "We have no information about you birth father" at least acknowledges that he exists and that it is acceptable to talk about him.

Children like to have information about their own births, including how much they weighed, how long they were, what day of the week they were born, and at which hospital. A baby picture should be included if one is available. Some hospitals can refer caregivers to the photographer who took the infant photos when the child was born, and a picture may still be available. Health problems or abnormalities observed at birth should be noted as well.

Each book should explain why and how the child entered the adoptive family or the foster care system and how subsequent decisions were made. Many times, adults gloss over the reasons for the child's placement. This avoidance can pose long-term problems. The very fact that adults hesitate to share information about the child's past implies that it is too awful for the youngster to cope with. But whatever occurred in his past, the child has already lived through it and survived. He has already demonstrated his survival skills. Facts can be presented in ways that help the child understand and accept his past while raising self-esteem, or that lower feelings of self-worth. With experience, adults can learn to reframe even negative life experiences as positive strivings that went astray. Information should be presented in words the child understands.

Photographs of birth parents should be included. One-of-a-kind photos should be duplicated before being put in the Lifebook, with a copy put away for safe-keeping. Information about parents and siblings should be gathered as soon as possible. If a Genogram has been completed as part of the assessment of the birth family, a copy should be included.

Most toddlers do some things that upset their parents at the time but that seem humorous in retrospect and become the basis of family stories. Talking about such behaviors give the child a clear indication that he can and will change. Even though it is often true that there are no pictures of these incidents, they usually suggest strong visual images. For example, one child washed her hair in a mud puddle twice in one day, even as her mother tried to get her ready to go to a party. Such behaviors are unique to each child and usually lead to shared laughter when the youngster outgrows that conduct. This concrete evidence of the possibility of change should be included in the Lifebook.

Sources of Information

Birth family members are an obvious source for pictures, mementos, and a variety of other information. The message to the birth parents is that they have something to offer the child even though they will not be parenting him. Requests from the adoptive parents for pictures and information reassures the birth parents of their importance in the child's life. These requests can be made directly or through the agency involved. Information that can be compiled by adoptive or foster parents might include:

- developmental milestones;
- childhood diseases, immunizations, injuries, illnesses, or hospitalization;
- the ways by which the child shows affection;
- the things she does when happy or excited;
- the things that frightened him;
- favorite friends, activities, and toys;
- birthday and religious celebrations;
- trips;
- extended family members who are important to the child;
- cute things the child does;
- nicknames;
- family pets;
- visits with birth relatives;
- names of teachers and schools attended;
- report cards;
- special activities, such as scouting, clubs, or camping experiences
- church and Sunday School experiences;
- pictures of each foster family, their home, and their pets.

How To

There is no right or wrong way to make a Lifebook. Just as each child and her history is unique, so will each Lifebook be one of a kind. Some children like to start at the beginning, with their birth or even before, offering stories about how their birth parents met, for example. Others may do better by starting with the present, talking about current family, school, friends, likes and dislikes. Some even want to start out talking about future plans. There are advantages to each of these approaches.

Loose-leaf photo albums with plastic-protected pages may be used. Some use a book with construction-paper pages. Some adults use prepared books; others make up their own. Some include photocopied or printed pages to be filled in. The particular words used with a Lifebook are often very important. Although many children enjoy the idea of a scrapbook, to the child who may have poor self-esteem, the term “scrap” may have a negative connotation. Therefore, we prefer to avoid the term scrapbook. We also purposefully avoid the term “for-ever,” which may sound overwhelming to the child. The terms “keeping” or “growing up with” explain equally well the permanency that we are seeking for children and are preferred.

When children resist being an active participant in working on their Lifebook, adults have to become more creative. Trips can be made and photographs taken of places important to the child’s life: an old neighborhood, the hospital where the child was born, or the courthouse where decisions were made on his behalf are examples.

If the adult does not have complete information, as is so often the case, it is still possible to encourage and support emotional exploration. When a child’s statement reveals assumptions, such as “it seems as though my birth mom didn’t love me as much as my sister,” the adult might respond by saying, “That is possible. Some parents have difficulty loving all of their children. I don’t have any information as to whether or not that was true in your case. Can you think of some other reasons it might not have worked out well for you and your parents to live together?” This response allows a hypothetical exploration of a variety of reasons that parents and children have problems living together and expands the young person’s thinking.

Age-Appropriate Uses

- **Under Fours:** Parents may use an adopted child's Lifebook much as they would a baby book. Looking at pictures, talking about the parents' first impressions upon seeing their baby, or talking about initial meetings with birth parents, if that has occurred, all convey that talking about the child's origins and life is pleasurable to the parents.

Relating facts as the child's personal story, as opposed to "reading" it, is more appealing to the very young child. Since young children are likely to be confused by mention of a second mother or father with whom they do not have contact, it is preferable for the adoptive parents of a toddler to refer to the birth parents by their first names. As the child gets older and observes the connection between pregnancy and childbirth, the terms "birth mother" and "birth father" can be added to the story-telling.

- **Four to Seven:** Children of this age understand the concept of "practicing" as a way to learn a new skill. The Lifebook may provide opportunities for the child to "practice" talking about important things, or to practice having fun with parents, or sitting close while reading, etc. Parents are practicing also, so the child should be made to understand that learning to be close involves both children and adults working on it.
- **Eight to Twelve:** The Lifebook may be a means to helping children develop a "cover story" that helps them retain their right to privacy and control over their story. Children need a way to explain to others why they do not live with their birth family. The cover story is a shortened, not-too-revealing version of the truth. Children need to be given permission to refuse politely to provide strangers or mere acquaintances with answers to personal questions. They need to prepare to ask themselves, "Is this someone who really needs the information?" If not, they might say, "I'd rather not talk about it," or "That's very personal information," or to give the Ann Landers response, "Why would you ask a question like that?" Providing the child with opportunities to practice responses ahead of time will help her not to be caught off-guard.
- **Adolescence:** The effects of early childhood traumas or separations become more evident during early adolescence as separation/individuation tasks are recycled. The psychological tasks of early adolescence are very similar to those of years one through five. This repetition is both good news and bad. The bad news is that unmet early needs come back to haunt adolescents in exaggerated form; the good news is that it offers potential to address these earlier needs and meet them more appropriately, thereby facilitating true lifelong change for the young person. Although adults cannot undo difficult early life experiences, they can help the young person develop compensatory skills (Beyer 1990). Adolescents have the capacity for hypothetical thinking. By thinking ahead, they can identify and prepare themselves for the times when the memories of past traumas are most likely

to resurface. They can start to identify the skills necessary to the development of choices that their birth parents may never have had. They can look more realistically at the choices made by those involved in their lives and be encouraged to take responsibility for the choices they will ultimately make themselves. Adults can help the young person look ahead, identifying times that the feelings of early life experience might echo.

Ricks (1985) observed that individuals who were able to forgive past experiences and/or speak coherently about the events shaping their lives were more likely to have securely-attached children when they themselves become parents. How do we help adolescents come to the point of forgiveness? How do we know if they have achieved it? Information about family patterns, combined with support in making conscious rather than unconscious choices will help young people move forward from the difficulties of their pasts without being judgmental. Triseliotis (1983) has identified three important areas which contribute to identity-building in adolescence. The first is to have a childhood experience of feeling wanted and loved. The second is to have knowledge about one's own personal history and the third is the experience being perceived by others as a worthwhile person. Lifebooks we can contribute significantly at least two of these three goals.

Copyright ©1998–2008 by Pact, An Adoption
Alliance <http://www.pactadopt.org>
info@pactadopt.org

g

Key Points

The Family and Self-Esteem, Personal Identity, and Cultural Identity

The Role of Families

Families provide us with our personal identity, an understanding of our culture, and the connections that give us a sense of belonging and permanence. Children who need foster families and adoptive families are often at risk regarding positive self-esteem, personal identity, and cultural identity. Self-esteem is jeopardized through the trauma of physical abuse, sexual abuse, neglect, and maltreatment. When the trauma of placement occurs, and children must deal with loss and separation, self-esteem and personal identity are further jeopardized. The foster care team has a responsibility to assist children to develop positive self-esteem, and to help them develop an understanding of who they are. The primary way the team can do this is by supporting family relationships.

Supporting the Development of Positive Cultural Identity

Toni Morrison, in her book *The Bluest Eye*, wrote about a young Black girl who wanted to have blue eyes so she could be as beautiful as all the blond-haired, blue-eyed children at school. She writes:

Each night, without fail, she prayed for blue eyes. Fervently, for a year she had prayed. Although somewhat discouraged, she was not without hope. To have something as wonderful as that happen would take a long time. Thrown, in this way, into the binding conviction that only a miracle could relieve her, she would never know her beauty. She would see only what there was to see: the eyes of other people.*

A significant part of the way our identity develops has to do with how others see us, react to us, and provide feedback to us. We tend to pick up cues about who we are from other people. We begin to form our sense of who we are from the messages we receive from those who surround us. If others are continually reacting in a negative way to our “not having blue eyes,” then it will be very difficult to see the beauty of any other color. In children, as identity is developing, these messages can be very powerful.

Cultural identity is part of every child’s development. Children develop values, life routines, communication patterns, and religious beliefs, as well as a

* Adapted from Crumbley, J. (1999). *Transracial Adoption and Foster Care*. Washington, DC: CWLA Press, 3–4.

taste for certain foods, and a knowledge of how life is celebrated and honored. Cultural identity also includes the development of racial identity. Remember, however, race is only one part of culture. Children may be from the same race, but there may still be differences in their overall cultural identity.

While race is only one aspect of culture, it is an aspect that often challenges us when working with children. Many of you may have wondered, “When do children begin to notice that skin colors differ?” You may wonder when and how it is appropriate to acknowledge differences. This developmental model can be very helpful to you. It applies to all children—regardless of their race—and how they begin to recognize and understand differences.

There are many factors that affect how children proceed through the stages of development, and this is also true with regard to how racial identity develops.* However, we can define necessary tasks within approximate age ranges:

From birth to age three, toddlers become aware of physical race and skin color difference and learn names for specific groups. They do not comprehend the real meanings of these labels and may be puzzled by the use of colors to describe people.

From ages four to six, preschoolers can usually identify their own racial or ethnic group and may place a positive or negative value on their own and other groups. Feelings about groups are acquired by absorbing societal messages from the media, literature, toys, and their surroundings, even in the absence of contact or parent instruction.

From ages 7–11, children usually have a firmer understanding of their own racial and ethnic identity and—given the opportunity—will explore what it means to be a member of this group. This can be a prime age for participating in group activities with a cultural or educational focus, as well as a time when role models are especially important.

From ages 12–18, adolescents do a lot of exploration related to identity, including determining the significance of race, ethnicity, culture, adoption, and examining how these apply to the individual. A teen’s past experiences with his or her racial identity are important, as those experience determines whether his or her identity now is positive, negative, or in transition.

How the Team Works to Support Family Relationships

There are a variety of ways to help support the child's relationships, including:

- Supporting family visits.
- Talking to the child about his or her family.
- Encouraging birth family participation in decision making for the child (such as education, medical treatment, and services).
- Obtaining pictures of the birth family for the child.
- Taking the child back to visit his or her community/church/school.
- Planning for telephone calls and letters.
- Having the child draw pictures/create artwork for the birth family.
- Respecting the possessions given to the child by his or her family.
- Including the birth family in the child's prayers at bedtime.
- Reassuring the child that the birth family cares for him or her despite the difficulties the family has had in meeting the child's needs.
- Being courteous and respectful to the birth family in front of the child.
- Not talking negatively about the birth family in front of or to the child.
- Asking for the birth parents' input or assistance on a parenting issue (such as, types of food the child eats, favorite toys, etc.).

These examples fall into two categories—supporting family connections and promoting continuity. Family connections refers to ways that we help the child maintain contact or continue to preserve the connections to the family, culture, and community. When we talk about family continuity, we are referring to how we help the child understand his or her history, and attachments and losses over time.

The Ecomap as a Tool to Understand Family Relationships

When we are able to appreciate the importance and meaning of family relationships in our own lives, we can more easily understand their importance for children. As we look at our own families and realize the importance of family connections and family continuity, we are able to:

- better understand the impact our families have on our own identity, and therefore better understand the role that birth families play in a child's life.
- better understand how our experiences with family relationships affect our ability in the five competency categories needed for fostering and adopting.

The genogram and the ecomap are helpful tools for better understanding family connections and family continuity.

Supporting Family Connections and Family Continuity

When we seek to build, heal, or strengthen family connections we:

- Demonstrate unconditional acceptance of the child.
- Show respect for the child's connections.
- Help the child to be more self-accepting.

When we try to break family connections we:

- Send a message that there is something bad about the child.
- Reject the child's family or community, and, in effect, reject the child.
- Show the child that he or she cannot trust his or her new caregivers; they have already failed to meet needs for connection and belonging.

The most significant way for family connections to be supported is through the family visit. Research has consistently shown that visits are the key to reunifying families. If children visit with their parents frequently, they are more likely to return home. This is because the relationship and bond are maintained.

Successful visits:

- Reinforce the child's identity.
- Help the child to know his or her parents are all right.

- Demonstrate to the child that the parents care and love him or her.
- Give the child a sense of hopefulness.
- Help alleviate the child's guilt, and reinforce family strengths and competence.

The team must work together to effectively plan and prepare for visits. Planning must consider whether or not visits will be supervised, where visits will take place, their length, and frequency.

Members of the foster care team need to know that children are going to react to the visits in a way that reflects where they are in the grieving process. While it may be difficult to predict how a child will respond, it is best for everyone to expect some reaction—and to see this as a normal response.

We may want to protect the child from visits, the past, and his or her family. In protecting the child, we also want to protect ourselves—from having to handle the child's behavior after visits, or from the discomfort we feel when we know children are in emotional pain. Yet we cannot protect a child from visits, the past, or the family—these are already a part of the child.

It is our responsibility to help the child manage his or her feelings. These feelings may be particularly intense after a family visit.

Visits are the primary means to support family connections; other steps include:

- Involve parents in planning for and implementing placement.
- Continue to recognize the parents' role in making decisions about the child's life (medical, educational, social).
- Use creative ways of supporting family connections. When parents are not available to a child (illness, death, or emotionally distant) the child can be encouraged to write letters, draw pictures, or make video or audio tapes.
- Provide the child with information about his or her family and culture/community or extended family.
- Provide the child with a picture.
- Simply talk to the child about his or her family.

Adoptive parents may think that the topic of visits is not important to them. But it is important for adoptive families to think about visits too. First of all, the child you adopt has probably experienced visits in the past, even if visits are no longer taking place. These visits will impact how children picture and remember their birth families. But sometimes, even when the child is with an adoptive family, visits may occur in the following situations:

- In some cases, children may not be free for adoption and parents may still have visiting rights. These visits are very important because they provide an opportunity for the child and family to say goodbye. The quality of these visits may greatly impact how the child remembers the birth family and how the child proceeds to attach to the adoptive family.
- It may be in the best interest of children to continue contact with their birth family. This is done through what is called “open adoption.” This is often done when children are older and have strong relationships with their families.
- If a child is transitioning from a foster family to an adoptive family, visits with the foster family will promote a sense of continuity for the child.
- If a child is transitioning from kinship care to an adoptive family, visits with the kinship caregivers will promote a sense of continuity for the child.

Promoting Family Continuity

Children in family foster care risk losing family continuity:

- Separation from the birth family, even for a brief time, interrupts the continuity of the relationship.
- Lack of continuity, as well as the problems and needs that led to placement, may prevent the family from transmitting its own family history.
- Placement brings about a new family (or families), and the child must integrate and understand each new experience of family living.

Foster parents and adoptive parents, as part of a professional team, help children make peace with their past. We call it “using the present to deal with the past, to prepare for the future.” You can think of it as “time traveling.” It’s an important role. Some of the things you can do as a foster family or adoptive family to use this concept include talking with the child about past experiences, helping the child understand transitions and changes, taking pictures and recording the child’s life events while in your home, helping the child to obtain pictures or meaningful souvenirs, and respecting the child’s possessions.

There is also a tool, called the Lifebook, that may assist you in working with children. The Lifebook is a record of the child’s past and present.

You Need to Know!

The Importance of Maintaining Parental Involvement*

Parental involvement in the foster care process was not emphasized in the past. Instead, parents often:

- Were completely displaced in their children's lives.
- Received almost no attention from social workers.
- Were discouraged, sometimes prohibited, from seeing their children.
- Were given no information about their children's foster family, and, therefore, had no contact with them.
- Became hostile, suspicious, and apathetic.

Parent involvement is now a priority in foster care programs. It is recognized that *physical separation alone does not interrupt the powerful parent-child bond*. Parents are seen as:

- Playing a significant role, even when separated from their children.
- Having legal rights and responsibilities.
- Needing to be involved in specific activities.
- Wanting to improve their behavior and take charge whenever possible.
- Activities in which parents can participate include:
 - Making a preplacement visit to a foster family home.
 - Physically caring for their children during visits.
 - Making a family scrapbook or tree with their children.
 - Accompanying their children to medical appointments.

* Adapted from Blumenthal, K. & Weinberg, A. (eds.). (1984). Establishing parent involvement in foster care agencies. Washington, DC: Child Welfare League of America.

- Participating in school conferences.
- Formulating, reviewing, and modifying the service plan.
- Participating on an agency committee composed of parents.
- Attending agency functions for parents and their children.

By involving parents, agencies are able to:

- Maintain and improve parent-child relationships, and promote family cohesiveness, and a sense of identification.
- Enhance parents' overall competence by improving their skills and self-esteem.
- Ensure that parents exercise their rights and responsibilities.
- Facilitate family reunification, when appropriate, in a timely way.
- Identify alternative permanent plans when reunification is not possible. (If an Indian child or children covered by ICWA are being adopted, the tribe, too, will have a voice in the placement, service plan, and any permanency plan.)

Examples of Parents' Rights and Responsibilities

Parents' Rights:

- To be consulted during the pre-placement period about the choice for the specific foster care placement, and to participate in preplacement visits.
- To participate in planning for their children, to help formulate the service plan, and to participate in its review.
- To receive services that help them overcome the conditions that led to placement.
- To visit and communicate with their children in according to the service plan.
- To have the final say in decisions concerning major medical services, education, marriage, or enlisting in the armed services.
- To meet the individuals who care for their children, including the foster family, child care workers, or group home parents.
- To receive reports on their children's health, development, and education.

Parents' Responsibilities:

- To help prepare their children for the foster care placement.
- To cooperate with the social worker in developing the service plan, setting goals while their children are in care, and deciding what will be best for their children's future.
- To address problems that prevent their children from returning home.
- To visit their children at a time and place agreed upon with the social worker and/or the foster parents.
- To discuss their children's care and progress with the social worker.
- To inform the social worker about major changes, such as change of address, telephone number, job, income, marriage, or other living arrangements.

The Importance of the Sibling Bond*

Mental health experts are beginning to recognize the significance and power of the sibling relationship:

- It can be longer lasting and more influential than any other, including those with parents, spouse, or children.
- When severed, the negative consequences can last a lifetime.

Separating siblings adds to their emotional burden and trauma

because:

- They have already had to cope with the separation and loss of their parents.
- If they are then separated from their siblings, they must experience the grieving process all over again.
- If they were abused or neglected by their parents, they will often have stronger ties to each other.
- They may have learned very early to depend on and cooperate with each other to cope with their problems.

* Adapted from Hochman, G., Feathers-Acuna, E. & Huston, A. of the National Adoption Center.
© Illinois Department of Children and Family Services, 2009

-
- Sometimes, it is only through their siblings that children have been able to gain any positive self-esteem.
 - Often, they are able to reveal to each other parts of themselves that they cannot share with anyone else.

Research on siblings who have been separated reveals that:

- When children are separated because of sibling rivalry, it teaches them that the way to deal with conflict is to walk away from it, not to work it out.

A Birth Parent's Perspective **“This Is Pretty Tough to Take”**

It's bad enough that I've lost my kid, but it's even worse that I've got to compete with these super parents for her attention when I go to visit Breanna. Maybe you wouldn't see it that way, but that's how it feels to me. Look, I know Jane Stark, my social worker, told me that we've got to have lots of contact with each other because it will help me learn to be a better parent. And don't think I don't know that I'm not exactly the parent of the year, but man, it feels like they are, and there's no hope for me.

Ted and Sue White are the foster parents' names, nice people, I guess. I do appreciate that they are watching out for Breanna because I really don't have any one else that would. But when Jane Stark picks me up and we go out to that house I just feel so confused. Not knowing what's the right thing to do and knowing everyone is watching me makes it all so hard. It's easier to let them do it, but Breanna looks at me, then she looks at them, she just don't know what to make of it all. I'm sure she thinks I'm just no good, but that's not the whole of it. I really do try, but somehow things always get so screwed up. And it just makes me so mad. It feels like nothing ever goes right. What's so special about the Whites anyway?

Breanna gets upset too, I can tell. She's not really sure how to act with me, cause I'm her momma but she's not with me now. My social worker says I'm still her momma and I should discipline her just like if we were at home, but I'm not feeling real sure of myself in front of all those other people. It's no wonder Breanna don't know what to make of it. Well I guess, neither do I.

Some days it's just hard to get up and get dressed when I know I've got to go there. I really want to see Breanna, but there's all this stuff that gets in the way. Do you know how bad it feels to have to visit your baby in someone else's house? Someone who is caring for her when I can't, someone who is talking to her teachers, and is helping her more than I could. Look, don't think I'm not grateful, 'cause I am. The Whites try hard, I can tell. They ask me what I think and tell me lots of stuff that is going on with her. They try to include me in making decisions about Breanna, like Jane Stark said they would. And that helps. It makes me feel a part of her in a little way, but it will never be like having her home with me. Course I guess my one room can't really be our home either.

Feeling grateful doesn't take away the pain from all of this. I think it just adds to it. I feel sorry if I get mad at the Whites, but it just gets away from me. It's all pretty tough to take. I really want to get it together so Breanna can come back to me, but I wonder if we will ever make it.

PRIDE Connections

The Ecomap

Session Five:
Strengthening
Family
Relationships

Resource 5-R

The ecomap is a tool used to create a drawing that represents your family's connections to other individuals and to the community. You can create an ecomap for your family with the following steps:

1. The large circle in the center represents your family. In this circle put smaller circles representing the people who live in your home; then write their names.
2. The circles on the top left represent friends and family. Circles connected by straight lines indicate positive and supportive relationships. Slashed lines represent stressful relationships, and dotted lines are weak relationships.
3. The circles to the right marked, "Developmental Needs," represent resources in the community that are essential to your family's well-being and development. You might add medical clinics, schools, day care, or other resources. Indicate by a straight, slashed, or dotted line the nature of the relationship.
4. The next area is marked "Employment." Identify here any sources of support or places of employment.
5. The last circles represent voluntary organizations, teams, or clubs in which you participate. This might be church, volunteer work, or organizations to which you and members of your family belong.
6. Review your completed ecomap. What new insights might you now have about your family?

PRIDE Connections
Ecomap

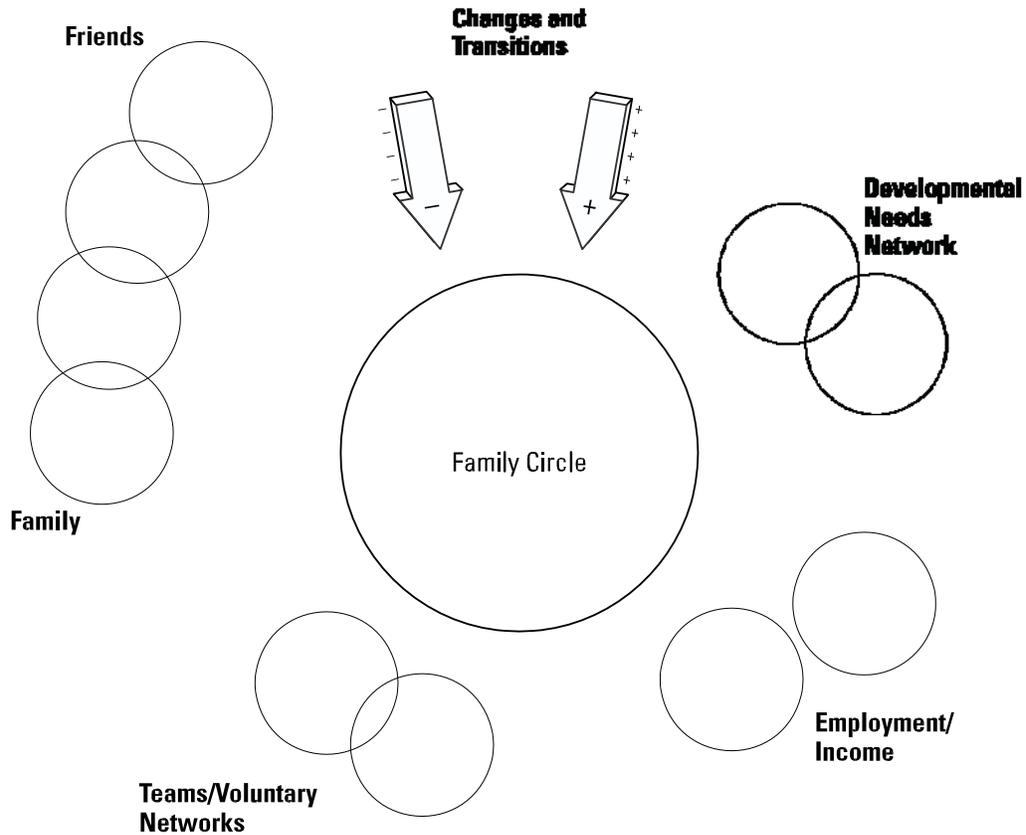
Name: _____

Date: _____

Family Development Specialist: _____

Session Five:
Strengthening
Family
Relationships

Resource 5-R
Page 2



Making a Difference!

I began working indirectly with birth parents the first time I became a foster parent. The three siblings placed in our home had a divorced mother who was working very hard to regain custody of her children. I sent notes to her about the children's school progress, special events, and notes of simple encouragement, in which I told her how much her children loved her. I also sent pictures of the children from time to time. I had their picture made as a sibling group, and gave her a 5x7 and wallet-sized photos. When the children went home, we had what we call a "Goodbye Party." We had cookies, cake and ice cream, and other treats. Each person in our home gave an inexpensive gift to the children. Then we sang, "For He's/She's a Jolly Good Fellow/Lady."

Following the return of the children to their home, our family has seen them and visited with them many times. Mom has honked and flagged me down to show me pictures, or tell of special accomplishments. She has expressed her appreciation for my helping her and her children through a very difficult time. This was my very early lesson about how children can be happier with their birth parents, even though their standards of living are much different from mine.

I began making scrapbooks for children placed with me, and when I meet birth parents for the first time, I usually take the book for them to look at and explain that it belongs to their child. I ask them to bring pictures of themselves for the book, as well as other family members. Also, I ask them if they would like to bring a few pictures of the child as a baby to be included in the book. This "scrapbook" has served as an icebreaker many times.

One little boy, whom I'll call Jon, was with me for 2 1/2 years. I visited with his dad, sometimes briefly, and sometimes for longer meetings. When the father began considering relinquishment, I told him that, because he loved his son so much, I knew how difficult that decision must be. I told him that he was to be admired for being so courageous and unselfish for his son's sake. I wrote him a long letter following relinquishment, in which I said that loving means being willing to let go when it's in the best interest of the one you love. I commended him for being one of the few people strong enough to do this for someone else, putting his own feelings last rather than first.

I went to the office for the last visit between Jon and his father. I sat and cried as I listened to Jon's father tell Jon's grandfather about his decision. I was very touched when I heard him using phrases from my letter to express his feelings to his dad. I promised Jon's father that I would continue to remind Jon that his daddy loved him very much, and to tell Jon's adoptive parents the same. Later, when Jon was adopted, I wrote a letter to his birth father and to his grandparents to let them know he now had a permanent home with people who would also love him.

On another occasion, I wrote notes to, and later met in person, a mother whose son had a behavior problem. We worked out discipline plans, which she followed on visits. Several months later, he returned home. The mother said that his behavior had greatly improved.

I train parents attending Assertiveness Discipline classes. Many times, parents with children in foster care are in these classes. This has improved my insight and understanding of some difficult situations that bring children into foster care. At the same time, these birth parents meet a foster mom who doesn't want to take away their children, and who definitely is not a "perfect parent." It's been good for "attitude adjustments" on both sides of the coin.

One birth father and stepmother of two siblings I fostered were very difficult to work with. I believe the main reason was that they were jealous of the attachments that the children had formed with us after being in our home during the father's two years of imprisonment. Since the children didn't know him, they weren't receptive to the affection he had for them. He and the young woman he married had never parented, so their understanding of a child's normal reactions was limited. I met with them on numerous occasions to discuss child development, emotional problems, behavioral problems, and ways to help the children separate from us and form a trusting relationship with them. They seemed receptive each time, yet they never seemed reassured that I was not interested in keeping the children. This was a frustrating experience for me, and the transition for the children was the hardest I've seen. This could have been made easier with greater cooperation between birth parents and foster parents. I also had a lot of contact with the paternal grandfather, and a good relationship with their paternal aunt, who was very supportive of my efforts.

I have continued contact with a paternal grandmother who gained custody of her grandson. She contacted me for parenting and discipline techniques that worked. We discussed this over dinner several times. Also, several adoptive parents have recontacted me.

I report all birth family contact to my caseworker. I inform any parent who contacts me that I make a report of the contact to their worker for the benefit of all. I believe this is necessary in order to work as a professional team for the best interest of the child.

Eilene Crites
Foster Parent
Oklahoma

Session Six

Meeting Developmental Needs: Discipline

Session Six

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- 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.
- 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.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Explain why it is challenging to discipline children in need of family foster care and adoption.
2. Define discipline.
3. List the goals of effective discipline.
4. Explain the difference between discipline and punishment.
5. Explain the agency's policy on discipline.
6. Identify the negative effects of physical punishment.
7. Explain why the agency has a policy against spanking or hitting children.

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-A

-
8. Identify the knowledge, skills, and personal qualities needed to instill effective discipline.
 9. Explain the meaning of behavior.
 10. Describe the three categories in the range of discipline techniques.
 11. State the factors affecting one's choice of a particular method of discipline.
 12. Identify specific guidelines for using disciplinary techniques with children who have been abused and neglected.
 13. Describe strategies to prevent behavioral crises.
 14. Describe strategies to de-escalate a crisis situation.
 15. Identify crisis situations in which emergency assistance is necessary.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. List the good health care practices needed for children's growth and development.
2. Name the components of a formal and informal education program that increases children's self-esteem.
3. Explain the reasons for educating children about their sexual development, and for providing a safe, supportive environment for sexual development.
4. Describe the role of team members in responding to children's extreme or unusual behaviors.
5. Apply an understanding of the content of Session Six to past and present experiences with discipline.
6. Identify issues affecting their ability and willingness to work effectively with birth parents, based on the information in this session's A Birth Parent's Perspective.

Session Six

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Five
- C. Making Connections with Assessment, Licensing, and Certification

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-B

Part II: Understanding the Challenge of Discipline

- A. Defining Discipline
- B. The Difference Between Discipline and Punishment
- C. Agency Policy on Discipline
- D. The Negative Effects of Physical Punishment

Part III: Effective Discipline

- A. Knowledge, Skills, and Personal Qualities Essential for Instilling Effective Discipline
- B. The Meaning of Behavior
- C. The Range of Discipline Methods and Techniques
- D. Discipline Considerations for Children Who Have Been Abused and Neglected
- E. Managing Behavioral Crises
- F. Putting It All Together

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-B
Page 2

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Seven
- G. Making a Difference!
- H. End Session

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.

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-C

Reasons Why Discipline and Punishment Are Not the Same

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-D

Discipline	Punishment
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.

Agency Policy on Discipline

- a) Discipline shall be appropriate to the 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, or 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 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 has 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.

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.

Reasons Supporting the Agency's Policy on Discipline

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-F

- 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.

The Negative Effects of Physical Punishment

Resource 6-G

- 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.

Responding to Common Beliefs **about Spanking**

Session Six:
Meeting
Developmental
Needs:
Discipline

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.

Resource 6-H

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.”

The Range of Disciplinary Techniques

PROMOTING

PROMOTING POSITIVE BEHAVIOR

Seeks to strengthen relationship with child, build self-esteem, and promote child's ability and confidence to handle situations alone.

**Child
maintains
greatest
responsibility
for control
of behavior.**

Communication
Listening
Questioning
Modeling
Praise
Verbal
Nonverbal
Physical
Sharing positive feelings
Rewards
Tangible privileges
Increased responsibility
Support interests
Encouragement
Ignoring

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-I

PROMOTING SELF-CONTROL

Uses planning and preparation as a means to avoid acting-out and negative behaviors.

**Parent and
child share
responsibility
for control
of behavior.**

Encourage risk taking
Establish expectations
Rules
Standards of behavior
Family meetings
Preparing/planning for changes
Modifying the environment

RESPONDING TO LACK OF SELF-CONTROL

Uses direct intervention to address situations where the child does not have sufficient self-control to ensure acceptable behavior.

**Parent
maintains
greatest
responsibility
for control
of behavior.**

“I-messages” Natural and logical consequences
Exploring alternatives
Rules
Commands or requests
Removing child from situation
Time-out

RESPONDING

Factors Influencing Methods of Discipline

Session Six:
Meeting
Developmental
Needs:
Discipline

All the methods we identified can be effective. However, we must consider several factors for their successful use:

Resource 6-J

- The behavior itself.
- Our feelings about the behavior.
- The child.
- The purpose we assign to the behavior.
- Where the behavior is occurring.
- Who is present in the setting.
- Our ability and willingness to respond effectively.
- Our relationship with the child.

Strategies for Approaching Discipline with Children Who Have Experienced Trauma*

Pay careful attention to communication in the discipline process.

Children and youth who have been traumatized may have difficulty attending to conversation. They may, therefore, not hear or understand rules and expectations.

- Give directions or talk about rules using simple and easy to understand language. Use short sentences.
- Provide an explanation for rules such as “to make sure you are safe”. But don’t provide extensive explanations or reasons. Likewise for consequences.
- “Check-in” with the child to ensure he or she is listening and understanding what you are saying. Make sure the statement is received as you meant it.
- Be clear and direct.

Listen promptly and carefully to what children and youth are saying, and do not minimize the child’s experience.

Many crisis situations can be avoided if we attend to children’s needs and listen to what they are telling us. At home, it may be difficult to respond immediately to a need, but remember that children who have experienced trauma may have needs that escalate very quickly. It is reasonable to expect a child to wait until you have finished a telephone call, but these children may quickly lose their sense of control and the situation can spiral out of control. A child who has been neglected may immediately over-express his or her need.

- Respond to children’s needs as quickly as possible. Over time, a child’s reactions will escalate.
- Listen carefully to children’s responses. Don’t dismiss their concerns. Answer questions honestly.
- Avoid minimizing feelings (“There’s no need to be upset.”), avoiding or distracting (“Come on smile. It’s not that bad.”), and philosophizing (“In this world things aren’t going to go perfect.”) All of these diminish the child’s sense of reality and self. Indeed, the traumatized child may re-experience the trauma in even the most benign of situations.

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-K

* Adapted from Cotton, N.S. (1993). *Lessons from the Lion’s Den*. San Francisco, CA: Jossey-Bass.

Be objective, non-judgmental, concise, consistent, and clear.

Emotionally traumatized children and youth respond best to objective and clear guidelines. Make as few rules as possible, make it clear what is most important, and discuss and enforce rules consistently. This is a “no nonsense” approach. At least initially, rules are not made to be broken and a flexible approach only confuses the child.

For a child who has lived with chaos, the relief of knowing what to expect is healing. When children misbehave or hurt one another, you will certainly find yourself responding in an emotional way. But in the world of dealing with traumatized children you will need to put that anger somewhere else—in writing, vent it at a support group or to the worker, or go outside later and scream. An objective approach to the child or youth works best.

- Discuss and enforce rules in an objective and clear manner.
- Clarify the most important rules and consequences (especially around safety). Some families establish the **BIG RULE**: making sure “you don’t hurt yourself or others.” Don’t establish long lists of rules and complicated behavior management systems.
- Don’t bend the rules. You are trying to make a stable, predictable world for a child who has not had one. If you tend to feel sorry for a child or make allowances for bad behavior, you will undermine your efforts and increase the child’s anxiety by making the world unpredictable.
- Stay away from emotional or “relationship” strategies when children misbehave or fail to follow rules. (“How could you do this to me?” or “I’ve tried to be a good foster mother to you.”) This does not mean that effective “I-statements” are not useful. (“When you try to hit me it hurts. It makes me feel bad.”)
- Give yourself a “time-out”. A break will help you see things more objectively and respond less emotionally.
- Try your best to find other outlets to vent your emotions. Anger can frighten traumatized children or it may even please them. Even happiness may need to be tempered. A child may fear that he or she will not be able to continue to live up to your expectations.

Try at all times to relieve the child's anxiety.

A symptom of post-trauma is the high degree of anxiety that an individual experiences. Posttraumatic stress disorder is a psychiatric diagnosis that is given to some children. This disorder is actually classified as one of the anxiety disorders within the field of psychiatry. While all children who experience trauma may not warrant this diagnosis, it is probably true that most experience some form of post-trauma anxiety. For this reason, it is important to think about ways to lower the child's anxiety on a day to day basis. Unfortunately, the very nature of discipline makes it stressful for children.

- Select low stress times to talk about rules, expectations, and consequences. (Dinner time is generally not a low stress period.) Be sure there is plenty of time.
- Discuss and enforce discipline with a calm and soothing voice.
- Tell children that you will keep them safe and that they are able to follow the rules. Explain that there will be consequences for not following rules, but it will not result in your being angry, hurting them, or having them leave the home.
- During high stress times, try to ignore those behaviors that can be ignored.
- Provide a "safe space" for children to go where they are free to remove themselves from the everyday activities of the house. Have a favorite book there, and make sure it's in a spot where a watchful eye can oversee the child.

De-escalation Strategies and Skills

Preventative:

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-L

- Know that change represents stress to a child. During periods of change, build extra structure into the child's routine and plan to spend additional one-on-one time with the child.
- Identify situations and times of day that are most stressful to the child. Use structure, activities, talking, or the use of "safe space" to assist the child.
- When the chaos of your home becomes overwhelming, use "safe space" and/or separate the child from the chaos.
- Be alert to signs that behavior among children is escalating. Separate children to calm the situation.
- Work to create a safe and calm environment in times of stress. Turn the television off. Play soothing music. Lower the lights. Speak in a calm and soothing voice.
- Assure children of their safety.

De-escalating the Crisis:

- Avoid a battle. This is not a question of authority—it involves a situation with a child who is out of control of his or her emotions and behavior. Now is not the time to prove "who's in charge."
- Appear calm and controlled. When children sense that a caregiver is out of control, this escalates their anxiety and thus their behavior.
- Allow time and listen. Acknowledge the anger.
- Allow the child to have personal space. Do not move in quickly. Do not touch the child.
- Set limits calmly, firmly, and with an expectation that the child will obey.
- Ask the child what would help him or her to feel better.

-
- When the child is yelling, try not to yell over him or her. Wait until there is a break.
 - Do not demand that the child make eye contact. Do not maintain eye contact with the child for long periods of time.
 - Try to negotiate easy ways for the child to save face.

Case Study: Danielle

In your small group, answer the question you have been assigned.

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-M

Danielle, age six, witnessed many examples of domestic violence in her home over several years. She was separated from her mother after the mother's boyfriend shot her mother in the leg and her mother entered the hospital. Danielle has nightmares, tries to avoid being in the room with males, and often exhibits self-abusive behavior including biting her fingers and scratching her arms until they bleed. This usually occurs during the early evening hours while the foster parents are trying to get all the children ready for bed.

In addition, Danielle exhibits very irritating behaviors such as not cleaning up after herself, not making eye contact, and hitting other children. Danielle tells her foster mother constantly that she wants to go home to her mother. The foster home has a set of rules to which Danielle appears oblivious. The consequences for breaking the rules appear to have no effect on Danielle.

- What reasons explain why Danielle might be behaving in this manner?
- What behaviors are most critical to manage and would need to be addressed before others?
- What strategies might you use to keep Danielle safe if she began to bite her finger and scratch her arms?
- What behavior management techniques that we reviewed might be effective with Danielle and her range of behaviors, and how might they be used?
- What de-escalation or preventative strategies might you use to help avoid the self-abusive behavior?



The Invisible Suitcase: Behavioral Challenges of Traumatized Children

Resource 6-N

Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. But many also arrive with another piece of baggage, one that they are not even aware they have: an “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them, and the world in general.

For children who have experienced trauma—particularly the abuse and neglect that leads to foster care—this invisible suitcase is often filled with overwhelming negative beliefs and expectations. Beliefs not only about themselves . . .

- I am worthless.
- I am always in danger of being hurt or overwhelmed.
- I am powerless.

But also about you as a caregiver . . .

- You are unresponsive.
- You are unreliable.
- You are, or will be, threatening, dangerous, rejecting.

You didn't create the invisible suitcase, and the beliefs inside aren't personally about you. But understanding its contents is critical to your helping your child to overcome the effects of trauma and establish healthy relationships.

The Invisible Suitcase and Behavior

The negative beliefs and expectations that fill the invisible suitcase permeate every aspect of a child's life. Children who have been through trauma take their invisible suitcases with them to school, into the community, everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others, and that is it best not to give relationships a chance.

As a result, children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for resource parents. These problems may include aggression, outbursts of anger, trouble sleeping, and difficulty concentrating. Very often, the behavior problems that are the most difficult to handle—those that may even threaten the child's placement in your home—come from the invisible suitcase and its impact on relationships. One way of understanding why this happens is the concept of **reenactment**.

Reenactment is the habit of recreating old relationships with new people. Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children experienced with other adults, and so lead to

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-N

Page 2

familiar—albeit negative—interactions. Just as traumatized children’s sense of themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

Why do children reenact?

Children who engage in reenactments are not consciously choosing to repeat painful or negative relationships. The behavior patterns children exhibit during reenactments have become ingrained over time because they:

- Are familiar and helped the child survive in other relationships.
- “Prove” the negative beliefs in the invisible suitcase, by provoking the same reactions the child experienced in the past. (A predictable world, even if negative, may feel safer than an unpredictable one.)
- Help the child vent frustration, anger, and anxiety.
- Give the child a sense of mastery over the old traumas.

Many of the behaviors that are most challenging for resource parents are strategies that in the past may have helped the child survive in the presence of abusive or neglectful caregivers. Unfortunately, these once-useful strategies can undermine the development of healthy relationships with new people and only reinforce the negative messages contained in the invisible suitcase.

What Resource Parents Can Do

Remember the Suitcase

Keep in mind that the children placed in your home are likely to re-use the strategies they learned in situations of abuse and neglect. Because of their negative beliefs, children with an invisible suitcase have learned to elicit adult involvement through acting out and problem behavior. These behaviors may evoke intense emotions in you, and you may feel pushed in ways you never expected. Some common reactions in resource parents include:

- Urges to reject the child.
- Abusive impulses towards the child.
- Emotional withdrawal and depression.
- Feelings of incompetence/helplessness.
- Feeling like a bad parent.

This can lead to a vicious cycle in which the child requires more and more of your attention and involvement, but the relationship is increasingly strained by the frustration and anger both you and the child now feel. If left unchecked, this cycle can lead to still more negative interactions, damaged relationships, and confirmation of all the child’s negative beliefs about him/herself and others. In some cases, placements are ended. And the suitcase just gets heavier.

Provide Disconfirming Experiences

Preventing the vicious cycle of negative interactions requires patience and self-awareness. Most of all, it requires a concerted effort to respond to the child in

ways that challenge the invisible suitcase and provide the child with new, positive messages. Messages that tell the child:

- You are worthwhile and wanted.
- You are safe.
- You are capable.

And messages that say you, as a caregiver

- Are available and won't reject him/her.
- Are responsive and won't abuse him/her.
- Will protect him from danger.
- Will listen and understand him/her.

This does not mean giving children a free pass on their negative behaviors. As a parent, you must still hold children accountable, give consequences, and set expectations. But with the invisible suitcase in mind, you balance correction with praise, and deliver consequences without the negative emotions that may be triggered by the child's reenactments.

- Praise even the simplest positive or neutral behaviors. Provide at least 6 instances of warm, sincere praise for each instance of correction.
- Stay calm and dispassionate when correcting the child. Use as few words as possible and use a soft, matter-of-fact tone of voice.
- Be aware of your own emotional response to the child's behavior. If you cannot respond in a calm, unemotional fashion, step away until you can.
- Don't be afraid to repeat corrections (and praise) as needed. Learning new strategies and beliefs takes time.

Establish a Dialog

The strategies that maltreated children develop to get their needs met may be brilliant and creative, but too often are personally costly. They need to learn that there is a better way. Children need to learn that they can talk about the underlying feelings and beliefs contained in their invisible suitcase. They need to understand that you as the caregiver can tolerate these expressions without the common reactions they have come to expect from adults: rejection, abuse, abandonment. Help children learn words to describe their emotions and feelings and encourage them to express those feelings. When the contents of the invisible suitcase have been unpacked and examined, reenactments and negative cycles are less likely to occur.

For more information on helping foster children who have been through trauma, see:

Delaney, Richard. (1998) *Fostering Changes: Treating Attachment-Disordered Foster Children*. 2nd Edition, Oklahoma City, OK: Wood 'N' Barnes Publishing.

Kagan, Richard. (2004) *Rebuilding Attachments with Traumatized Children*. New York: Haworth Press.

Caring for the Caregiver: Tips for Avoiding Compassion Fatigue

Caring for traumatized children and adolescents can take quite a toll on resource parents. Remember that paying attention to your own feelings and needs is just as important as attending to the needs of your child. Without proper self-care, you can become physically, mentally, and emotionally worn out—as if you are carrying the child’s traumas all on your own shoulders. Some people call this “compassion fatigue.” When this happens, you may experience:

- Increased irritability or impatience with the child
- Denial of the impact traumatic events have had on the child
- Feelings of numbness or detachment
- Intense feelings and intrusive thoughts about the child’s past traumas that don’t lessen over time
- Dreams about the child’s traumas
- The desire to get away from the child or get the child out of your home

If you experience any of these signs for more than two to three weeks, seek counseling with a professional who is knowledgeable about trauma. To avoid compassion fatigue, take the following pre-emptive steps.

Beware of isolation. Successful resource parents know that they cannot go it alone when caring for children with trauma. Work in a team, talk to other foster parents and therapists, and ask for support.

Accept your reactions. All too often, resource parents judge themselves as weak or incompetent for having strong reactions to a child’s trauma. These feelings are not a sign of weakness or incompetence; rather, they can be the cost of caring.

Work on understanding and processing your own traumas. Adults with a history of unresolved traumatic experiences are more at risk for compassion fatigue. Seek help to make sure your own traumatic history and reactions to trauma reminders don’t get in the way of your being an effective parent.

Keep your perspective. Remember, you are not just a resource parent. Make time to interact with children and adolescents who have not been maltreated, to socialize with adult friends, and to find joy in every day. Be sure to laugh often.

For more information on the impact of trauma on children, visit the National Child Traumatic Stress Network (NCTSN) at www.nctsn.org.

Resource 6-0

Key Points

Discipline Is a Challenge

- Sometimes foster parents and adoptive parents can feel that others (family, friends, the community, the agency) have expectations of them that are higher than they can meet.
- Children placed with foster parents or adoptive parents have experienced traumas and inconsistencies in their young lives, so understanding rules and expectations is difficult for them.
- Children placed with foster families or adoptive families experience a loss of control, anger, sadness, and other emotions that can result in extreme behaviors.
- Instilling discipline and encouraging responsible behavior in children is complicated by their diverse and special needs.
- When children are first placed, there is an urgency to get to know and establish a trusting relationship with them. This can be difficult to accomplish when foster parents and adoptive parents must use disciplinary techniques during this period in order to respond to children's unacceptable behavior.
- Incorporating a new child or children into your family and household requires extra planning for change.

What Is 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.

Through discipline, which is an educational process, we strive to have children learn what we are teaching. As disciplinarians we want children to grow and develop based on what they learn. As they learn ways to meet their developmental needs appropriately and responsibly, their growth proceeds accordingly.

Discipline is intended to help a child develop self-control, self-respect, responsibility, and orderliness. A disciplined person is one who has learned self-control, and who is governed by a system of rules within himself or herself.

Discipline is orderly, in that it helps children to deal with themselves and others, and with society in a logical way. Order has rules, with predictable consequences for breaking the rules.

Discipline is not just something we do in response to an unacceptable behavior or situation. Discipline is preventive and future-oriented. Discipline helps children redirect an unacceptable impulse, so their behavior will be appropriate as defined by their culture and society.

As part of a system of discipline, adults use techniques that focus on what they want the child to do the next time the child finds himself or herself in a similar situation.

Discipline is also intended to protect the child's physical and psychological well-being, and to protect others and the environment. Discipline protects the child's physical well-being by teaching the child how to meet his or her needs safely, effectively, efficiently, and responsibly.

Successful discipline protects and develops the child's self-concept, beliefs the child has about being worthy and capable. A healthy self-concept produces a child who is self-disciplining.

Responding to Common Beliefs about Spanking

"I was spanked and I turned out okay."

Many of us were spanked or otherwise physically punished, and we did turn out okay. That's because while our parents were using that form of punishment, they probably did things that made us feel good about ourselves, and helped us problem solve. In other words, they were not physically punishing us all the time.

"Some children just ask for it."

Children who experience neglect and maltreatment may learn that the only way to get attention is to disobey and behave inappropriately. Some children may not know they are behaving inappropriately. A child who expects or wants to be physically hurt is a child with some emotional problems. Physical punishment won't help, and will make the problem worse.

“You said treat all children equally, and I spank my children.”

Treating all children equally means treating all fairly, and with dignity and respect. Parents don't deal with their teenagers the same way they deal with preschoolers; there are different expectations.

A physical punishment given to a child who has had a loving, nurturing, caring background differs greatly from that same punishment given to a child who has been abused physically, sexually, and/or emotionally.

Furthermore, experienced foster parents have reported that their children would be confused by the “double standard” involved in spanking some children (their birth children) and not others (children in need of family foster care). In fact, because of this confusion and an increased awareness of other negative effects of spanking, many foster parents refrain from using this type of punishment completely.

“I don't want my children to become spoiled. An occasional spanking is good for them.”

Children become “spoiled” through inconsistent parenting, a lack of structure, and no clear expectations for how they will act, rather than from spanking. Understanding and meeting children's needs is the best way to prevent them from becoming self-centered or spoiled.

Saying that spanking is “good” for them makes it sound as if there is a benefit for children to realize through this action. Being hit doesn't feel good at the time it happens, nor does it produce a long term benefit.

“Spanking is all right if the parent remains calm and in control of himself or herself.”

If a parent is calm and not angry, he or she should be able to manage a child's behavior more effectively than spanking. Using spanking to relieve parental frustration or to diffuse parental anger serves the parent and has no positive benefit for the child.

Being aware that spanking may become harmful to a child should lead a parent to doubt the value of spanking any time.

“Spanking shows children you love them.”

Hitting children who have been abused does not show them love. They had too many experiences with people who told them they loved them, and then physically or sexually abused them.

Spanking shows anger, not love. Expressions from parents such as, “I’m doing this for your own good and because I love you so much,” or, “It hurts me more than it hurts you,” confuse children by sending them mixed messages.

“A misbehaving child needs to know I’m really mad.”

As discussed in Session Four, anger is a secondary emotion. It follows loss, and usually loss of self-esteem. Children who misbehave need to know that the behavior was hurtful to someone else.

“The kids need to know I’m in charge.”

Adults who have to resort to physical force and power to stop the behavior of children are not in charge or in control.

Knowledge, Skills, and Personal Qualities Essential for Instilling Discipline

- Patience
- Determination
- Confidence
- Genuineness and Concern
- Openness
- Separateness
- Friendly Firmness
- Effective Communication
- Understanding Child and Adolescent Development, and the Factors that Affect Development
- Understanding the Goals of Effective Discipline
- Communication Skills
- Understanding of the Meaning of Behavior

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.

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

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

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-0

Page 6

The Range of Discipline Methods and Techniques

Discipline may be challenging, but there are a number of discipline approaches, techniques, and methods available for our use.

There are three major categories of techniques, and it may be helpful to think of these as a continuum of responses.

- Promoting Positive Behavior

These responses focus on relationship building and promoting positive self-esteem. Examples of promoting positive behavior include listening to children, asking questions, providing encouragement, modeling, praising desired behavior, and rewarding appropriate behavior. When these techniques are used, children are allowed to take control and responsibility for their own behavior. As the disciplinarian, you are not taking control of the child's behavior. Sometimes this is called "proactive" discipline.

- Promoting Self-Control

This category uses planning and preparation as a means to avoid negative behaviors. Examples of techniques that promote self-control include setting rules, stating expectations for children, developing schedules and routines for getting tasks done, preparing children for stressful situations, and modifying the environment.

- Responding to Lack of Control

The caregiver uses direct intervention to deal with behaviors. This is the category most often associated with discipline. Examples of techniques that can be used to respond to a lack of self-control include establishing consequences for behavior, exploring alternatives, making commands or requests to modify behavior, removing the child from the situation, and time out.

Discipline Considerations for Children Who Have Been Abused and Neglected

Children within the child welfare system have often experienced abuse, neglect, sexual abuse, and emotional maltreatment. They may have witnessed all types of violence, including domestic violence and street and community violence. Increasingly the field is recognizing the impact of this trauma on

the child. For instance, a child who has been neglected may develop extreme behaviors in order to ensure that his or her needs are met. This child may

not be able to ask politely for something, but instead may immediately throw a temper tantrum. Youth who have been sexually abused may cope by hoarding food, hiding it in their room, and constantly eating. Children who have been separated over and over from family and foster families may cope by detaching from caretakers. Expecting these children to exhibit good behavior because of a positive relationship with you is unrealistic.

These behaviors and coping strategies have an impact on those who are close to or providing care for the child—especially when it comes to discipline.

The foster parent cannot rely heavily on his or her relationship with the child when approaching behavior management. With our own children we often expect them to behave in a certain way in part based on the fact that they love and respect us. We may expect our own children to listen to us, believe us, and follow our rules because they know we love them. In fact, this is such an inherent part of most family discipline that we don't even think about it. But it is highly unlikely that this will be effective with a child who has attachment problems.

Over time, foster families who depend heavily on the relationship may become discouraged. A telling sign is when these families relate “We couldn't believe he did this to us.” While misbehavior of our own children may represent an affront to the relationship, it is best not to think about the behavior of children in family foster care in these terms. Much misbehavior is a result of coping strategies to deal with past trauma and separation. While this does not excuse the behavior, it does explain why the behavior should not be seen as an indicator of the child's relationship with you.

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-0
Page 7

Managing Behavioral Crises

Children and youth may be at greater risk in the following situations:

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-0

Page 8

- When experiencing significant changes and multiple losses.
- When experiencing conflict around sexual identity (including gay or lesbian youth who are experiencing conflict over “coming out” or who are in fear of being “found out”).
- When there is current or past abuse of substances.
- When there have been previous suicide attempts or a history of high risk behaviors (such as prostitution, running away, driving fast, cutting or mutilating oneself, drug and/or alcohol overdoses).
- When there has been a serious mental health diagnosis such as depression, posttraumatic stress disorder, or anorexia.

It would be naïve to think that our work with children who have experienced trauma will always be effective in dealing with problem behaviors. There may be times when behaviors are so serious or dangerous that outside help or intervention by specially trained personnel is required.

If you recognize extreme behavior problems or potentially unsafe or dangerous behaviors, it is important for you to share your observations with the worker and request a special evaluation.

In very rare circumstances, it may be necessary to summon outside help immediately in order to protect the child, yourself, and your family.

In the following situations, you should request outside help immediately:

- The child has exhibited suicidal gestures or self mutilation.
- The child damages property that puts himself, herself, or others in physical danger.
- The child physically assaults others.
- The child runs away from home.

You Need to Know!

Fostering or Adopting Children with Extreme or Unusual Behaviors

Sometimes the traumas that children have suffered result in emotional and behavioral disorders. Other behavior disorders, such as Attention Deficit Hyperactivity Disorder, tend to run in families or result from environmental factors. Many children from families with severe problems have emotional or behavioral problems.

Most of us have emotional reactions to stressful situations. So it is difficult to define exactly when normal behavior crosses the line to behavioral or emotional disorders. One way to recognize signs of emotional or behavioral disturbance is to think of a reaction that is exaggerated, prolonged, or consistently inappropriate for the situation or stage of development.

For example:

- It is appropriate to get angry (lose self-esteem) when someone calls you a name, but plotting to seriously hurt someone because of an insult is not.
- It is not unusual for two-year-olds to throw themselves on the floor in a temper tantrum, but it would be unusual for teenagers to behave in the same way.
- It is normal to panic and flee from a fire, but not from a working elevator.
- It is appropriate to cry at a funeral, but not to break out crying every day in school for a year.
- It is usual for babies to wet the bed (that's why we have diapers), but not for teenagers (unless there is a medical problem).
- It is not unusual for us to talk to ourselves on occasion, but it is unusual for us to hear voices talking to us . . . and especially to act on the direction of those voices.

The Difference between Emotional Disturbance and Mental Retardation

Mental retardation means that one's capacity to learn and process information is limited because of damage to the brain. Individuals who are mentally retarded are not necessarily emotionally disturbed.

Session Six:
Meeting
Developmental
Needs:
Discipline

Resource 6-P

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-P
Page 2

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 is just normal adolescent behavior 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.

The Need for Teamwork

Foster parents and adoptive parents are responsible for helping children deal with these experiences. You must teach them more appropriate ways to cope and behave. To do this, you may need professional help.

This does not mean that you are inadequate as parents or that the child is mentally ill. If a child breaks a leg, you would seek medical help. When a fever persists, you visit a physician to find out if it is something serious.

Similarly, when a child or youth shows signs of behavioral problems, it is essential to seek professional help. An appropriate diagnosis will determine if the child needs continued help, or what the family can do to handle stressful situations that arise.

If a child placed with you has an emotional disorder, this does not mean you lack parenting skills. Getting help indicates concerned parenting, and shows responsibility, not inadequacy.

As a prospective foster parent or adoptive parent, you need to work carefully with the Family Development Specialist to identify your strengths related to these situations, and the supports you might need. As a foster parent, or as an adoptive parent before finalization, you need to work closely with the child's social worker and other team members regarding how to assess and manage the child's behavior.

As an adoptive parent after finalization, you should call the agency for information and assistance, if there is a problem.

How the Agency Can Help

The agency can help you understand the difference between behaviors that just require appropriate discipline, and behaviors that require professional therapeutic intervention by:

- Providing as much information as possible about the child's history, because foster parents and adoptive parents respect confidentiality.
- Providing opportunities to get information from parents, previous foster parents, and adoptive parents as available.
- Helping develop behavior change plans.
- Making referrals for special counseling.
- Giving encouragement, ideas, and support.

A Birth Parent's Perspective **“All I Ever Wanted Was to Be** **in Control of My Life”**

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-Q

I can tell my story. But it is not a pretty one. I will not tell you how my worker has helped me, how my children are better off in foster care, or how I am getting better as I go through this. I guess I am bitter. They think I am resistant and angry. The worker told me so. For once I agreed with her. The problem I think is of losing control of life. Like you can feel it slipping away from you and you don't know how to make it stop. It is worse for me because I made promises to myself. What no one seems to understand is that I never wanted my life to be like this. And yet it seems I have followed some path that has led me to where I never wanted to go.

I grew up in foster care. My mother was crazy. I think she tried to take care of us. They say we were beaten and neglected. I think of what I must have been like when I was five years old. My mom called me her pretty baby. No one called me pretty again.

I went through twelve foster homes by the time I was 15 years old and ran away. I had trouble in my foster homes. I always felt like they were trying to control me, make me something I wasn't, do things I didn't want to do. In some homes I tried to make the family happy. When I was real little I remember thinking that if I pretended hard enough maybe it could be real. But it was never real. As I got older, I wanted to be the first to prove that it wasn't real. All the families had different rules, different punishments, and different expectations of me. It was like a game trying to figure it out. It was always worse when you first went to a home. You could get yelled at before you had a clue about what they wanted. All I ever wanted was to be in control of my life.

Of course I made promises that my child would never be in foster care. That I would be the perfect mother. And yet it all got away from me so fast. I ran away from my foster home because I got pregnant by my foster mother's neighbor. I couldn't face her about what I had done. I lived on the streets and I wanted to die. The baby did. I wished the baby dead and then she died. I had no way to support myself. I became a working girl. If you don't know what that means, just think about it for a while. I was 16 years old.

I met a guy, Lenny, who tried to help me. He was clean and saw something good in me. We had a little girl Deena and then Sandy. I am not sure what happened. We just couldn't handle the kids. They cried all the time, ran around wild. We fought a lot about what to do. Lenny started using again. And he was always holding it up to me—you know—that he found me working the streets. Then he would say he didn't believe the girls really belonged to him. He would hit them. I was afraid to do anything. The first worker came out after Lenny beat Sandy with a belt. I tried my best to take control of my life. I threw Lenny out because they told me it was the only way I was going to keep my girls. But without Lenny I was no good. I had nothing. I felt everything starting to slip away. I let Lenny come back. No one understands that. But without him, I'm just not anybody—it's like I'm dead or something.

Experiences with Discipline as an Adult or Parent

Session Six:

Meeting
Developmental
Needs:
Discipline

Resource 6-R

Page 2

- How do you discipline children now?

- What methods of discipline do you feel most comfortable with?

- What methods of discipline are you uncomfortable with?

Making a Difference!

[Foster children] may not be with you very long, but you may be the only positive male role model they'll ever have in their life. Surprisingly, it doesn't take a long, extended amount of time for the benefits of being a positive role model to have an impact on a child.

I don't see as much involvement from foster fathers as I would like. Fathers and husbands tend to talk about [foster parenting] like "It's my wife's thing." They see themselves in a very passive role. . . . When I see couples, I don't see real active involvement from the men.

Foster fathers are the male role models for the kids in their household. For girls, it is a role model that they're going to use and hopefully benefit from when they start dating, and start relating to boys and men. For boys, obviously, it's the role model that they're going to look at when they become a man, in terms of how they're going to relate to women and to other men.

Our foster son has a longtime friend, and the other boy's mother told me, "I always know if my son is going to do something with your son; I can feel comfortable because your son is a good example, and he doesn't get into trouble like some of the other kids in the neighborhood." She saw my foster son as a positive role model for her own son.

. . . When you know about the background of my foster son, the fact that he was a role model for anyone was a real accomplishment. It's something I take a lot of pride in. This child has a great chance of being a successful adult.

Duane St.
Clair* President
Maryland League of Foster and Adoptive Parents

* Taken from "The Down to Earth Dad," by Patrick Mitchell. *Children's Voice*, May 2002 (Vol. 11, No. 3).

For more information, contact Patrick Mitchell at: Down to Earth Dad
PO. Box 1907, Coeur d'Alene, ID 83816
877-282-DADS
www.Down_to_Earth_Dad.org

Used with permission.

Session Seven

Continuing Family Relationships

Session Seven

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Understand the importance of respecting children's connections to their birth families and previous foster families and/or adoptive families.
- 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 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 foster families may experience a child's transition from a foster family to the birth family.
- Know how the professional team can support the reunification process.
- Understand the process and impact of a child's transition from a foster family to an adoptive family.
- Understand the implications for their own family in making a lifetime commitment to a child
- Know the implications of adoption for children at different stages of their development and can provide appropriate information and support.
- Know how the professional team can support a positive transition for children and adoptive families.
- Understand the rationale for planned, long-term family foster care, and know the supports and services the agency can provide throughout the placement.

Session Seven:
Continuing
Family
Relationships

Resource 7-A

Session Seven:

Continuing
Family
Relationships

Resource 7-A

Page 2

- Understand the reasons why children and youth in family foster care may be at risk for learning and practicing skills for young adult life, and know the types of services and supports available to support a youth's transition from family foster care to independent living.
- Know the importance of promoting a child's sense of identity, history, culture, and values to help develop self-esteem.
- Understand cultural, spiritual, social and economic similarities and differences between a child's birth family and foster family or adoptive family.
- Know the process involved in conducting an adoption search.
- Understand the family's role and tasks in the adoption process and the impact this has on one's family.
- Understand why children and youth leave family foster care without a plan or advanced planning; know how the child welfare team can work together to prevent unplanned changes and placement disruptions; know the importance of supporting children and all members of the foster family when disruptions occur.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Identify reasons why lifetime connections are important.
2. Identify why the child's sense of time must be taken into consideration when making permanent plans.
3. Describe the effects of multiple transitions on children in need of family foster care and adoption.
4. List key provisions of the Adoption and Safe Families Act.
5. Describe concurrent planning practice.
6. Identify the circumstances that would contribute to the selection of each permanency goal.
7. Identify the activities of foster parents and concurrent planning families that support the reunification process.

-
8. Identify reactions that the foster family or concurrent planning family might have when a child is being reunified with the birth family.
 9. List the differences between foster care and adoption.
 10. List the activities that are initiated when adoption is the plan for a child in family foster care.
 11. Identify the two ways in which parents have their parental rights terminated.
 12. Identify ways in which foster parents and adoptive parents can support a positive transition for children when they are moving to an adoptive family.
 13. Explain why adoption creates a new kinship network that includes the birth family.
 14. Identify questions that children will have about adoption at various stages of childhood and adolescence.
 15. Identify normal crises in adoptive family life.
 16. Explain the importance of allowing the adopted child to maintain connections to birth family and to culture.
 17. Explain the range of openness in adoption.
 18. Identify issues related to adoption search.
 19. Explain why children may leave family foster care without a plan or advanced planning.
 20. Identify ways the child welfare team can work together to prevent disruptions and unplanned changes.
 21. Identify the needs of youth leaving foster family care for independent living.
 22. Describe how transracial placements impact the child.
 23. Identify strategies to help children in transracial placements develop a positive cultural identity.

Session Seven:

Continuing
Family
Relationships

Resource 7-A

Page 4

----- .
At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbooks, prospective foster parents and adoptive parents will be able to:

1. Explain what is meant by the term “adoption search.”
2. Describe the process and impact of searching.
3. Explain how teamwork is essential to successfully achieving permanency goals.
4. Define the permanency planning goals established by the agency, and the criteria used to select each goal.
5. 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.

Session Seven

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Six
- C. Making Connections with Assessment, Licensing, and Certification

Part II: Understanding the Framework for Connecting Children to Lifetime Relationships

- A. Understanding the Importance of Lifetime Relationships for Children
- B. Options for Lifetime Connections

Part III: Understanding the Job of Connecting Children to Lifetime Relationships

- A. The Role of Foster Parents and Concurrent Planning Families
- B. Considering Adoption as a Lifetime Connection
- C. Permanency Needs of Older Youth in Family Foster Care
- D. Managing Unplanned Changes
- E. Cultural Issues in Permanency Planning

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Eight
- G. Making a Difference!
- H. End Session

Important Provisions of the Adoption and Safe Families Act

Session Seven:

Continuing
Family
Relationships

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:

Resource 7-C

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.

NOTE: Indian Child Welfare Act requirements will always supersede ASFA which can mean longer time frames for determining the permanency outcome for Indian children.

Key Components of Concurrent Planning

Resource 7-D

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 fathers 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 on 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 permanency planning families who will work toward reunification but also make a long-term commitment to the child.

Options for Lifetime Relationships

Session Seven:

Continuing
Family
Relationships

Resource 7-E

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.

Permanent Placement with Kin

- This option allows children to remain in their extended family with relatives who assume responsibility for their care.
- Birth parents' rights are not terminated by this action.
- The child's name usually does not change.

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.

Planned Alternative Permanent Living Arrangement

- Children remain in the custody of the agency.
- Foster parents or kinship caregivers make personal commitments to maintain the relationships until children reach independence, even if difficulties arise. It is hoped that the relationships will continue after the child becomes an adult. When children require residential, group, or hospital care, efforts are made to provide continuity of care with the least disruption possible.
- Foster parents or kinship caregivers are not legally and financially responsible.
- Usually, the child's name is not changed.
- Birth parents' rights are not terminated by this action.

Job Description for Permanency Planning Team Members

Session Seven:

Continuing
Family
Relationships

Resource 7-F

Help Wanted

Permanency Planning Team Members

Able to work with social workers, birth parents and other team members. May be a foster family, an adoptive family, a concurrent planning family, or a kinship family.

Must be able to:

- Help Children Understand the Permanency Plan
- Plan Help Children Manage Loss
- Help Children Make Permanent Attachments
- Help Children Cope with Change and Transitions
- Help Children Maintain their Connections

Tasks Related to Carrying Out an Adoption Plan

Determining that adoption is the best plan for the child

This may happen after attempts at reunification have failed. Under concurrent planning, adoption may have been one of the concurrent plans that was developed. This decision is usually made by the agency in meetings where the progress of the case and the needs of the child are carefully considered.

Session Seven:

Continuing
Family
Relationships

Resource 7-G

Foster parent decision

The social worker will consult with the foster parents about their interest in adopting the child. They will assess together the foster parents' ability and willingness to make a lifetime commitment to care for the child. If the foster parents are interested in adopting, additional training or certification may be required.

Legal action to terminate parental rights

The parents will either voluntarily relinquish rights to the child, or the agency's attorneys will ask the court for involuntary termination of parental rights (TPR). If the child needs to be placed in a new family to be adopted, the agency may decide to place the child prior to termination of parental rights or the agency may wait until the child is free for adoption.

Placement in a new family

If the foster parents decide, for whatever reason, that they are not interested in adopting, they must be willing to facilitate the child's placement with another family. The worker assigned to carry out the adoption plan will identify potential families for the child through local, state, and national efforts. Once a family is identified, a pre-placement visiting plan will be developed to help the child and family with the transition. The foster parents play an important role in welcoming and supporting the new family, giving them information about the child, and giving the child permission to move and become attached to new parents.

Legalization of the adoption

Legalization occurs through a court order granting the petition of the adoptive parents to adopt the child. In order for legalization to occur, the birth parents' rights must be terminated or they must consent to the adoption. Laws regulating adoption may require the child to reside in the home for a certain period of time before the adoption can be finalized.

Adoption Is . . .

Session Seven:

Continuing
Family
Relationships

Resource 7-H

Adoption is a means of meeting the developmental needs of a child by legally transferring ongoing parental responsibilities for that child from the birth parents to adoptive parents, recognizing that in the process a new kinship network is created that forever links those two families together through the child that is shared by both.*

* Reitz, M. & Watson, K. W. (1992). Adoption and the Family System. New York: The Guilford Press.

Key Points

The Framework for Connecting Children to Lifetime Relationships

The child welfare system has a “dual mandate,” or two main jobs.

The first job is to protect 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 that will ensure that children are protected.

The second job of the child welfare system is to ensure that children have permanent families. When the safety of children cannot be ensured at home and children 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. 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.

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.

There are two components of permanence: connections and continuity. “Connections” refers to the relationships that will give children a sense of belonging and security, and “continuity” refers to the ability of children to keep connections to people from their past and to know that the connections that sustain them today will be there for them in the future.

Connections and permanence are very important. The experience of belonging to a family gives children a sense of security. Most of the time, they do not have to worry about who will take care of them. Not worrying about who will take care of them gives children a sense of trust and allows them the freedom to develop to their fullest potential. They can concentrate on school or doing things they enjoy. Worrying about who will take care of them takes a lot of emotional energy and can interfere with developmental tasks. The need to have permanent connections doesn’t go away with childhood. Most of us are connected to people whom we feel we can rely on to help us. This is a basic human need.

An important value of permanency practice is that it should be determined by the “child’s clock” because the child’s sense of time is different than an adult’s. A week, month or year that flies by for an adult may seem like an eternity to

a child. Not only is time experienced differently, but the same time frame in an adult's life has a very different meaning in terms of development than it does for a child. For example, in a year in the life of an adult, the adult's development for the most part stays at the same level. Each year of childhood represents a tremendous amount of new learning and development. For example, in the first year of life children are:

- forming important attachments.
- experiencing the world for the first time.
- learning to walk.
- learning language.
- learning to trust.

Between the ages of six and seven children may be:

- going to school all day for the first time.
- learning to ride a two wheeler.
- learning other physical skills.
- learning to read.
- learning to get along with other kids.

The year after they turn sixteen, adolescents will be:

- learning about social relationships.
- learning academic subjects.
- learning skills that might be helpful in a job.
- learning social skills.
- learning how to make good choices.
- learning to drive a car.

Permanence must be driven by the child's clock, because a lack of attachment and security can delay important developmental tasks that children must accomplish in any year of their childhood. As tragic as this seems, sometimes permanence is delayed for children in family foster care for four years, five years, or even longer, and some children "age out" of the system without ever having a permanent family. When this happens, the effects are very detrimental. This illustrates the importance of the team working together to make sure that permanence is achieved quickly so that the child can feel secure and get back to the business of being a child again.

The Adoption and Safe Families Act and Concurrent Planning

In 1997, the federal government passed the Adoption and Safe Families Act (ASFA) to address some of the problems that caused delays in permanence. The intent of the law was to promote safety and timely permanence for children.

ASFA encourages concurrent planning as a way of practicing permanency planning. Not all agencies are practicing concurrent planning yet. However, most agencies are beginning to incorporate some, if not all, of the components of concurrent planning into their practice.

In concurrent planning, the primary goal for every child is “early permanence.” In the past, reunification with the family was seen as the primary goal. Social workers focused on the parent’s problems and directed services toward solving those problems. They were reluctant to change the goal if the parent showed any signs of improvement. Meanwhile, the child’s clock was ticking. Changing the goal to “early permanence” is a more child-centered focus that puts priority on the child’s developmental needs.

One of the keys to concurrent planning is honest communication with the parents. In the past, the social worker might not have been direct with the parent about the consequences of not making changes. Often when the agency changed the goal to adoption, it came as a shock to the birth parent. Parents, who held onto the hope of reunification, often closed their eyes to the pain involved for the child.

In concurrent planning, the social worker educates the parent about the harm to the child that results from temporary placement and explains that the agency intends to work toward early permanence—either through reunification, kinship placement, guardianship, or adoption. The parents are encouraged to work with the agency to achieve permanence.

In the past, the agency may not have searched for relatives and absent fathers until the goal was changed to adoption. This meant that children had to move from families with whom they had become attached in order to live with relatives.

In concurrent planning, efforts are made to locate absent fathers and relatives even before placement is being considered so that children can be placed with them right away if necessary. However, if that isn’t possible, a search is made immediately upon removal from the birth family. Children can then be placed with relatives without a long wait in foster care.

In concurrent planning, every effort is made to avoid delays by offering necessary services right away. Parents are told what changes they must make, and by when, to have their child returned.

Session Seven:

Continuing
Family
Relationships

Resource 7-I
Page 4

Concurrent planning is based on an understanding of how important attachment is to children's development. Studies of children in placement indicate that reunification is more likely if there is frequent visiting between the child and parent. In concurrent planning, the intense work with the family also includes frequent visiting between the child and family.

Child welfare agencies that practice concurrent planning develop two plans when the child comes into family foster care. This means that the agency works on "Plan A" (efforts to reunify the family), and at the same time identifies "Plan B" (another permanent home for the child in case reunification is not successful).

The birth parent is included in this planning. The worker may say, "We want to help you reunite your family, but if that isn't possible we want you to participate in planning for your child. Can you tell us who you would like to raise your child if he can't go home?"

In some cases "Plan B" will be identified, but the child will not be placed with a new permanent family until it is clear that reunification is not possible. In other cases, especially when the probability of reunification doesn't seem high, the concurrent plan may be implemented immediately when the child comes into placement while the agency is still working toward reunification. For example, the child might be placed with a relative who would provide a permanent family if the child could not return to the birth parent.

In some cases, agencies are identifying concurrent planning families. Families who have children placed with them by child welfare agencies have generally been divided into foster families, adoptive families, and kinship families. In traditional permanency planning, children often moved from foster families to adoptive families when the plan changed. Remember that the goal in concurrent planning is "early permanence." Therefore a new category of family has been identified.

A concurrent planning family is one that can commit to providing a permanent home while being able to support reunification. The concurrent planning family must be committed to the goal of permanence for the child, whether that means supporting the child's return to the birth parent, adopting, or otherwise making a permanent commitment to the child themselves. As you can imagine, this is a role that presents many challenges.

NOTE: Indian Child Welfare Act requirements will always supersede ASFA which can mean longer time frames for determining the permanency outcome for Indian children.

The Role of Foster Parents When Children Return Home

An important role of foster parents is to support children who are returning home to their birth families. In this role, foster parents must do the following.

Session Seven:
Continuing
Family
Relationships

1. Help children understand the permanency plan

Children in family foster care have experienced disruption moving into care and may have been confused about why they were placed. Now they will be making another move, and they need help understanding what is happening.

Resource 7-I
Page 5

Foster parents can help children understand why they came into care and what has changed to allow them to return to their family. Children should be given ongoing information about what the agency or court is planning so that the news does not come as a surprise. A Lifebook might be helpful.

This role might be a challenge if the foster parents do not agree with the plan. As a result, they may have difficulty explaining it. Likewise the child may be anxious or sad about the move and it may be difficult to discuss. The foster parent should use the support of other team members, such as the social worker or therapist, to help.

2. Help children manage loss

Children will be separating from their foster families and others, including their teachers, classmates, and neighbors. They will need support to deal with these losses.

Foster parents can acknowledge the losses and listen to children if they express sadness. Foster parents can make sure that all family members and other people who have been important to the child have a chance to say good-bye.

It may be painful to face children's feelings. Foster parents will be experiencing losses as well. Foster parents should be aware of their own feelings and get support from others.

3. Help children make permanent attachments

Children must renew their attachments to their birth families.

Foster parents can help children keep attachments by supporting visits with the birth parent, allowing children to have pictures of the family, and talking about the family between visits. Foster parents can communicate that they want children to be attached to their families.

Foster parents may be ambivalent about birth families or may be attached to children themselves and find it difficult to encourage them to be attached to their families.

Foster parents should be aware of their feelings. Support from workers or other foster parents may be helpful.

4. Help children cope with changes and transitions

Children will be experiencing changes in routines from one family to the other.

Foster parents can discuss with birth families children's routines and how they have handled behavior issues. They can allow visits in their home or supervise visits in another location to help birth families learn new skills or ways of handling behavior. Foster parents can encourage good visiting plans that will help children make gradual transitions back home.

If they don't feel comfortable in a mentoring role, they can tell the worker about techniques for managing behavior that they have found helpful, and assist in developing a plan so that this information can be conveyed to the birth family. Some foster parents may be unsure that the birth family will be able to provide a safe, nurturing home. If so, the foster parents should discuss any concerns they have with the worker.

5. Help children keep their connections

Children have formed attachments with the foster families, and it is usually beneficial for children to maintain these connections so that they don't feel abandoned or rejected.

Foster parents can discuss future contact with the worker and the birth family. Foster parents can reassure birth families that they do not want to interfere with their relationship with their children. They can give children pictures or memory books of their stays with the foster family.

Foster parents may feel ambivalent about future contact or concerned about the extent to which they can make a commitment to a longer-term relationship. Some birth families may reject contact because they feel threatened by their children's relationship with the foster family. Foster families can discuss the best plan for contact with the worker and work out a feasible plan together.

Considering Adoption as a Lifetime Connection

Prevention of placement and reunification are the primary goals for children whenever their safety can be ensured with their family. However, there are times when the child's family, even with support and services, remains unable or unwilling to resume care for the child. In these situations, the agency must find another lifetime connection for the child.

Session Seven:
Continuing
Family
Relationships

Adoption is an important permanency goal. It provides the greatest legal security and by adopting, the adoptive parents are making a lifetime commitment to the child. Because the child has the same status as a child born into the family, adoption has the potential to provide a true sense of belonging.

Resource 7-I
Page 7

Adoption has legal implications that differentiate it from foster care.

Differences between Foster Care and Adoption		
	Foster Care	Adoption
Child in the custody of the agency	Yes	No
Birth parents rights are terminated	No	Yes
Caregiver can make major decisions for the Child	No	Yes
Caregivers are financially responsible	No	Yes *
Child can have the last name of the family	No	Yes
Child have inheritance rights	No	Yes
Child is covered by family's insurance	No	Yes

* However, an adoption subsidy may be available.

Supporting Children When They Are Moving to New Adoptive Families

Children may be adopted by their foster parents or by another family. When children are moving to a new adoptive home, the foster parents and adoptive parents must both work together to support the child during the transition.

Foster parents must help children understand why they aren't going home and why the foster parents won't be adopting them. They can help children understand that foster parents care for children until they return home or find permanent homes. They can help complete Lifebooks to reinforce these messages.

Session Seven:

Continuing
Family
Relationships

Resource 7-I

Page 8

Children will be experiencing the loss of their foster families and their hope of returning to their birth families. They might express this through behavior, including regressing to behaviors that the foster parents worked hard to overcome. Foster parents need to tolerate behavioral regression, while helping children express their feelings verbally.

Foster parents have an important role in helping children make attachments to the adoptive family by giving their blessing to the adoption. They can let children know that they approve of their new families and convey the message that they are happy that children will have families of their own.

In order to help make the transition easier, they can share information about children with the adoptive families. They can invite the adoptive family to their home to get to know children in familiar surroundings. They can encourage good visiting plans that will allow children to make gradual adjustments.

Foster parents can offer to stay in touch. They can express their support of adoption so that adoptive families won't feel threatened about ongoing contact.

Adoptive families can learn about children's stories and let them know it is okay to talk about the past. They can talk with them about birth families and read Lifebooks with their children. They can help them understand what adoption means by explaining that they want to take care of them until they grow up.

Adoptive parents need to be sensitive to the losses that children are experiencing and acknowledge those losses, which may include their foster families, friends, neighbors, classmates, and their hopes of returning to the birth family.

Adoptive families can begin to develop a relationship with their new sons or daughters by spending time with them, getting to know them, and beginning to do things together. Acknowledging their past and helping them deal with grief will help develop a relationship of trust.

Adoptive families need to be sensitive to the stress that children are under when making a transition to their home. They can learn about their likes and dislikes and the routines of their foster families so that they can incorporate some of them into their own routines. They can cooperate with a gradual transition, even though they may be eager to move forward with the adoption.

Adoptive parents need to learn about their new children's attachments and make sure they know that it is okay to be attached to other people. Adoptive parents need to plan how they will enable their children to keep important connections to their birth families and their foster families.

The Lifelong Issues of Adoption

For the adoptive family, the transition of a child into their family is only the beginning of a lifetime commitment. Similarly, foster parents who are adopting need to understand the lifelong adoption issues that they will have to manage.

Our understanding of adoption has changed over the years. Previously adoption was seen as an event—legalization of the adoption was viewed as a new beginning for the child and family when they could erase the past and create a family that would have the same issues as all other families. Adoptive parents were advised that all they needed to do was love the child and everything would be all right.

We now know that adoption is unique, and that the experiences of adopted children and their families are different from those of families created by birth. Understanding what it means to be adopted and integrating that knowledge into their identity is a lifelong process for adoptees and adoptive parents.

A shared link between the adoptive family and the birth family is what makes adoption different from biological parenting, and it impacts the emotional development of children who have been adopted. Children who have been adopted are aware that they are linked to another family, and they struggle to understand the meaning of the separation from that family.

As they grow older, adoptive children will have many questions about the meaning of adoption for them, such as:

- Who are my birth parents? Do I have brothers and sisters? Who are they?
- What do I have in common with my birth family (appearance, genetic background, talents, behaviors, good and bad traits)?
- Why didn't I grow up with my birth family like most other kids?
- Am I secure in this family or will my birth family come someday and take me back?
- Will I ever be able to meet my birth family?

The job of adoptive families is to help children answer these questions as they are growing up. Parents must understand that children at different stages of development will have different questions that need to be answered as they try to make sense of adoption.

Adoptive parents usually introduce the idea of adoption when the child is a baby or toddler by reading books or talking about the “day you were adopted.” However for most preschoolers this is only a nice story.

Session Seven:
Continuing
Family
Relationships

Resource 7-I
Page 9

Resource 7-1
Page 10

It isn't until children reach school age that they begin to understand that adoption means that they had birth parents who could not take care of them. Then they may become preoccupied with questions such as, "Who are my birth parents?" and "Why can't I live with them?" Most children will answer this question by blaming themselves. Children are not capable of understanding the reasons why adults might make an adoption plan. Usually they believe that they must have done something wrong or that they must have been unacceptable. This feeling of rejection can become incorporated into their sense of identity.

In adolescence, all teenagers are struggling with two important issues: separating from the family to become independent and finding an identity. As they separate, they may naturally begin to wonder about the birth family. In a sense, they have to first understand, and then separate from that family too, in order to achieve an identity. Many adolescents become preoccupied with questions about their birth parents. Confusion leads to anger and frustration, and as with all adolescents, the easiest target for all their negative feelings are the parents who have been caring for them on a day-to-day basis. Adolescence can be a time of real turmoil for adoptive families.

When providing information and helping the child answer these questions, the parents need to keep in mind that the child usually experiences the fact that he or she was separated from the birth family as painful and sad. This sense of loss exists even if the child who has been adopted has never lived with the birth family.

Adoptive parents cannot shield their children from these sad feelings, which are normal and do not reflect on their attachment and love for the adoptive parents. The role of the adoptive family is to understand and acknowledge that their child may be feeling a loss at times and to provide support around this loss.

Adoptive parents, in making lifetime commitments to children, are affording them the best opportunity to make permanent attachments. However, the experience of older children may make it difficult for them to trust enough to easily form attachments. This may be challenging and frustrating for adoptive parents at times.

Some adoptive parents, in their eagerness to have the child become attached, begin to feel threatened by the child's attachments to his or her birth family or foster family. Some adoptive parents may begin to discourage prior attachments or be uncomfortable when the child brings up the subject of people from his or her past. It is important to remember that instead of promoting attachment, this results in children who do not trust and have more difficulty becoming attached.

Imagine that you have lost someone you love, such as a spouse or good friend. Would you feel closer to someone who wanted to develop a new relationship if you could talk about the past? How would you feel if the person

refused to acknowledge your loss and made you feel uncomfortable if you brought it up? Adoptive parents need to remind themselves that one of the best ways to develop strong attachments with children is to let them know you accept them, their past, and their feelings for people in their past. Adoptive parents may hope that after the placement and legalization all the changes and transitions are over. If we think about raising children in general, we know that this isn't the case.

Adoptive parents need information about the normal "crises" in adoption. For example, the time when a child moves into an adoptive home is a period of crisis.

Many parents are surprised to find out that even for children who are eagerly awaiting adoption, the legalization of the adoption can create a crisis. Legalization represents not only a happy time, but also a time when the child is experiencing a final separation from their birth family. Issues of grief surface and are often unexpected.

Other times of crisis can be any time or event that reminds children of previous losses or the times that lead them to think about the birth family.

For older children, this might be the time of year when they were separated from their birth family or holidays that bring back memories of the birth family. Children who have no real memories of the birth family may nevertheless think about them on their birthdays or Mother's Day or Father's Day.

Any time of transition might bring up feelings of loss that escalate into an emotional crisis. Typical times of transition are:

- Separating from parents to enter elementary school.
- Moving to a new house.
- Ending the school year and saying good-bye to a favorite teacher.
- Graduating from high school.
- Going away to college.
- Leaving home to live independently.
- Getting married.
- Having their first child.

All of these are times when the adoptive parents must support the child's efforts to deal with change and transition. By understanding that these crises are normal for children who have been adopted, parents will be less likely to panic and more likely to offer helpful support that will allow the child to weather the crisis.

Making decisions about how best to acknowledge and support the child's connection with the birth family is one of the biggest challenges of adoptive parenting. Some ways to support connections are:

- Providing information about the birth family.
- Talking with the child about his or her memories.

Session Seven:
Continuing
Family
Relationships

Resource 7-I
Page 12

- Rituals that acknowledge the child's connections.
- Lifebooks.
- Visits.
- Phone calls.
- Letters.
- Pictures.
- Videos.

Likewise, families who are adopting transracially will need to help children keep connections to their culture.

Adoptions that include contact of any kind between the birth family and the adoptive family are termed “open adoptions.” Openness is continuum. The contact can range from yearly letters or the exchange of pictures to regular visits between the child and the birth parent, birth siblings, and other members of the extended family.

The relationships in an open adoption can be very complicated. It is important for the adoptive parent and the birth parent to understand completely what the arrangements will be regarding contact. It is especially important for birth parents to understand that their relationship with the child has changed, and it is the adoptive parents who will have the parental role. In addition, it is important for adoptive parents not to feel coerced to enter into any agreements with which they are uncomfortable. It is often helpful to get the advice of someone knowledgeable about open adoptions before entering into any agreement.

Questions about their birth families are something that adopted children think about throughout their childhood. As they become older, they may want to renew their connections with their birth families to have their questions answered. This is normal for adoptees and does not reflect any problems in the relationship with the adoptive family. In fact, when the relationships between children and their adoptive parents are close, children are more likely to share their questions and their desire to search with their adoptive parents. If an adolescent or younger child wishes to search, the adoptive family may want to seek counseling to determine if searching is a good idea. When adult adoptees want to search, they find it enormously helpful to have the support and blessing of their adoptive families. Families considering adoption should think ahead about the likelihood that their children will want information about their birth families and may want to meet them. The more information adoptive parents have about the birth family, the more helpful they can be. Adoptive parents should also get information about the laws and regulations regarding searching in their state, such as when and if adoption records and birth certificates will be available to the adoptee.

Permanency Needs of Older Youth in Family Foster Care

Sometime between age 18 and 21, youth in care are “emancipated” from the agency that has provided financial support. They no longer receive money for rent, food, clothes, health insurance, or school expenses. Foster parents have an important role to play in helping young people make the transition to independent living.

Session Seven:
Continuing
Family
Relationships

Foster parents will need to help youth understand:

- Specifics about time frames when they will be emancipated.
- What resources they will need in order to live independently.
- The supports that are available to help them learn the skills and obtain the resources they will need.
- How they can be included in determining the plan.

Resource 7-I
Page 13

Youth are separating from the support of the agency and the foster parents. In addition, this may be a time when the cumulative losses associated with separation from the birth family and others, including former foster parents and social workers, resurface. Foster parents need to be sensitive to the loss issues and may have to tolerate behavior related to loss, such as anger and depression.

Youth in family foster care who are nearing independence lack the family connections that other young people take for granted. They struggle with questions their peers barely consider: How will I support myself? Will I have health insurance? Who will I live with? Who can I call when I have a problem? Who will be there for me?

Most people are not entirely independent at age 18. Like other youth, young people in family foster care need adults who will support them after they are emancipated. The permanency team should never give up on establishing some type of permanent connection for children in care, even if they are adolescents.

If foster parents cannot provide long-term support for the child, they can help by advocating for permanence. Many young people have connections with adults that they have made themselves, such as school teachers or football coaches. In addition, they may have strong connections with people from their past, such as relatives or former foster parents. Sometimes these people are willing to help support the young person after family foster care. Because foster parents are aware of the young person's contacts, they can help workers identify people who might be willing to act as a mentor or long-term support after the youth leaves family foster care.

Obviously, the move to independent living is a major change, and youth will need support to manage this transition. They will need to develop skills that will enable them to:

- Find a job.
- Manage money.
- Pursue higher education.
- Find housing.
- Have social relationships.
- Manage a household.
- Access medical services.

It is important for foster parents to know about independent living programs that provide youth with the skills they will need.

Finally, foster parents can help youth who move on to independence by maintaining connections with them. These young people are at high risk of being alone in the world. They may not have someone with whom to celebrate the holidays or share their everyday problems or successes. Foster parents can show that they continue to care by maintaining connections whenever possible.

Cultural Issues in Permanency Planning

Strategies for helping children in transracial placements develop a positive sense of identity include the following:

- Be able to provide children with information about their family and heritage to help “fill in the blanks.”
- Learn the language the child speaks and promote the ongoing development of the child’s language.
- Be aware that you will need to teach children about racism and discrimination. This is especially important with Black males who are often a target of discrimination and need to develop survival strategies.
- Value the child’s culture and reflect this in everyday living.
- Teach your family members to be a multi-cultural family—how to handle racism, respond to questions, etc.
- Expose children to their culture at every opportunity.

-
- Don't wait until the child is in the home to develop cultural competence—the process should have already started, or you need to prepare to start now.
 - Be aware that as an adult, you may have to incorporate changes into your lifestyle—you can't always expect the child to change.
 - Examine your motivation to foster or adopt a child of a different race or culture. Motivation that focuses on “saving” children may give them a sense that there is something wrong with who they are.
 - Be prepared to deal with identity issues at every stage and as an ongoing part of development.
 - Connect with and cultivate relationships with people from the child's community or culture of origin. Use them as resources to help you and the child develop culturally sound community connections.

In the best interest of your family and of the many children who need culturally competent families, you are encouraged to closely examine your motivation to foster or adopt a child of another culture, your level of understanding of different cultures, your willingness to learn about a child's culture, and how your extended family and community would respond to a child of a different culture or race.

You Need to Know!

Teamwork with Unplanned Changes

Session Seven: Sometimes children and youth leave foster families under unusual circumstances, and advance planning just isn't possible:
Continuing Family Relationships

Resource 7-J

- They decide to run away.
- There is a court order.
- There is abuse of the child in the foster family.
- There is a need for the child's immediate psychiatric hospitalization.
- There is illness or some other emergency in the foster family.
- The foster family requests that the child be moved immediately because of the child's behavior.

The risks to children include:

- The experience may bring back memories of the reasons for coming into foster care.
- The reason for the unplanned change and the change itself causes another loss for the child.
- The resources to get the child into another safe setting may be compromised.

Some illnesses, emergencies, and unusual circumstances are unavoidable. But there are ways both foster families and adoptive families can work as part of a team to prevent unplanned changes and placement disruptions.

Foster families, adoptive families, and the agency can prevent unplanned changes by:

- Making an informed decision about working together.
- Making an informed decision about placing and accepting a child into a family.
- Being realistic and honest about expectations of children, themselves, and each other.

-
- Informing each other when there are unmet expectations.
 - Providing immediate support when problems are identified, no matter how small.
 - Assessing and planning for the ongoing relationship between the child and family.
 - Planning how to support the child in transition.
 - Planning how to inform and involve the birth family appropriately.
 - Planning for the ongoing working relationship between the agency and the foster family or adoptive family.

Session Seven:

Continuing
Family
Relationships

Resource 7-J
Page 3

You Need to Know!

Permanency Planning Goals

Children have permanency goals. Birth parents have service plans. Service plans are written plans, developed by the caseworker and family, which specify the services the agency will provide and the actions the parents/family will take to correct the conditions which led to the child's abuse or neglect. The service plan supports the child's permanency goal. Permanency goals are set based on the **best interest of the child**.

Permanency Goals emphasize that:

- A child's sense of time is different; that what may seem to adults like a brief disruption in a family's life or a short separation can be a painful and intolerably long period for a child.
- The limited duration of childhood and the developmental needs of children impart urgency for the child to have a safe, secure and nurturing permanent family.
- Such safe, secure, and nurturing permanent families are essential for the child's healthy emotional and psychological growth and development leading to maturity.

The agency working with the family recommends a Permanency Goal initially, based on the facts of a case. If the child has not been returned home at the 12 month Permanency Hearing, the judge selects one of the following Permanency Goals based on the evidence presented and the recommendation of the caseworker. Once the court has set the Permanency Goal for a child, only the court can change it.

- A. The minor will be returned home by a specific date within 5 months.

This goal is chosen when the conditions that led to the child's maltreatment are few and the parents have the willingness and capacity to change.

- B. The minor will be in short term care with a continued goal to return home within a period not to exceed 1 year, where the progress of the parent or parents is substantial given particular consideration to the age and individual needs of the minor.

This goal recognizes the change takes time. Some families need more time to correct conditions that led to the child's maltreatment. For example parenting classes require time to complete and time to practice new skills.

- B-1. The minor will be in short-term care with a continued goal to return home pending a status hearing. When the court finds that a parent has not made reasonable progress to date, the court shall identify what actions the parent and DCFS must take in order to justify a finding of reasonable efforts or reasonable progress. The court shall then set a status hearing to be held not earlier than 9 months from the date of adjudication and no later than 11 months from the date of adjudication during which the parent's progress will again be reviewed.
- C. The minor will be in substitute care pending court determination on termination of parental rights.
- D. Adoption, provided that parental rights have been terminated or relinquished. This is the preferred permanency goal, if return home isn't possible.
- E. The guardianship of the minor will be transferred to an individual or a couple on a permanent basis provided that goals A through D have been ruled out. This is the preferred permanency goal, if adoption isn't an option.
- F. The minor over age 15 will be given the goal of independent living when remaining in the custody of the agency until emancipation or "aging out."
- G. If the goals A through D have been ruled out, the minor will be in continuing foster care. Under certain circumstances, care may be appropriate if adoption/guardianship have been ruled out.

You Need to Know!

The Process of Searching*

Searching is the process by which:

- Individuals who were adopted search for biological parents.
- Birth parents search for children they relinquished.
- Siblings separated by adoption search for one another.

Adoptive records have historically been sealed to:

- Protect the confidentiality of all parties.
- Allow children to attach more securely to their adoptive parents.
- Allow adoptive parents more freedom to raise children they adopt as their own.
- Help birth parents make a clean break with the children they relinquished.

It is normal for parties involved in an adoption to want:

- Information about missing pieces of their lives.
- Contact with those to whom they are biologically related.
- Outside help in conducting their search.

Emotional impact of searching:

- Internal struggle and ambivalence preceding the decision to search.
- Hesitancy to intrude and interfere in the unknown life of the other party.
- Fear that the search will be too difficult and perhaps unsuccessful, or if successful, may open up a Pandora's box of unforeseen problems.
- Fear that the search will provoke anger from the adoptive parents.
- Guilt by adoptee about feeling disloyal to the adoptive family.
- Guilt by birth parent related to discussing the original decision to relinquish.

Impact of successful searching:

- Search and reunion are healing experiences.
- Parties are more at peace after the unknown has become known.
- Birth parents are helped to come to terms with their earlier decision to relinquish.
- Knowing the truth is better than living with a fantasy.
- Less than 2% are sorry that they searched.

* Gonyo, B. & Watson, K.W. (1988). Searching in adoption. Public Welfare, 14–22.

You Need to Know!

Simple Gifts and Talismans: Collecting Memories

Session Seven:

Continuing
Family
Relationships

Resource 7-J
Page 5

Youth who have been in more than one foster care placement often lose the treasured debris of their past. In moving their cartons, paper bags, and suitcases, they may be forced to leave behind the trinkets and collections of their earlier lives. Many of these objects are part of the youth's identity. They have the capacity to trigger memories of an earlier time. In leaving them behind, youth may feel they are avoiding pain. Yet youth who have not saved their memorabilia can become internally impoverished.

A therapist who works with depressed and suicidal adopted adolescents describes their situation as “a deficiency disease, not based on guilt or self-hatred but on a lack of hope for their lives.” The remedy she prescribes is “an inner treasury that generates hopefulness . . . odds and ends resembling the hodge-podge that every latency-age child stores in a carton under the bed; souvenirs, bottle caps, trophies, photographs, baseball cards, sea shells, and coin collections. . . .”^{*} The inner treasury of resources from the past becomes the basis on which to build hope for the future.

At the point of leaving home again, when adolescents are most vulnerable to fears of the future, and when they often experience an inexplicable sense of loss, they need foster parents to help them take their memories with them. It is not always easy to help a youth collect objects. If a youth's losses have been severe, or if he or she has experienced too many placements, we may find distorted relationships with objects. Some youth may hoard, clinging to piles of what appears to be worthless trash. Others may not connect emotionally with any object, ruthlessly disposing of souvenirs, snapshots, and even gifts. Those who are very angry may even purposefully destroy the most meaningful objects.

Rituals have been used in every culture as a way of handling transitions. The symbolism and significance of a ritual eases the pain of loss and moves the participants forward. It is interesting to note the sentimental importance of objects associated with a treasured symbol of good fortune. At weddings, unmarried women scramble to catch the bouquet, signifying who will marry next. In the ritual of a funeral, such objects as flowers, programs, or a photo of the deceased take on new meaning. In the ritual of graduation, the tassel of the mortar board, and the diploma itself, signify the honored accomplishment.

When we help youth who are leaving home again, we need to develop new rituals and to give them objects which we endow with our hope, care, and wishes of good fortune for their future. These rituals and objects need not be

^{*} McFadden, Emily Jean. (1988). *Leaving Home Again*. Ypsilanti, MI: PUSH for Youth GOALS curriculum.

elaborate or expensive. Rituals can be as simple as baking a youth's favorite chocolate cake and taking a photograph of the cake being eaten. It can be as elaborate as a family candle-lighting ceremony in which the youth is given a special candle symbolizing the family's love. What is important is that the youth receives an object that carries the blessing of the family.

It is helpful to reflect on the messages we want to give youth, and the memories of our homes that we hope they will carry with them. Photographs are crystallized memories. Jewelry lasts. Tools or certain types of clothing prepare a youth for work. Stationery or a phone say, "Please keep in touch." Books can represent advice, spiritual values, or a host of other meanings. Food represents nurturing. Flowers represent beauty. If we develop a farewell ritual to help youth leave, we should be aware that the gift or talisman conveys a lasting meaning. What memories do we want youth to carry with them?

Session Seven:

Continuing
Family
Relationships

Resource 7-J

Page 6

You Need to Know!

The Indian Child Welfare Act (ICWA)*

Session Seven:

Continuing
Family
Relationships

Resource 7-J
Page 7

Why ICWA Was Passed

“ICWA” stands for the Indian Child welfare Act, which is a federal law passed in 1978. It was passed in response to the alarmingly high number of Indian children being separated from their families by both public and private agencies. The intent of congress under ICWA was to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families (25U.S.C.-1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe.

How ICWA Protects American Indian/Alaskan Native Children and Their Families

When ICWA applies to a child’s case, the child’s tribe and family will have an opportunity to be involved in decisions affecting services for the Indian child. A tribe or a parent can also petition to transfer jurisdiction of the case to their own tribal court. ICWA sets out federal requirements regarding removal and placement of Indian children in foster or adoptive homes and allows the child’s tribe to intervene in the case.

Children Covered by ICWA

Indian children involved in state child custody proceedings are covered by ICWA. A person may define his or her identity as Indian but in order for ICWA to apply, the involved child must be an “Indian child” as defined by the law. ICWA defines an “Indian child” as “any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe” (25 U.S.C.-1903). Under federal law, individual tribes have the right to determine eligibility, membership, or both. However, in order for ICWA to apply, the child must be a member of or eligible for membership in a federally recognized tribe. ICWA does not apply to divorce proceedings, intra-family disputes, juvenile delinquency proceedings, or cases under tribal court jurisdiction.

Determining if a Child Is Eligible for Membership in a Tribe

All tribes have the right to determine who is a member of their tribe, and different tribes have different requirements for eligibility. In order to understand these requirements for the particular tribe in question, contact the child’s tribe.

* SOURCE: “The Indian Child Welfare Act: A Family’s Guide; Answers to Your Questions about the Federal Law.” National Indian Child Welfare Association

For more information on how to contact the child's tribe, visit the National Indian Child Welfare Association's (NICWA) website at www.nica.org. Click on the *Resources* tab and then click on *Tribal Directory*.

When a Child Is Indian but Is Not a Member of a Federally Recognized Tribe

If a child does not meet the definition of "Indian child" outlined in the act, ICWA would not apply to the child's case. Other federal and state laws, however, may provide other protections, including relative placement provisions and the opportunity to be heard in a case review hearing.

Considerations that Should be Made in an ICWA Case

Workers must make several considerations when handling an ICWA case, including:

- Providing active efforts to the family (see paragraph below on "active efforts");
- Identifying a placement that fits under ICWA preference provisions;
- Notifying the child's tribe and the child's parents of the child custody proceeding; and
- Working actively to involve the child's tribe and the child's parents in the proceedings.

The worker should be able to explain your rights under ICWA and any other case actions in a manner that is easy for you to understand.

Who to Contact if It Is Believed that Your Rights Under ICWA Are Being Ignored

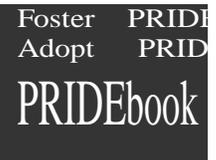
If it is believed that ICWA is not being applied correctly in the child's case contact the following people as soon as possible:

- An attorney (Indian law experience preferred)
- Legal services
- The child's tribe

The court may order different services or a different placement if it is determined that ICWA is not being applied correctly.

Active Efforts

States are required to provide active efforts to families, and the court will be asked to determine whether active efforts have been made. The definition of "active efforts" is left open in the Indian Child Welfare Act to accommodate



Session
Seven:
Continuing
Family
Relationships

Resource 7-J
Page 8

individual case decisions. However, federal guidelines do exist (Federal Register, Vol.44, No.228, Monday, November 26, 1979):

ICWA mandates the states to make active efforts in every ICWA case in two areas:

1. to provide services to the family to prevent removal of an Indian child from his or her parent or Indian custodian
2. to reunify an Indian child with his or her parent or Indian custodian after removal

A cornerstone in the application of active efforts is active and early participation and consultation with the child's tribe in all case planning decisions. Additionally, active efforts are more intensive than "reasonable efforts." For example, reasonable efforts would be to arrange for the best-fitting services and help families engage in those activities. The federal guidelines referenced above apply whether or not the child's tribe is involved in the custody proceedings.

About the National Indian Child Welfare Association

The National Indian Child Welfare Association (NICWA) is a private, non-profit organization dedicated to improving the lives of Indian children and their families. NICWA accomplishes this goal by offering training and technical assistance related to Indian child welfare services; making available information regarding the needs and problems of Indian children; helping to improve community-based services; and working to promote improved public policies for Indian children.

A Birth Parent's Perspective

“Letter to a Child”

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Session Seven:
Continuing
Family
Relationships

Resource 7-K

I'm not much good at writing, but I guess I wasn't much good at being your mother either. I'm going to try this anyway, because they tell me it's important to let you know from my mouth why all this happened to you and me. Maybe it will help you have a better life than me, although we did have us some good times. I know I didn't do real well by you when you was little but I did the best I knew how, like my momma did. It seems that even when I was trying hard nothing ever seemed to go right for very long.

Momma and Uncle Steve turned me on to stuff when I was 12, maybe 13 I really don't always remember. You probably never knew that. You were born when I was 19. I really did try to take care of you, but it was always so hard. Seemed like we were always needing something and I never had enough money to buy us food, clothes and my stuff. That's why we always had “uncles” around because they helped with things we needed. I didn't know then that some of them treated you rough, I really am sorry about that. After they took you away from me the first time and I got clean and you came back. That was probably the best time for us.

I hope you remember some of those times instead of some of the others. I guess I just couldn't get myself away until it was too late. I thought it wouldn't be so hard, although they told me at the drug place it would and to watch who I hung with. I thought I could do it myself, that I was stronger, and having you around would make me stay clean. Somehow, I always got back in trouble again. After they took you away when you got caught buying my stuff I felt real bad. When rehab took me back I know I was lucky and getting right again seemed so important so I could have you back. I really wanted to make it work this time. They found out I had AIDS and it was pretty bad already. It just figures, I guess. My luck has never been real good.

Being able to see you regular has been hard and good at the same time. I don't know if that makes any sense. Sometimes I get so mad that someone else is raising you and will see you grow up, and I won't. But then I guess I feel better because they seem like nice people and they've been good to you and me. I want you to remember that if it feels hard sometime to not have your momma around I loved you and only wanted the best for you even if it didn't work out the way I wanted. I'm not sure what else to say, I don't even know when you'll see this letter, but I hope it does help you like they say it will. I wish I had done better, but I know you will be ok and that makes it better.

Love,

Your Momma

PRIDE Connection

Session Seven:
Continuing
Family
Relationships

Name: _____
Date: _____
Family Development Specialist: _____

Resource 7-L

Your Role as a Permanency Planning Team Member

In Session 7, you learned that the job of a Permanency Planning Team member is very similar, whether the member is:

- a foster family helping a child transition to a permanent home through reunification or adoption.
- a concurrent planning family who can foster a child but is also willing to adopt if the child cannot return home.
- an adoptive family.

Which of these roles do you think best matches the strengths and needs of your family?

Describe the child whose needs you could best meet based on your assessment of your strengths and needs (age, sex, developmental needs, history of abuse or neglect):

Session Seven:

Continuing
Family
Relationships

Resource 7-L
Page 3

Answer the following questions if you wish to become an adoptive parent. Jot down your ideas about how you would perform these necessary tasks.

1. What do you think you might say to the child to explain why he or she was adopted?
2. What losses do you think a child placed with you might have, and how would you plan to support the child?
3. What would you do to help the child form attachments?
4. How would you help a child cope with changes and transitions as he or she moves from the foster family to your family?
5. What would you do you help a child maintain connections from his or her past?
6. Which of the above tasks (questions 1–5)
 - a. could your family most comfortably fulfill?
 - b. would be most challenging for your family?
7. What supports do you think you would need from the team to be successful with the above tasks?

Making a Difference!

We never intended to adopt. We began fostering when our two oldest children were toddlers, because it seemed like something worthwhile to do while being home with them. Paul and Buddy weren't the first children we fostered, but they came to us early on. Paul was four and Buddy was a year old when they were placed, and they were with us for two years. We had become very attached to them, so when the social worker approached us about adopting, we really struggled with the decision.

It was very hard to think about not having them with us, but there were other things to think about, too. Paul and our son were the same calendar age, but there were marked differences in their developmental ages. It wasn't that Paul was lacking in any way, but that our son was an exceptional child. We worried that if they grew up together, Paul might feel he didn't "measure up." He was a wonderful child and deserved a family situation where he could be cherished for what he was, without a built-in comparison to what he wasn't. I'd just learned I was pregnant again. Our house would be stretched to bursting with yet another child, and we were certain that the brothers shouldn't be separated by adoption. And, we lived right inside the city, where there simply wasn't the space, inside or outside, for the kind of activities Paul seemed to thrive on.

The decision not to adopt Paul and Buddy was extremely difficult for us, and I remember feeling very grateful that the social worker accepted it without being judgmental at all. She looked statewide, and actually discussed several potential adoptive family situations with us to help her determine which would be best for meeting the boys' needs. It felt good to be included in that way.

The adoptive parents lived at the other end of the state, so they would come for the weekend to have pre-placement visits in our home, and we got to know each other. When we realized that the adoption would be finalized right before Christmas, we were anxious about how the holiday would be. All of us considered what would work best for the kids, and the holiday wasn't a problem. We thought that the way the adoptive parents handled Christmas was a good omen for the kids' future. We stayed in touch with occasional phone calls and annual Christmas cards.

Ten years after the adoption, we had vacation plans in their area which would take us near their home. We wrote them and were invited to visit on Mother's Day! Paul and Buddy took us on a tour of their farm, introduced us to all their pets and showed us their many sports trophies. Then we had a wonderful picnic with the family. Paul made me a corsage to wear! Shy in the beginning, later Paul wanted to talk about the time he was with us. He remembers his mother being pregnant, and thought he might have another brother or sister somewhere. I assured him that I was the "pregnant mother" he remembered. It seemed that question had needed answering for a long time, and I was glad

I could do so. The boys are part of a fine family. The wisdom and commitment of the social worker who did the adoption planning successfully brought the family together.

We were part of a team that included the social worker, and the adoptive parents, all working together in trying to do the very best thing for the boys in the very best way. When we think of Paul and Buddy, as we often do, we feel proud of being a part of that.

Pam and Tom O’Grady
Foster Parents
Illinois

Making a Difference!

A few years before we made the decision to adopt, I went to a conference where a speaker said that adopted children would not be the same as children we had given birth to—that their genes would be different; not “bad,” just different. I didn’t pay much attention to her statement at the time, but I’ve thought about it since. I think she missed the point!

John and I have two adopted children, four birth children, and are still fostering after 24 years. I don’t discount the importance of genetic heritage, but I believe that all children are unique individuals. Our birth children are different from each other, and different from us, although they share the same genes. And, our adopted children share the same genes, yet they are different from each other, too. All of them have individual needs, talents, and interests, and are motivated by different things.

At our house, if you come in past curfew, the next time you go out, you have to “pay back” the time you were late by being home that much time earlier. We’ve had that curfew for all of the children and it’s worked; but, everyone has responded to it in their own way. It’s been the same with other things we’ve done in parenting.

What is different and important to pay attention to is that our birth children never had concerns about their place as a permanent part of our family. For our adopted children, we do try to assert the permanent place they have in our family, and also to respond to questions they sometimes have had about their birth family. But, those questions and concerns are in their hearts, not their genes!

Sally Humphreys
Foster Parent; Adoptive Parent
Illinois

Session Eight

Planning for Change

Session Eight

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Can maintain a home environment that promotes a sense of safety and well-being.
- Are familiar with community hazards that place children at risk.
- Know how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement.
- Know the importance of creating a supportive and accepting family environment.
- Understand the agency's policy regarding foster parent abuse and neglect allegations.
- Know the impact of placement disruption on all members of the resource family.
- Know how fostering or adopting can affect family relationships and lifestyle.
- Know the physical, medical, emotional, and behavioral indicators of sexual abuse.
- Understand the family's role and tasks in the adoption process and the impact this process has on one's own family
- Understand the need to anticipate challenges as an adoptive family and can use strategies for managing these challenges.
- Know the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

Session Eight:

Planning
for
Change

Resource 8-A
Page 2

1. Identify the types of questions to ask regarding the possible placement of a child, youth, or sibling group.
2. Describe the importance of teamwork to plan and manage changes in routines, traditions, and patterns of behavior as a foster family or adoptive family.
3. Identify how foster care and adoption impact family relationships.
4. Identify strategies to help the family deal with changes in family relationships.
5. Describe how foster care and adoption impact the family's lifestyle and relationships outside the family.
6. Identify strategies to help the family deal with changes in lifestyle and relationships outside the family.
7. Explain the importance of teamwork to plan and support the transition of children from one family to another.
8. Identify specific strategies to help a child of another culture feel comfortable in their home upon placement.
9. Describe the importance of teamwork to help children manage the feelings and behaviors that naturally result from separation and loss.
10. Describe the importance of teamwork to help children and youth manage feelings and behaviors toward their fantasy families.
11. Identify indicators of sexual abuse.
12. Describe ways that a healing home can provide private space, boundaries, and respectful nurturing.
13. Describe the behavioral challenges of children who have been sexually abused.
14. Describe how the foster family and adoptive family can respond to the risks and hazards that children and youth confront in the community.
15. Describe the importance of working as a team to prevent and manage abuse allegations.

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Describe how teamwork can be used to explain different relationships to children, and to prepare and support each child when family members are added, lost, or experience a change in status.
2. Identify indicators of a medical emergency for a child or youth.
3. Describe behaviors that indicate a need for professional attention.
4. List the components of universal precautions in the care of children.
5. Identify the reasons for disruption as reported by research findings.
6. Describe the importance of getting help immediately as challenges arise to prevent placement disruption.
7. Identify specific ways to support a child's safety, permanence, and well-being.

Session Eight Agenda

Part I: Welcome and Connecting with Pride

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Seven
- C. Making Connections with Assessment, Licensing, and Certification

Part II: Supporting Children and Families in Transition

- A. Getting Ready
- B. Managing Changes in Daily Life
- C. Managing Long-term Changes
- D. Helping Children Manage Change and Transitions
- E. Recognizing Feelings and Behaviors in Changing Families

Part III: Recognizing and Reducing Risks

- A. Addressing the Needs of Children who have been Sexually Abused
- B. Understanding Risks in the Community
- C. Working as a Team to Prevent Abuse Allegations

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. You Need to Know and You Need to Know in Illinois
- C. Foster Family Handbook
- D. Promoting Safety, Permanence and Well-Being
- E. PRIDE Connections
- F. Preview of Session Nine
- G. Making a Difference!
- H. End Session

Making an Informed Decision

This resource may be used to help guide your discussions with the agency when you are contacted about potential placements.

Session Eight:

Planning
for
Change

Resource 8-C

Physical health

- Child's general condition
- Specific health problems
- Medications and allergies to medications
- Pediatrician's name and location

Emotional health

- Child's overall functioning
- Mental health diagnoses and medications
- Coping style
- Behavioral challenges and what has worked or not worked in the past
- Child's therapist or counselors and services in which child participates

Developmental issues

- Developmental advances or delays
- Sexual development: level of sexual activity, knowledge of safe sex, sexual identity issues
- Basic living skills
- Behavioral challenges/effective discipline strategies

Education

- Attendance
- Grades
- Status of education plan
- School behavioral problems
- Any special help or assistance needed

Abuse/neglect and placement history

- Nature of the abuse
- Status of perpetrator
- When and where it occurred
- How the child is dealing with what has happened
- Impact of the abuse at this time, any specific services related to the abuse
- Prior placements

----- .
Daily life/cultural issues

- Child's activities and hobbies
- Child's favorite foods
- Schedule and/or bedtime instructions and daily routines
- Need for clothing or specific items
- Linguistic needs
- Religion
- Special hair or skin care

Parental/sibling situation

- What family members are involved with the child
- Visiting plan and schedule
- Degree to which family is cooperating with services
- Child's reaction to separation from parents, siblings, or other family members

Legal status/permanent plan

- Type of custody
- Child's permanent plan
- Next court date
- Child's attorney
- Special legal problems

Changes in Daily Routine

Description of child or children that you are considering having placed with your family (Example: a teenage girl, a medically involved infant, a sibling group of three, etc.): _____

Session Eight:
Planning
for
Change

Resource 8-D

Time Period	Usual Routines or Tasks	How Routines or Tasks May Need to Change
5:00 A.M. to 9:00 A.M.		
3:00 P.M. to 7:00 P.M.		
7:00 P.M. to 11:00 P.M.		

Indicators of Child Sexual Abuse

Babies and toddlers

- Genital or urinary irritations or infections*
- Sexually transmitted diseases*
- Frequent unexplained physical symptoms
- Intense fear of individuals or people in general
- Nightmares, night terrors, sleep disturbances
- Persistent fear of certain objects or situations
- Extreme upset at diapering, undressing, or bathing
- Reluctance to be touched

Preschool children

All sign listed above, and:

- Sexualized behaviors*
- Excessive masturbation
- Sexual curiosity and/or knowledge
- Tries to involve others in sexual activity
- Sexualized drawings
- Bed-wetting, pants wetting/soiling
- Other regressive behaviors
- Hyperactivity
- Biting and other aggressive behaviors
- Child's statement indicating sexual abuse*
- Extreme bossiness
- Oversensitivity to sounds, movement

School aged children:

All signs listed above, and:

- Unable to make and keep friends
- Poor school performance
- Depression or “numb” emotions
- Mistrust of adults in general
- Poor self-esteem
- Gender confusion (wishes to be the opposite gender or is uncertain about gender identity)

Adolescents

All signs listed above, and:

- Self-destructive activity or self-harm
- Suicidal plans or attempts
- Delinquent behavior and/or running away
- Prostitution or other unusual sexual behavior*
- Using sex to fill non-sexual needs*
- Forcing others into unwanted sexual contact*

Adapted from Klawnsnik, H. (1998). PRIDE Module 4: Responding to the Signs and Symptoms of Sexual Abuse. Washington, DC: CWLA.

Characteristics of a Healing Home

Session Eight:

Planning
for
Change

Resource 8-F

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”).

Other examples include:

- 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).

Other examples include:

- 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).

Other examples include:

Behavior Problems of Children Who have been Sexually Abused

Fear and anxiety related behaviors

Children often have intense fears of people, places, things, and events associated with the sexual abuse. Children assaulted in bed may have an intense fear of bedtime and extreme difficulty sleeping. Children assaulted while going to the bathroom may wet and soil themselves. These behaviors may seem bizarre when we don't know a child's situation or history of sexual abuse.

Session
Eight:
Planning
for
Change

Resource 8-G

Anger related behaviors

Sexual abuse leads to anger and rage that is quite understandable. However, the child can rarely direct the anger toward the proper target and instead may become angry at those trying to help. They may even express “global” anger toward the world. In some situations, children turn the anger toward their own bodies—cutting themselves or banging their heads.

Sexualized behaviors

Sexually abused children have been exposed to adult forms of sexuality too young and not by choice. The behaviors they exhibit are particularly disturbing to adults because they are so developmentally out of order. Children may engage in sexualized play, pretending intercourse between dolls. They may draw pictures of sexual acts. They may use sexual language. They may masturbate excessively, or invite other children into sexual play.

Session Eight:

Planning
for
Change

Resource 8-H

Agency Abuse Allegations Policy

As prospective foster and adoptive parents, your motivation is to help children and to discuss abuse or neglect occurring in your family that may be troubling. We understand your feelings and also know that there are times when abuse and neglect has occurred in foster and adoptive homes.

It is important for you to consider your family's strengths when deciding whether or not to bring a new child into your family. You must be comfortable living with some uncertainty about the amount of information the agency may be able to provide about the child's background. At the same time, you need to feel comfortable with the information you do have when making your decision.

DCFS Child Protection Investigators are the staff responsible for investigating allegation of abuse or neglect in foster or adoptive families. They follow the same procedure in investigating allegations of child abuse and neglect with foster families, adoptive families, and the community. Abuse and neglect investigations in foster homes are handled promptly and most are unfounded.

If a child in foster care is found to be imminent danger, the Child Protection Investigator can remove the child from the home because the child is already a ward of the juvenile court and the agency is legally responsible for the child's welfare. If the Child Protection Investigator determines the child is not in imminent danger of harm but that additional protection for the child(ren) in the home is needed, the Investigator and the foster parents will decide on a "Protective Plan" which prevents the alleged perpetrator from being alone with the child. The Protective Plan will be in force during the investigation.

During an investigation of allegations of abuse or neglect, people outside the foster family may be contacted regarding the allegations. These people are called "collaterals." If the allegation is "unfounded," at the foster parent's request, the Investigator will inform any collaterals who were contacted during the investigation that the report was unfounded. This notification can be done in writing if the foster parent so requests.

Child Protection Investigator notifies the foster family's Family Development Specialist/licensing worker whenever there is a report of abuse or neglect in a foster home. The child's caseworker is also notified. The Family Development Specialist/licensing worker will follow up to determine if there are any violations of the licensing standards for family foster homes related to the report. Most often, the foster family, with assistance from the caseworker and Family Development Specialist/licensing worker, can correct any licensing violations. However, licensing violations can result ultimately in revocation of the foster parent's foster care license.

Foster parents are their own best protection against abuse and neglect investigations. Your participation on the child welfare team includes contact with caseworkers, Family Development Specialists/licensing workers, and others who witness your relationship with the child(ren) placed with you and the kind of care you provide. Open communication with the child's caseworker about any accidents or injuries to the child is important. Good record keeping about medication, health problems and your prompt attention to a child's medical needs is helpful.

What you have learned in Foster PRIDE/Adopt PRIDE about understanding the underlying causes for children's behaviors and how to deal with them will help you avoid potential allegations. Again, open communication with the caseworker about a child's provocative or aggressive behaviors and the methods you use in responding to them also will be helpful.

In DCFS, Foster Parent Support Specialists can offer support and advice to foster families during the time of an investigation of allegations of abuse or neglect. Additional support is often available through the Illinois Foster Parent Association or a local foster parent association.

Key Points

Getting Ready

Adding a new child or children to your family will make life different for you and your spouse, your children, and even your extended family.

When you ask questions about a child, you demonstrate interest, careful concern for the decision you must make, and an ability to know your family's strengths and needs.

It is important to explore these areas:

- Physical health
- Emotional health
- Developmental issues
- Education
- Abuse/neglect and placement history
- Parental/sibling situation
- Legal status/permanent plan

Foster parents and adoptive parents have to be comfortable with some uncertainty; all the information you want will rarely be available when you want it.

As a team member, you should have access to the available information to help you protect and nurture children, and strengthen families. The past is an ingredient of the present, but not a recipe for future behavior. A child who has never been aggressive may kick a child in your family. The child is in a new situation, and the dynamics in your family may be different from those he or she has experienced in the past.

In the real world of foster parenting, you will usually be contacted about a potential placement by telephone. You may receive the call days ahead of time. In these situations you will have time to gather a lot of information and to carefully consider your decision. In other situations, you may be contacted only a day before or even hours before. In these situations, you need to be prepared to ask the questions that are most critical to your decision.

Adoption placements are usually carefully planned, and families are encouraged to engage in a thorough decision making process. There are usually numerous phone calls and meetings prior to an adoptive placement.

Session Eight:
Planning
for
Change

Resource 8-I

Having the opportunity to talk with agency staff about a potential child being placed with your family will help you to make the best decision possible for your family and for the child. You need to think ahead of time about your strengths, needs, and willingness to deal with different situations.

Session Eight:
Planning
for
Change

Resource 8-I
Page 2

For example, you may initially feel uncomfortable dealing with sexual abuse situations, and the agency is likely to understand this. But a child could be placed with you, and the agency might not be aware that the child had been sexually abused. You need to think through how you would feel about this and how you would handle the situation. From your training, I'm sure you can see how important it is that a child's placement not be disrupted if at all possible. If you feel you could not handle sexual abuse under any circumstances, you need to consider whether fostering or adopting is right for your family. There is just no way the agency could guarantee that a child placed with you had not been sexually abused.

There are other situations that could present similar conflicts in decision making. Some families have values and beliefs that they feel could interfere with caring for a gay or lesbian youth.

In the family assessment, we hope you are taking the opportunity to explore with the worker how you feel about handling different types of placement situations—including situations in which information may not be known or available.

To prepare for placement you need to think about doing the following:

- Inform the school and your medical provider that you have been approved as a foster family. Discuss concerns they may have and how you may best work together on a child's behalf.
- Inform neighbors and your extended family that you have been approved as a foster family. Discuss concerns they may have and be prepared to educate them about the child welfare system and the needs of children in family foster care.
- Be prepared by having some supplies to meet the developmental needs of a child that is likely to be placed with you. For example, if you are approved for infants, have a supply of diapers and formula on hand.

Children will be coming into your home from all different types of situations, communities, and families. A child may be placed in your home who is from a different culture. You need to think about how you would prepare for a child of a different culture, and what specific things you would do in your home to make a child feel welcome. It is also important to remember that for all children—regardless of race or culture—coming into your family will be

very different from what they may be used to. To help a child feel comfortable in your home you can:

- Find out as much about the child's heritage and culture as possible.
- Identify one of the child's favorite foods and prepare it.
- Have books, toys, and/or magazines in your home that reflect the child's culture.
- Find out if the child attends a particular religious service and be prepared to take the child to services or other activities.
- Be prepared to take proper physical care of the child (for example, have hair care products in your home that are appropriate for an African-American child).

Managing Changes in Daily Life

We reduce much of life to routines—we drive to the grocery store along the same route each time. We have a set of morning routines that get us up and out every day. We tend to go to bed at the same time at night. Routines are not inherently good or bad, but different people will have different routines.

Change is difficult and disrupts our normal, regular ways of doing things. Recall how you felt about a small, silly, change in your life. For example, maybe garbage pick-up day changed from Tuesday to Thursday. After three weeks of missing the new day, you are over-burdened with trash. The change is irritating because it causes you to alter a pattern of behavior that, in the past, you did not even stop to consider.

Bringing a child or children into your family will bring many changes. Think about what it has been like in your past experience to bring a new person into your household. Remember what it was like when you were first married and how you established your married life routines and traditions? Or those of you who have children may remember the overwhelming changes that occurred when that tiny baby came home from the hospital.

There is no doubt about it. Bringing someone new into your family is going to result in change. Some of these changes will be immediate, such as figuring out schedules and workload. Other changes will occur over time, such as discovering that fostering or adopting is changing your relationship with your spouse or with your birth children.

The following changes are likely to occur immediately when a child is placed with your family:

- There is less privacy in the home.
- Routines may be disrupted, such as the order in which showers are taken or how chores are divided.
- Communication patterns will change.
- Schedules may need to change (everyone may need to get up earlier).
- Space will need to be shared.
- Family rules may need to change.
- There will be one more person for whom you are responsible and this will decrease your free time.

Managing Long Term Changes

There is no way to predict all the changes that can occur over time within a family that is adopting or fostering. However, we can identify some of the most common changes that are likely to occur. In general, we can categorize these as changes within the family system and changes between the family and the outside world.

Within the family system, there are likely to be a range of changes. Most significant is the change in relationships among family members. This can include the marital relationship, the parent/child relationships, and sibling relationships. Also, there may be changes in styles of communicating, decision making, and problem solving; changes in patterns of behavior; and changes in how the family celebrates and observes holidays.

While these are some of the key changes that can occur in families, it is important to remember that these changes are not necessarily negative. In fact, some can be very good. The marital relationship may suffer because of lack of time and energy to devote to it. Also, the amount of privacy will be decreased. On the other hand, the relationship may grow and strengthen as the couple seeks to overcome these challenges. Birth children may have a difficult time adjusting to a new child in the home. Jealousy, lack of privacy, and the need to share may all present challenges. But children also have an opportunity to learn and grow from the diverse experiences of those who come into the family.

The following are *strategies for responding to the changes that occur within the family*:

- Have a forum to discuss changes, rules, family expectations, etc. This can be in the form of family meetings or dinnertime discussions.
- Make time for the marital relationship. Spend time alone and away from the children. Arrange for respite services when needed.
- Ensure that children are included in discussions and decision making processes about bringing children into the family, and keep children updated about pending changes and transitions.
- Nurture relationships with birth children by spending time alone, talking about their role as a foster brother or a foster sister, and recognizing their contributions to the family.
- Establish clear household rules and expectations, but be ready to adapt and make changes as needed.
- Discuss holidays/traditions with the entire family and make plans together. Ensure that traditions that are important to each family member are recognized in some way.
- Model a positive attitude when responding to change. Family members may begin to look at change as an opportunity to learn and grow.
- Take care of personal needs. Spend time alone, know when to take a break, and continue to pursue your personal interests.
- Take care of medical, fitness, and emotional needs. A parent can't meet the needs of others if his or her own needs are not met.

Changes also occur between the family and the outside world. For example:

- Relationships with your friends may change or you may develop new friends. Often other foster families or adoptive families become close friends, as these families have more in common with your situation.
- Relationships with your extended family may change. Some extended families readily accept new children and are strengthened by your decision to foster or adopt. Other extended families may struggle with the notion of adoption or fostering, and you may begin to feel the resulting stress.

Session Eight:

Planning
for
Change

Resource 8-I
Page 6

- Existing relationships with the school, your church, or other community organizations may be stressed. This is especially true when foster care and adoption issues are not understood or when children exhibit behavioral challenges.
- Your family's privacy is likely to be compromised. Children are often vocal about everything that occurs in the family. In addition, there may be numerous agencies and professionals now involved with your family or even in your home.

The following are *strategies to deal with changes between the family and the outside world or environment*:

- Speak with your extended family and your friends about your decision to foster or adopt. Educate them about the child welfare system, the needs of children and families, and your role as a foster parent or adoptive parent.
- Consider time management ahead of time. Determine what activities, events, or hobbies are most important to you and make these a priority.
- Seek to build on your existing relationships with community resources such as your church or the local school. Inform them of your decision to foster or adopt and explore how they can work with you to ensure that the child's needs are met.
- Explore your need for family privacy. If you are an extremely private person, you need to know that in the world of fostering or adopting it is highly unlikely that you can maintain this level of privacy.

Helping Children Manage Change and Transitions

Strategies the team can use to ease transitions and help prevent disruptions:

- Respect the child's history.
- Learn the child's routines, traditions, and patterns.
- Don't place a lot of demands on the child. (For example: make sure the child knows where food and snacks are located, but don't insist that the child eat.)
- Help the child to be as comfortable as possible.
- Help the child to understand expectations, rules, and how things operate in the household.

- Acknowledge any positive experiences the child may have had with his or her family of origin, or previous foster families.
- Work to change immediately only those routines, traditions, and patterns of behavior that threaten the child or others.
- Make a plan that involves your entire family in the change process.
- Recognize that change takes time.
- Understand that routines, traditions, and patterns bring comfort. Don't expect the child to give up a comfortable or familiar routine until he/she trusts that a new one will take its place.

Recognizing the Feelings and Behaviors Associated with Change

All children fantasize. Children in family foster care can create fantasies about the kind of parent their mother and/or father really is, for example:

- “Mom wouldn't hit us if her boss wasn't so hard on her.”
- “Dad only hits me when I won't touch his private parts.”
- “Mom really loves me, she just can't come visit because it is too far away.”
- “Dad wants me to live with him starting next month, and he's going to buy me a bicycle.”

Children who have been adopted sometimes create phantom birth families that possess none of the qualities the child dislikes in the adoptive family. They may imagine that their birth mother is a beautiful, rich lady who would give them new clothes whenever they want, and would never punish them. Sometimes children create elaborate fantasies to explain the pain they have known in personal relationships, e.g., the child was switched at birth and has lived with the wrong family. Children can conjure fantasies regarding the new, and as yet unknown, foster family or adoptive family, for example:

- Fantasies about being unlovable, e.g., the new adoptive family will never love me because no one else has ever loved me.
- Fantasies about rejection, e.g., this foster family will ask me to leave.
- The fantasy of the perfect family, e.g., if I just hope/wait long enough my dream family will find me.

When children have fantasies about their families of origin, or the foster family or adoptive family, they are sure to be disappointed. The team will need to develop a specific plan to help manage the child's feelings and behaviors.

Children are not the only ones who have fantasy families. Sometimes foster families or adoptive families also have fantasy children pictured in their minds. Holding onto the idea of a fantasy child could interfere with your ability to meet the needs of a real child—you may have unrealistic expectations or feel bitterly disappointed when the “real” child exhibits behavior problems.

Children Who Have Been Sexually Abused

Children who have been sexually abused have special needs in order to feel a sense of safety and well being.

Generally, it is not the foster parent's or adoptive parent's role to identify when a child has been abused or neglected. The child usually comes into your family after the agency has already made this identification. However, instances of child sexual abuse may not be known until the child has entered foster care and begins to develop a sense of safety. This is important for you to know, because it is possible that any child who is placed with your family may have been sexually abused. This is not meant to alarm you. Nor are we suggesting that all children in need of family foster care or adoption have been sexually abused. But realizing that there is this possibility means that you need to take steps and safeguards to ensure the safety and well-being of each and every child who comes into your home.

Sexual abuse can occur regardless of age, sex, religion, race, or income level. Even infants are sexually abused. Also, sexual abuse does not just happen to girls. Sexual abuse takes place in families with high, medium, and low incomes.

Examples of *ways to create a healing home* for all types of children, regardless of whether or not they have been identified as victims of sexual abuse, include the following:

Child's Bedroom:

- The child has his or her own bed and is told that there is a family rule that “no one else is allowed on your bed.”
- The child is told to close the door for privacy.
- A family rule requires knocking before entering the child's bedroom.

-
- The foster father will not come into the girl's bedroom and/or the foster mother will not come into the boy's bedroom.
 - A light is left on for the child at night.
 - The child is given a robe to wear to the bathroom.

Birth Child's Bedroom:

- The child is provided with his/her own bed and told that there is a family rule that "no one else is allowed on your bed."
- Children are told they may close door for privacy.
- A family rule requires knocking before entering the child's bedroom.
- Children are given a robe to wear to the bathroom.

Living room:

- Children are helped with homework.
- Children play games with family members.
- Family discussions take place and family meetings are held.

Master bedroom:

- The door is closed for privacy.
- The family rule requires knocking before entering the master bedroom.
- The family rule prohibits children from playing on the bed or playing in bedroom.

Bathroom:

- Only one person allowed in the bathroom at a time.
- The bathroom door is always to be closed for privacy.
- Children are reassured that no one will enter bathroom while they are bathing or showering.

Kitchen:

- Family meals include “sharing time” (or discussions and updates) with family members.
- Snacks are provided as a way to nurture children and encourage discussions after school.
- Time is spent baking cookies or cooking with the child.

In summary, to create the sense of a “Healing Home”:

- 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 other family members to practice these same privacy rules.
- Children need to experience nurturing activities, and these activities do not have to include 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.

Understanding Risks in the Community

Children in placement may become targets because:

- They are in a new environment and they want to belong.
- They may not have had consistent behavioral limits set by the adults in their lives.
- They may go through a period of testing the new foster parents or adoptive parents.

The adults in the child’s life need to anticipate hazards. They must protect the child from situations that call for a level of behavior or maturity beyond his or her abilities. Remember that children can be one age in years, and a much different age emotionally and sexually. Foster and adoptive parents must regard each child’s strengths and needs individually.

Working as a Team to Prevent Abuse Allegations

Teamwork is the parent's best prevention and best defense against allegations of abuse. Working closely with the social worker, therapist, school teachers, and counselors assures that the child is known and everyone involved understands the child's needs. Clear communication between the foster family and the social worker can prevent false charges.

You Need to Know!

How to Plan for Change

Session Eight:

Planning
for
Change

Foster parents and adoptive parents make a special commitment to care for children who come from abusive and neglectful families. The commitment is both rewarding and disrupting, as the new caregiver's family composition changes, sometimes with little notice.

Resource 8-J

As the Foster Parent or Adoptive Parent You Should:

- Feel comfortable with the change.
- Support each child through the changes.
- Discuss sensitive information such as sexuality, abuse, and dishonesty.
- Actively seek services for children, including education, mental health, and physical health.
- Affiliate with local and state foster parent associations and adoptive parent associations and support groups.
- Understand that while supports to manage change are important, this support may not always be available.

The Agency Should:

- Discuss advantages and explain risks.
- Encourage communication.
- Provide appropriate reading material on important subjects.
- Provide support and share community resources.
- Provide information on school district policies.
- Provide public/private community resources.
- Refer to appropriate associations and support groups.

Preventing Disruptions*

“Disruption” is the child welfare term used when a foster family or an adoptive family requests a new placement for a child living with them. A disruption is another loss for a child and, as you can imagine, is difficult for families, too. Social workers also feel badly about disruption.

Children and families have strengths, and they have needs. Finding the right “match” to balance those strengths and needs is a challenge. Generally, disruptions occur when efforts to support a match between a child and family have fallen short or failed to work.

Research shows some typical reasons for disruptions, which include:

Mismatch between the child and foster family or adoptive family: The personalities of the family members and the child are just not right. That’s why it’s important to have open and honest communication with the agency regarding your expectations, and to get as much information as possible about a child to be placed with you.

Inadequate preparation of the child or family: In family foster care situations, children often are placed on an emergency basis. Preparation of the child may not be possible. That’s why foster families need as much preservice and inservice training as possible. There is more time to prepare a child for an adoptive placement, yet the lifetime commitment, and the lifelong process of adoption require a lot of preservice training and post-placement supports.

Inadequate post-placement supports and services: All families experience stress, but foster families and adoptive families have to manage some additional challenges. It is never too soon or “wrong” to ask for help through support groups, inservice training, counseling, diagnostic services, respite care, foster parent associations, adoptive parent groups, etc.

Family strain: Sometimes families just get overloaded, whether it is from job changes, illness, or even marital problems. Recognizing and managing stress is important for all families, and foster families and adoptive families need to pay special attention to signals that any family member is getting a little worn out.

* Festinger, T. (1986). Necessary Risk: A Study of Adoptions and Disrupted Adoptive Placements. Washington, DC: Child Welfare League of America.

Barth, R. & Berry, M. (1988). Adoption and Disruption: Rates, Risks and Responses. Hawthorne, NY: Aldine DeGruyter.

Inability to use resources/lack of resources: There's an old saying about leading a horse to water—well, sometimes it takes courage to drink from an unfamiliar pond! Again, be certain to ask for help when things just seem even a little confusing or overwhelming. Openness to change and help is a key in making sure that children and families adjust well to each other. Of course, sometimes we need help that just isn't there through formal services. That's why support groups and associations are so important, as well as open and honest talk with the agency.

Research also shows there are identifiable stages leading to disruption.* Knowing about these stages can be a big help in preventing disruptions. The stages are:

Diminishing pleasure: After the initial excitement of being a foster family or adoptive family, the honeymoon is over. This is not unlike being married or taking a new job. You start to see some problems that you didn't notice before.

The child is the problem: In this stage, the family blames the new child for any problems it encounters.

Going public: In this stage, the family members have become so frustrated that they start telling others about their problems who, in turn, may say, "I told you so."

Turning point: By this stage, frustration has really grown, and a crisis is likely to occur. Typically, the child will do something that really upsets the family, which leads to the next stage.

The ultimatum: In this stage, the parents decide that either the child must change behavior by a certain deadline, or the child must be moved.

Decision to disrupt: The child fails to meet the deadline for change, so the family decides the child must be moved. Disruption is the result.

You can help prevent this disruption process by getting help at the very first stage. Remember, "diminishing pleasure" is a natural part of life. It doesn't have to go much further than that. Again, get help so that the pleasures will outweigh the problems. It can be done, and it's worth it!

* Partridge, S., Hornby, H., McDonald, T (1986). *Learning from Adoption Disruption: Insights for Practice*. Portland, ME: Human Services Development Institute.

YOU NEED TO KNOW IN ILLINOIS!

Indicators of Possible Child Sexual Abuse

In addition to sexual abuse, these indicators can also be signs of emotional mistreatment and developmental lags. Children may only hint about sexual abuse. Be aware of the child's behavior and notify your caseworker if you have concerns.

Physical Indicators

Eating difficulty	Genitals chafed, torn, bruised, Irritated, discharge, itching
Gagging	
Anorexia	Venereal Disease
Overeating	
Nausea	Urinary tract infection/discharge
Ulcers	
Sleep disorders	Self Mutilation
Nightmares	Fecal retention, impaction

Emotional Indicators

Low self esteem	Suicidal thoughts
Fears of loss/separation	Fearful of bathrooms, bedrooms
Fear of same or opposite sex	Fears being alone with adults
Fear of closeness, touching	Difficulty expressing feelings
Excessive risk taking	

Social or Relationship Indicators

Overly compliant	Sexual themes in talk or play
Inappropriate sexualized behavior	Runaway episodes
Clinging	
Fondling/rubbing	Poor peer relationships
Flirting	

Social or Relationship Indicators (cont)

Public masturbation

Keeps secrets

Sexual aggression toward
younger children, toys, pets.

Poor peer relationships

Child comes between parents

Cognitive Indicators

School difficulties

Unable to concentrate

No energy for learning

Knowledge of sexual matters
too advanced for age.

Confusion

From: "Preparing for Success" See booklet for more details.

PRIDE Connection

Planning for Change

Think about the routines, traditions, and patterns of behavior that help organize and define your family. Record some of the most important ones below, and then think how a child coming into your family may bring change.

Session Eight:

Planning
for
Change

1. What daily routines does your family follow regarding:

- Mealtimes
- Chores
- Television
- Bedtime

Resource 8-K

What routine might be most difficult to change if a child came to live with your family?

2. What traditions does your family have regarding:

- Vacations
- Birthdays
- Holidays

Making a Difference!

I don't want to sound egotistical, but the thing I'm proud of is what I've learned about myself.

I grew up without a mother. I married young, had two sons and couldn't have any more children. I became a foster parent because I wanted to adopt my "dream daughter." Our sons were 15 and 13 when she came to us at six days old. She was beautiful. Seven years later, when the adoption was completed, I not only had her, but her brother as well (our "extra, added attraction").

My "dream daughter" was supposed to wear ribbons and lace and never get too dirty. My "real daughter" has always been a tom boy. The ribbons lasted about five minutes, and the lace dresses and her knees were dirty in ten minutes. My "dream daughter" would have long talks with me about "women-things" when she grew older. My "real daughter" has hormones from hell, and lots of the serious talking we do is about that.

I wanted my "dream daughter" so I could be my "dream mother." What my daughter and I got was a real-life relationship. And that ain't all bad!

Marjorie Brazelton
Foster Parent; Adoptive Parent
Illinois

Session Nine

**Taking PRIDE: Making
an Informed Decision**

Session Nine

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Know the roles, rights, and responsibilities of foster parents and adoptive parents.
- Understand the importance of respecting children's connections to their birth families, and previous foster families and/or adoptive families.
- Know the importance of being nonjudgmental in caring for children, working with their families, and collaborating with other members of the team.
- Know the agency's policy regarding confidentiality for children and families.
- Know the value of affiliating with other foster parents and adoptive parents, and with foster parent and adoptive parent associations.
- Know the importance of being informed of changes in child welfare policies and practices.
- Know the importance of advocating for children to obtain needed services.
- Know their own strengths and needs in fulfilling the foster parent or adoptive parent role.
- Know the foster parent's responsibility to collaborate with agency staff in the assessment of one's own learning needs, and to implement a Family Development Plan to meet the identified needs.
- Know the rewards of fostering and adopting.

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. List the range of agency and community services for children and their families.

Session Nine:
Taking PRIDE:
Making an
Informed
Decision

Resource 9-A

-
2. List the range of agency and community supports for foster families.
 3. List the range of agency and community supports for adoptive families.
 4. Identify the potential risks and rewards involved in fostering and adopting.
 5. Explain the importance of being fully informed to assess how fostering or adopting will affect one's family.
 6. Describe the perspective of at least one birth parent who has had a child placed for adoption and/or foster care.
 7. Name other foster parents, adoptive parents, and agency staff who can share the joys and the problems of fostering and adopting.
 8. Describe why it is important to collaborate with the Family Development Specialist to make an informed decision about your willingness and ability to foster or to adopt.
 9. Explain the rationale for the Family Development Plan, and the value of ongoing training and support organizations and groups for foster parents.
 10. Describe the value of ongoing training and/or support organizations for adoptive parents.

At-Home Learning Objectives

Note: There are no At-Home Learning Objectives because this is the final session.

Session Nine

Agenda

Part I: Welcome and Connecting with PRIDE

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Eight
- C. Making Connections with Assessment, Licensing, and Certification.

Session Nine:
Taking PRIDE:
Making an
Informed
Decision

Resource 9-B

Part II: The PRIDE Panel

- A. Welcome and Introduction of Panel
- B. Panel Presentations/Group Discussion

Part III: Transitions

- A. Key Points and You Need to Know!
- B. Saying Goodbye
- C. Certificate of Accomplishment
- D. Program Evaluation
- E. End Session

NOTES:

Session Nine:
Taking PRIDE:
Making an
Informed
Decision

Resource 9-C

Special Attention for Foster Parents

The Family Development Plan

The Family Development Plan (FDP) is a tool for families who provide foster care. It is developed through a mutual process in which you, as a foster parent, collaborate with the Family Development staff to determine your training goals, how to reach these goals, and how to measure your progress.

The Family Development Plan begins with an assessment of your individual learning needs. This initial Training Needs Assessment will help you think realistically about the parenting skills you now have, as you consider the characteristics and needs of children who might be placed with you.

Once you and your Family Development Specialist have completed the assessment you will determine together what your priority learning needs are for the coming year. Next you will decide how you will meet these needs, through training courses and other activities and resources. Your Family Development Plan will guide you in selecting Foster PRIDE Core trainings and other courses to continue your development as a member of the professional team.

Inservice Training

Session Nine:

Taking PRIDE:
Making an
Informed
Decision

Resource 9-C
Page 3

Inservice Training

All licensed foster parents and adoptive parents must have their license renewed every four years. Each person whose name is on the license must have a minimum of 16 hours of inservice training during that time in order for the license to be renewed. In addition, Educational Advocacy training must be completed by at least one foster parent in each family. Many foster and adoptive parents attend much more than 16 hours of training in a four-year period to advance their skills.

The Office of Training and Staff Development of DCFS must approve the training for all foster parents to receive foster training credit. Some training is pre-approved.

PRE-APPROVED TRAINING

- Foster PRIDE inservice training modules (The brochure in your PRIDEbook has a description of the modules.)
- Educational Advocacy
- DCFS sponsored conferences
- The Illinois Foster and Adoptive Parent Association Conference
- From Foster Care to Adoption (Only available to foster parents who are adopting a child already placed in their homes)
- Transcultural Parenting
- Other college/university sponsored training

TRAINING REQUIRING APPROVAL

Books, videos, and audio cassettes can be borrowed from the lending library at no cost. A copy of the Lending Library catalog can be obtained by contacting the DCFS Office of Training at 877-800-3393.

Other training such as CPR, first aid, and courses offered by private agencies or in the community that are based on at least one of the five PRIDE Competencies can also be approved for training credit.

If you would like to receive credit for non pre-approved training, a Foster Parent Training Credit Approval Form (CFS 574) must be completed. These forms may be obtained from your Family Development Specialist or licensing worker, or from the DCFS Office of Training.

Once you complete the form, send it to the DCFS Office Of Training. The form will be reviewed and approved or disapproved. If approved the training credit hours will be added to your foster parent training transcript. If disapproved, the form will be returned to you with an explanation.

You Need to Know!
Resource Centers and Organizations

Here is a partial list of some national resource centers and organizations that provide publications and other information helpful to foster parents and adoptive parents.

Session Nine:
Taking PRIDE:
Making an
Informed
Decision

Child Welfare League of America
440 First Street, NW
Third Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Resource 9-C
Page 4

National Foster Parent Association
7512 Stanich Ave. #6
Gig Harbor, WA 98335
253-853-4000
800-557-5238
www.nfpainc.org

Spaulding for Children
16250 Northland Drive, Suite 120
Southfield, MI 48075
248-443-7080
www.spaulding.org

North American Council on Adoptable Children
970 Raymond Avenue
Suite 106
St. Paul, MN 55114
651-644-3036
www.nacac.org

Session Nine:

Taking PRIDE:
Making an
Informed
Decision

Resource 9-C
Page 5

You Need to Know!

Local Agency and Community Services for Children and
Families

(Refer to pages 16-28 in the Foster Family Handbook for
information about support services and how to access
them in your community)

You Need to Know!

GETTING STARTED

The Placement Process:

The placement of a child for foster care most often begins with a telephone call from the agency. The agency staff person making the telephone call to secure family foster home placement for a child may be the child's caseworker or a "resource worker." Who makes the telephone call about a child's possible placement and how much information they have about you can vary greatly. Discussing the process of how placements are made by your agency with your Family Development Specialist or licensing worker is good preparation.

Some children need an emergency placement. In the video, when Vernon left his mother's home with Trisha Walker, his caseworker, and the Child Protection Investigator, he needed a foster home placement immediately. Since the agency had been working with Vernon's family, it would have a lot of information to share with a prospective foster family about Vernon and his needs. Most often, however, a child needs an immediate or "emergency" placement because a Child Protection Investigator responded to a report of child abuse or neglect and determined that the child's need for safety could not be met if the child remained in the parents' home.

Foster parents need to ask for all the information regarding the child which will help them meet the child's needs. Remember in the video how Annie's foster mother asked for information about Annie and her needs? If it is a child's first placement in family foster care, you may have some uncertainty to begin with because of the limited information available. If a child has been in family foster care, the agency will have more information to share with you.

Over time, the agency is able to provide more information and the foster family learns more about their ability to meet the child's needs by living together.

The Child's Arrival at Your Home

Whatever else the child's day may have been like, coming to your home will be scary. Think about how you might feel if faced with the prospect of going to live with people you might not have met, in a neighborhood and home with which you are unfamiliar. When you are making the arrangements with

an agency staff person for the child's placement, there are some questions you can ask that will help you make the child feel as comfortable as possible upon arrival.

- What is the child's emotional state? Anxious, angry, fearful, tearful?
- Are there any medical issues for the child? What were the results of the Initial Health Screening? (If this is the child's first placement into a foster family home.) Does the child need any medication? Is the medication coming with the child or will there be a prescription for it?
- When did the child last eat? What did he or she eat?
- Does the child have clothing or only what he or she is wearing?
- Who will bring the child to your home? Will it be the caseworker who may have some familiarity with the child or someone else? If someone else, who?
- Do you need any specific equipment or supplies (e.g. diapers, formula)?

A child's age determines some things that will help put him or her at ease. Asking if the child would like to sleep with the light on; showing the child where the bathroom is; where light switches are located; offering the child food and previewing the next day so the child knows what to expect can be helpful.

Bet wetting may occur, even if it is not usual, because of the stress and strain related to the changes the child is experiencing. Have waterproof mattress covers and be prepared for some extra laundry. Put off bathing until the next day, if possible. Remember how Annie's foster mother in the video gave her a choice about bathing? In a new environment, the loss of privacy in bathing or being bathed can make children feel very uncomfortable.

Completing the paperwork

Completing the paperwork associated with a child's placement takes some time and attention. If possible have another person available to help you attend to the child's needs while you complete the paperwork.

"Placement/Payment Authorization Form: CFS 906"

This form identifies the child's placement in your home for the information system which is used to track children and payments. It also authorizes you to receive board payment for the child's care.

For DCFS foster parents, you will sign the form at the time of placement. Keep a copy of it in a safe place. For private agency foster parents, your agency will sign the form for you and keep it.

The Board Rate

The payment foster parents receive to provide for the child(ren) in their home is called the “board rate”. Some foster parents receive higher payments than the board rate because they care for children with more serious medical, behavioral, or psychological problems. Most foster parents receive the regular board rate.

The board rate payment is made monthly and is based on the age of the child. It includes money for the child’s clothing, personal allowance, and board. When a child’s birthday puts him or her in a different board rate category, the increased payment comes to you automatically. See Section 9 “Supports Available” page 18 in the Foster Family Handbook for the current board rates.

Board payments reimburse foster parents during the current month for the days of care they provided for a child during the previous month. For example, if a child is placed in your home on September 10, in October, you will receive a board payment for the 20 days of care you provided in September. When a child leaves your home, you will receive your last board payment in the month following the child’s departure from your home.

Adoption assistance and subsidized guardianship payments are also made on a monthly basis for the days of care provided in the previous month.

Clothing

When children first enter foster care, an initial allowance for clothing is provided if necessary. Thereafter, money for the child’s clothing is included as part of the board payment.

The Medicaid Medical Card

Each child in care receives a Medicaid Medical card. Foster parents, adoptive parents, and guardians use the Medicaid Medical card to obtain health care services for the child from Health Works providers.

Foster parents should expect to receive a Medicaid Medical Card at the time a child is placed. If it is the child’s first placement in foster care, the medical card will be a temporary one which will expire in 45 days. A regular Medicaid Medical Card should be mailed to you before the temporary one expires. From then on, a new card will arrive each month. When children are adopted, the medical card arrives yearly in the month of the child’s birth.

The Health Passport

The Health Passport is a summary of the child's medical records and history. Foster parents take the Health Passport to all medical appointments for the child.

The Health Passport and the Medicaid Medical Card accompany the child if a placement in another foster or with an adoptive family occurs. These are important documents and the Health Passport contains confidential information. Keep them in a safe place. A copy of the Health Passport is in the Foster Family Handbook in the section on "Health Services".

Placement checklist

The placement checklist can be a helpful reminder about the paperwork and communications which need to be completed at the time of placement. The checklist should include the following information:

- What is the child's full name, age and date of birth?
- What is the child's permanency goal?
- Is this the child's first foster care placement?
- Where has the child been attending school, preschool, day care?
- What grade is the child in school?
- Does the child have siblings?
- If so, are they in foster care or at home?
- Is there a visiting plan?
- Does the child have clothing?
- When did the child last eat?
- Does the child take or need medication? A prescription?
- What are the results of the initial health screening? (if this is a child's first placement)
- What is the caseworker's name and telephone number?
- What is the caseworker's supervisor's name and telephone number?

- What is the number to call after office hours in an emergency?
- When will the caseworker next contact the child and/or the foster parent?
- What needs to be done immediately?

Medical
Dental
Vision
School
Birth family
Clothing

For children for whom this is not a first placement in a foster home ask the following questions:

- Does the child have a Medicaid medical card with him or her?
- Does the child have a health passport with him or her?
- What were the results of the comprehensive health evaluation done within 21 days after the child entered foster care?

Thanks For Your Opinion!

Foster PRIDE/Adopt PRIDE Participant Evaluation

Session Nine:
Taking PRIDE:
Making an
Informed
Decision

Date _____ Trainers _____

Your comments can help us improve our training program. Please read each of the following statements, and circle the number that matches your opinion. We hope you will add some comments in the spaces provided, and at the end of this form.

Resource 9-D

STRONGLY DISAGREE				STRONGLY AGREE	
1	2	3	4	5	The following statements are about the content of the training.
1	2	3	4	5	1. The goals of the training program were clear to me.
1	2	3	4	5	2. The topics presented in each of the sessions were important.
1	2	3	4	5	3. The information discussed was easy to understand.
1	2	3	4	5	4. The information discussed will be useful to me.
1	2	3	4	5	5. The materials (PRIDEbook, easel, videos) helped me learn.

Comments on training content: _____

STRONGLY DISAGREE				STRONGLY AGREE	
1	2	3	4	5	The following statements are about the organization and atmosphere of the training.
1	2	3	4	5	6. There was enough opportunity to get involved in large and small group discussions.
1	2	3	4	5	7. Participants' questions were answered.
1	2	3	4	5	8. It was easy to share ideas, opinions, and feelings.
1	2	3	4	5	9. The training facility (location, room, seating) was comfortable for learning.

Comments on training atmosphere: _____

STRONGLY DISAGREE				STRONGLY AGREE	
1	2	3	4	5	The following questions are about the trainers.
1	2	3	4	5	10. _____ (please fill in the name of one trainer)
1	2	3	4	5	a. Was knowledgeable about the subjects.
1	2	3	4	5	b. Treated all participants with respect.
1	2	3	4	5	c. Managed the training well (starting and ending on time, handling disruptions, etc.).
1	2	3	4	5	d. Was pleasant to have as a trainer.

Comments on trainer: _____

