

# P.R.I.D.E.

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Parents'

Resource for

Information,

Development and

Education

# **PRIDEbook**

## **Session One**

### **Connecting with PRIDE**

**SESSION ONE- COMPETENCIES AND GOALS**

**Competencies Addressed in This Session:**

- 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
- Working as a member of a professional team.

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. Define family foster care and adoption, and their purposes in the array of child protective services, and as part of the mission and values of the agency related to child protection and family strengthening;
			2. Identify the reasons why children and families require family foster care services and adoption services.
			3. Identify the importance of helping children and youths remain part of their families and culture, because preserving and strengthening families is the first goal of child protective service
			4. Identify what foster parents and adoptive parents are expected to know and do as members of a professional team whose goal is to protect and strengthen families.
			5. Identify the challenges of family foster care and adoption for children and families.
			6. Other questions? List here.

**At-Home Learning Goals:** Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			1. Understand how foster parenting has changed over time.
			2. Understand how adoption services have become more professional in the United States.

## Resource Sheet 1-B

### Agenda

**Part I: Welcome and Introductions (1 hour, 30 minutes, including a 15-minute break)**

- A. Participant Introductions
- B. Use of the PRIDEbook
- C. Review of Session One Competencies and Goals, and Agenda
- D. Discussion of Teamwork Agreements
- E. Purpose of the Foster PRIDE/adopt PRIDE Program: Connecting Pre-service Training and the Assessment, Licensing, and Certification Process

**Part II: Connecting with Family Foster Care and Adoption: What? Why? Who? How? (1 hour, 15 minutes)**

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

**Part III: Closing Remarks (15 minutes)**

- A. Key Points and You Need to Know!
- B. PRIDE Connections
- C. Preview of Session Two
- D. Making a Difference!
- E. End Session

Resource Sheet 1-C

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

Must be at least 21 years of age

Can be married or single

Be willing to attend pre-service training and participate in home study

Be willing to foster or adopt children with backgrounds of abuse and neglect

If interested in becoming a foster parent:

- be willing to get a fire inspection and meet any requirements
- be willing to maintain minimum health and safety standards
- be willing to attend training and maintain required annual training hours
- be willing to meet discipline policy
- be willing to allow caseworkers to visit in your home
- be willing to have a criminal history check completed

If interested in becoming an adoptive parent:

- be willing to commit to a child for a lifetime
- be willing to learn about the needs and challenge prospective adoptive children face
- be willing to cooperate with supervision visits from caseworker
- be willing to have a criminal history check completed

## Key Points

### Defining Foster PRIDE/Adopt PRIDE

Foster

Adopt

P  
R  
I  
D  
E

Foster

Adopt(ive)

PARENT  
RESOURCE  
for  
INFORMATION  
DEVELOPMENT  
EDUCATION

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, too. 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**, or a support. 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.

### **Why Prospective Foster Parents and Prospective Adoptive Parents Are Invited to Participate Jointly in This Program**

- Becoming a foster or adoptive parent without a training program is like buying a suit or dress in a store without trying it on. How many of you have done that? Did you get home and find out that the dress or suit didn't look right or fit right? What did you do? Did you return it? Did you feel frustrated for making the wrong decision? What if the store had a no-return policy? Were you angry with the store? Did you give it away, or perhaps stick it in the back of the closet?
- Before any new experience—new job, a marriage, or the birth of a baby, we think about what the experience will be like. We wonder what we will "look like" in that new role.
- Fostering and adopting is like that, too. Sometimes we anticipate how we will look in our foster parent "dress" or adoptive parent "suit." If we don't have a chance to "try on" these roles, we could make the wrong decision.
- Think about the Making a Difference! video. What might have happened to those children if the foster parents and adoptive parents decided...after placement...that they didn't want them? And what about the mother who worked hard to get her children back? How might you feel if people you trusted to help you get your children back really wanted to keep them away from you?
- How many of you are certain you want to be foster parents? How many of you are certain you want to adopt? How many of you aren't certain yet if you want to foster, adopt or do either?
- It is okay to be certain, and not to be certain. It is the goal of the Foster PRIDE/Adopt PRIDE program to help you "try on" both the adoptive parent role and the foster parenting role to make the following decisions:
  - My decision to foster or to adopt is the right one.
  - I need to rethink my decision to foster or adopt, and perhaps it is the other role I want.
  - Neither fostering nor adopting is right for me at this time...but I've learned a lot about families and children.

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- I am sure my decision will keep a child placed in my care from experiencing another loss, another move. The children that we will be caring for have had enough hurts already.
- Foster PRIDE/Adopt PRIDE encourages foster parents and adoptive parents to work together. Some of you may become the foster parents for a child who later will be adopted by another family in this group. Some of you may become adoptive parents for a child fostered by a family in this group. Think how much easier the transition will be for the child and for you if you work together as partners.
- Foster PRIDE/Adopt PRIDE helps get the same information to two groups of people who need to know about "emotionally charged" issues. Foster parents and adoptive parents have in common the task of parenting a child born to someone else. For us to have a wish come true—getting a child to foster or adopt—another family had to fall apart. There are lifetime implications in each of these emotionally charged issues.
- It is cost-effective to combine our groups.
- Finally, we think it is more interesting to learn from each other, and a lot more fun!

### **Connecting Pre-service Training Sessions to Assessment, Licensing, and Certification**

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.

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- 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.

Finally, we hope you will think it is fun to work with us and perhaps learn some useful things along the way.

### **Connecting with Fostering and Adopting**

- a. What is family foster care?

Family foster care:

- Provides an essential child welfare service option;
- Takes place in a licensed, certified, or approved foster family;
- Offers a service to both parents and children;
- Gives children and families a chance 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;

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- Connects children and youth to other families that intend to provide safe, nurturing lifetime relationships when return to parents or kin is not possible; and
- Calls for teamwork among foster parents, social workers, adoptive parents, the courts, and others such as doctors, teachers, counselors, and parents of children in care.

b. What is adoption?

Adoption:

- Provides a needed child welfare service option;
- Should take place in the home of an agency-approved or certified adoptive family;
- Legally connects parents with children who were not born to them; comes with the same rights and responsibilities that exist between children and their birth parents;
- 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; and
- Calls for teamwork among foster parents, social workers, adoptive parents, the courts, teachers and, as much as possible, the parents of children needing adoption.

c. Why do children and families need family foster care and adoption services?

They need these services:

- Because of such tragedies 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.); and

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- Because some parents decide they are unable or unwilling to raise their children. They choose to end their parental rights.

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

Child welfare agencies:

- Protect and nurture children;
- Strengthen families; and
- Provide children and families at risk with the services and supports they need to maintain safe, nurturing relationships intended to last a lifetime.

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

Children and families get referred for services:

- By teachers, neighbors, doctors, family members, and by themselves.

f. 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; and
- 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.

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

There are five categories of competencies:

- Protecting and nurturing children;
- Meeting children's developmental needs and addressing developmental delays;
- Supporting relations between children and their families;

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- Connecting children to safe, nurturing relationships intended to last a lifetime; and
- 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.

h. What are some examples of each 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 child/birth family relationships:** The Hansons help Nathan protect and nurture the rose bush from his mother. They support his return to his father. They accept the importance of Vernon's parents through the picture of his mother and the visits of his father. 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.

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- **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.

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

Some sources of support are:

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

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

Some of the challenges of fostering include:

- Making the decision to foster.
- Managing the impact on one's own family (children, marriage, kin, finances, neighbors, health, employment).
- Sharing parenting with the agency, such as making decisions about case planning, family visits, or reuniting children with their birth families.
- Helping children with their sad, bad, and mad feelings and behaviors. These may be due to poverty, homelessness, alcohol and other drugs, physical and sexual abuse, neglect, and separation from parents, siblings, and kin.
- Helping children leave.

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k. What are some of the challenges of adopting?

Some of the challenges of adopting include:

- 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 sad, bad, and mad feelings and behaviors; These may be due to poverty, homelessness, alcohol and other drugs, physical and sexual abuse, neglect, and separation from parents, siblings, kin, foster parents; and
- Forming lifetime attachments with children.

## Dates and Overview of Foster PRIDE/Adopt PRIDE Sessions

(Please write dates in space provided)

### \_\_\_\_\_ **Session One: Connecting with PRIDE**

Session One welcomes you to Foster PRIDE/Adopt PRIDE. You will learn 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 also acquaints you with 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); and A Birth Parent's Perspective (stories and letters from parents to help you understand the families of children in care).

During Session One you will watch a video that dramatically portrays the experiences of fostering and adopting. You will learn how children and families are referred for these services. By the end of Session One, you will know much more about the rewards and challenges of family foster care and adoption.

### \_\_\_\_\_ **Session Two: Teamwork toward Permanence**

Why are family relationships so important to growing children? Session Two examines this question and explores ways in which families may support a child's identity, cultural heritage, and self-esteem. In this session, you will learn why we value permanence in the lives of children and how we seek to provide it. This session presents tasks that foster parents and adoptive parents accomplish to keep children connected to important family relationships during times of change. You will learn why teamwork is the best way to promote permanence for children and families. And you will discover the unique role of foster parents and adoptive parents as members of a professional team.

### \_\_\_\_\_ **Session Three: Meeting Developmental Needs: Attachment**

This session reviews the "basics" of child growth and development. You will consider how important it is for children to form deep and lasting attachments. Session Three examines how family foster care affects child growth and development. You will learn 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. In this session, you will learn the types of losses children have before they enter foster care. You will learn how placement can deepen the child's sense of loss. Session Four reviews the stages of loss, and explores their impact on how a child feels and behaves.

Loss is presented as something everyone must face. You will have a chance to consider your own response to losses in your life. 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 review the child welfare goal of returning children in foster care to their birth families whenever possible. As you discuss this concept, you 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 teaches you how to plan for visits, how to get children ready for them, and how to handle their reactions when the visit ends. Family ties are also important to adopted children. This session explores how families can meet an adopted child's lifelong need for identity and self-esteem.

### **\_\_\_\_\_ 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. You 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.

\_\_\_\_\_ **Session Seven: Understanding and Responding to the Issues of Sexual Abuse**

In this session, you will examine different ways to be sensitive to children who have experienced sexual abuse. This is an important topic as many children are impacted by this type of abuse. Due to the dynamics of secrecy around this type of abuse we are not always aware of which children may have sexual abuse in their backgrounds.

\_\_\_\_\_ **Session Eight: Continuing Family Relationships**

In this session, you will examine different ways to help connect children to safe and nurturing relationships intended to last a lifetime. Goals for reaching permanence are outlined, starting with efforts to support families, and to place children back in their birth families or in the home of a relative. Session Eight presents other ways to provide lifelong connections to children who cannot grow up in their families. These include adoption, planned long term foster care, and independent living.

\_\_\_\_\_ **Session Nine: Planning for Change**

How would your family be different after having a child placed in your care? Session Nine 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. This session explores the long-range impact of placement as well. Fostering and adopting carry some risks for families, and you will discuss these. The session ends with a look at how foster families and adoptive families find support from other team members.

\_\_\_\_\_ **Session Ten: Taking Pride: Making an Informed Decision**

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

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

**About the Video:**

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

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 youths 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:**

- a. What is family foster care?
- b. What is adoption?
- c. Why do children and families need family foster care and adoption services?
- d. What are the mission and goals of a child welfare agency?
- e. How do children and families get referred for family foster care and adoption services?
- f. What is meant by the term "competency" and why do foster parents and adoptive parents, like social workers, need competencies?
- g. What are the five "competency categories" for foster parents and adoptive parents? How competent do prospective foster parents and adoptive parents need to be?
- h. What are some examples of competencies you observed in the "Making a Difference!" video?
- i. What are some sources of support for foster parents and adoptive parents as seen in the video?
- j. What are some of the challenges of fostering?
- k. What are some of the challenges of adopting?

## Resource Sheet 1-G

### **You Need to Know! About the History of Family Foster Care\***

Foster parenting, as a formal, institutional practice in the United States, has gone through three major changes in its 140-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 are increasingly asked to raise children with challenging needs, which means that foster parents must have more skills.

#### **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.<sup>1</sup>

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.<sup>2</sup>

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.)<sup>3</sup>

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.

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.

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\*Pasztor, E.M., Polowy, M., Leighton, M., and Conte, R.P. The Ultimate Challenge: Foster Parenting in the 1990s. Washington DC: Child Welfare League of America, 1992, Training Guide, pp. 12-15.

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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**

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.
- The Indian Child Welfare Act (PL 95-608) was passed in 1978 to slow the placement of Native American children with families of a different race and culture. This followed a long and controversial practice of systematically removing these children from their tribes and severing their cultural ties.

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.

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- 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, homelessness, and racism on the child welfare system.

### **The 1990s: New Challenges, New Skills**

Foster parenting has changed because the needs and problems of children and youths now require foster parents to offer more than general parenting skills.

Children and youth in care today have needs that require a different role for foster parents.

- 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 youths in care are not ready for independent living by the age of 18, or even 21, and need long term relationships.
- Children and youths in care have more contact with foster parents than anyone else, so the foster parent's relationship to the children in their care is invaluable.

Therefore, it is essential to:

- Protect and nurture children and youths 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;

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- 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; and
- Work as part of a professional team because the needs of children, youths, 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 Adoption\***

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. (Downs, 322) 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.<sup>4</sup>

**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

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\*Downs, S.W., Costin, L.B., and McFadden, E.J., Child Welfare and Family Services Policies and Practice. New York: Longman Publishers, 1996.

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family members.<sup>5</sup> In these informal arrangements, family decides that the child 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...."<sup>6</sup>

Until the 1970's 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 members who provided long-term care for children who could not live with their parents. (Beginning in the nineteenth century official US policy emphasized the forced assimilation of Indians into the world of the white society. The result was that by the 1970's a 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.)

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.<sup>7</sup>

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."

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- 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; and
  - 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; and
  - agency responsibility for placing and supervising the child.
- The U.S. Children's Bureau encouraged and supported public child welfare services.

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- The 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 1990s**

- Originally adoption was considered a service for Caucasian infertile couples seeking normal, healthy infants. Now it is an option for virtually all children who cannot stay with their parents or kin, and who need stable, nurturing families.
- Two important national child welfare reform laws support adoption services:
  - the Adoption Opportunities Act of 1978 (Public Law 95-266) provides federal support for recruiting adoptive families, and for post-adoption services; and
  - the Child Welfare and Adoption Assistance Act of 1980 (Public Law 96-272) commits federal resources to placing children with adoptive families.
- Many children needing adoptive families are:
  - school age;
  - part of a sibling group;
  - have physical, emotional, and developmental needs due to exposure to alcohol and other drugs, and HIV/AIDS. Families who adopt children with special needs can apply through their placing agency for subsidies to help meet the unique needs of these children.
  - children of color.

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- Today's adoptive families vary greatly—from older parents who have already raised children, to two-parent working families, to single parents. Adoptive families represent all cultures, ethnic groups and religions, and include families with modest incomes, as well as those who are wealthy. Adoptive families are found all over the country.
- Many agencies recognize their responsibility to reach out to families of color to help them feel more welcome and more comfortable about formal adoption.<sup>8</sup> 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 need permanent homes that informal arrangements alone will not meet their needs.<sup>9</sup> Many more African American and Latino families are needed.
- In 1990 approximately 20,000 children living with foster families or in residential facilities were legally free for adoption and were awaiting adoptive families. About 44% of these children were Caucasian, 43% were African American, and 7% were Hispanic.<sup>10</sup>
- An estimated one million children in the United States live in adoptive families, and approximately 100,000 domestic adoptions take place each year. About half of these involve adoptions by stepparents or extended family, and half involve unrelated families.
- Families who adopt children share an ability to nurture children not born to them, and to provide the legal and social status that comes from having a family of your own along with lifetime relationships.

**Endnotes**

1. Downs, S.W., Costin, L.B., and McFadden, E.J. *Child Welfare and Family Services-Policies and Practice*. New York: Longman Publishers, 1996, p.264.
2. *Ibid.*, pp. 254-255.
3. *Ibid.*
4. Merton, Robert K., *et al.*, *The Student-Physician—Introductory Studies in the Sociology of Medical Education*. Cambridge, Mass.: Harvard University Press, 1957, p. 598.
5. Child Welfare League of America.
6. *Adoption and African American Families*. National Adoption Information Clearinghouse. 1995.
7. Child Welfare League of America.
8. *Adoption and African American Families*.
9. *Ibid.*
10. Tatara, Toshio. *Characteristics of Children in Substitute and Adoptive Care: A Statistical Summary of VCIS National Child Welfare Database*. Washington, DC: American Public Welfare Association, 1993, pp. XVI and XVIII.

Resource Sheet 1-H

**PRIDE Connections**

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, "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

**PRIDE Connections**

**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

## Resource Sheet 1-I

### **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.

# **PRIDEbook**

## **Session Two**

### **Teamwork Toward Permanence**

**SESSION 2 - COMPETENCIES AND GOALS**

**Competencies Addressed in this Session**

- Connecting children to safe and nurturing relationships intended to last a life time
- Protecting and nurturing children
- Working as a member of the professional team

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			Explain the agency’s dual mandate to protect children, and to strengthen and support families.
			Describe the relationship between Child Protective Services law, agency mandate, and how the agency carries out its mandate
			Describe family continuity, and how lifebooks support the child’s sense of family continuity.
			Describe the differing roles of parenting, foster parenting, and adoptive parenting in promoting permanency.
			Explain the importance of teamwork in protecting and nurturing children, and promoting permanence for children.
			List the components of the teamwork process.
			Provide reasons that teamwork may be challenging to team members.
			Other questions- list here:

Resource Sheet 2-A  
(Page 2)

**At-Home Learning Goals:** Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			Be aware of the mandate, structure and relevant regulations of the CPS agency.
			Be aware of the laws that define child abuse and neglect, and child protection.
			Be aware of the laws that influence the process of child placement and permanency planning.
			Be aware that service planning is a team process and be aware of the different roles of team members in service planning.
			Identify issues affecting your ability and willingness to work effectively with birth parents, based on the information obtained from this session's "A Birth Parent's Perspective".
			Other questions- list here:

## Resource Sheet 2-B

### Agenda

- Part I: Welcome and Connecting with PRIDE (45 minutes)**
- A. Welcome and Review of Competencies, Goals, and Agenda
  - B. Making Connections from Session One
  - C. Making Connections with Assessment, Licensing, and Certification
- Part II: The Challenge of Permanency for Children in Family Foster Care (1 hour, 20 minutes)**
- A. Understanding the Importance of Parents and Family to Children
  - B. Understanding the Two Major Roles of Child Protective Services
  - C. The Importance of Permanency Planning
  - D. The Differing Roles of Parents, Foster Parents, and Adoptive Parents in Promoting Permanence for Children
- Part III: Working as a Member of a Professional Team toward Permanence for Children (40 minutes)**
- A. Definition and Rationale for Teamwork
  - B. The Challenge of Teamwork
- Part IV: Closing Remarks (15 minutes)**
- A. Key Points and You Need to Know!
  - B. A Birth Parent's Perspective
  - C. PRIDE Connections
  - D. Preview of Session Three
  - E. Making a Difference!
  - F. End Session

## Resource Sheet 2-C

### Making Connections from Session One

Instructions:

- Please introduce yourselves to each other.
  - Choose a team leader—someone who will keep the team on task.
  - Choose a team recorder—someone who will record the team's ideas.
  - Discuss the following questions during the next 10 minutes.
1. What do you most remember about Session One?
  
  2. What did you learn in Session One that confirmed what you already knew about fostering? About adopting?
  
  3. What did you not know about fostering before you came to this first Foster PRIDE/Adopt PRIDE session? About adopting?
  
  4. What knowledge and skills (competencies) do the members of your team bring to the fostering and adopting program?
  
  5. What knowledge and skills (competencies) would the members of your team like to develop by the end of Foster PRIDE/Adopt PRIDE?

## **Mandate to Serve Children and Families**

### **Child Protective Services Handbook--1110 Purpose and Objectives** TDPRS Child Protective Services / CPS 96-8

#### **Management Policy**

The purpose of the Child Protective Services (CPS) Program is to protect children and to act in the children's best interest. Through the program, the Texas Department of Protective and Regulatory Services (TDPRS) focuses on children and their families and seeks active involvement of the children's parents and other family members to solve problems that lead to abuse or neglect. Program objectives are to

1. Prevent further harm to the child and to keep the child with his family when possible.

If this objective cannot be attained, TDPRS considers removal of the child from the family and placement with substitute families or caretakers.

2. Provide permanence for a child in substitute care by resolving family dysfunction and returning the child to the family.

If this objective cannot be attained, TDPRS recommends termination of the parent-child relationship and permanent placement of the child with another family or caretaker.

3. Provide permanence for a child who cannot return to the family by recommending termination of the parent-child relationship or other suitable legal authorization for permanent placement of the child with another family or caretaker.

CPS staff understand the need for preventive and supportive services that originate from community involvement in the protection of children. Staff are committed to the development of resources and agreements to help families before abuse and neglect occur. Staff work cooperatively with other department programs, other state and local agencies, the private child welfare sector, and the voluntary sector.

### **1200 Legal Base for Child Protective Services**

TDPRS Child Protective Services / CPS 96-8

#### **Management Policy**

TDPRS's Child Protective Services Program is based on federal and state laws. Federal laws, under which the program operates, are specified in the Social Security Act and interpreted through regulations published in the Code of Federal Regulations. State laws to protect children from abuse, neglect, or other harm have existed since 1931. TDPRS is designated as the single state agency in Texas to administer Titles IV-B and IV-E of the Social Security Act. The following items identify the state and federal laws that apply to the Child Protective Services Program.

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Appendix 1211: **Responsibilities Under the Texas Family Code**  
TDPRS Child Protective Services / CPS 84-0

Under the Texas Family Code, TDPRS is responsible for the following:

Responsibilities	TFC Ref.	CPSH Ref.
1. To receive and investigate reports of child abuse and reports neglect.	Chapter 261	Section 2000
2. To notify law enforcement agencies of all reports of child abuse and neglect.	Chapter 261	Section 2000
3. To maintain a central registry of child abuse neglect reports.	Chapter 261	Item 1610
4. To pursue removal of a child from the home to protect the child from more abuse or neglect.	Chapters 262	Section 5000
5. To serve as managing conservator of a child if it is in the child's best interest.	Chapter 262	Section 5000
6. To pursue termination of the parent-child relationship if necessary to protect the child and if it is in the child's best interest.	Chapter 161	Section 5000
7. To pursue adoptive placement for a child whose parent child relationship is terminated.	Chapter 263	Section 5000
8. To prepare material for periodic court reviews of children in substitute care.	Chapter 263	Section 5000
9. To complete court-ordered social studies for suits affecting the parent-child relationship.	Chapter 107	Section 5400
10. As managing or possessory conservator, to consent to medical, psychiatric, and surgical treatment for children.	Chapter 153	Section 6600

## Resource Sheet 2-E

### **Roles and Responsibilities of Foster Parents, Adoptive Parents and Staff**

Appendix 7040-A: **EXPECTATIONS, ROLES AND RESPONSIBILITIES OF FOSTER PARENTS**  
TDPRS Child Protective Services / CPS 97-2

#### **What Foster Parents Can Expect from TDPRS**

- To be treated with dignity, respect, and consideration as a team member who is making an important contribution to TDPRS's objectives and permanency for children in their care.
- To have a clear understanding of their role as foster parents, the role of TDPRS, and the roles of the members of the child's legal family.
- To receive training and support in their efforts to improve their skills in providing the day-to-day care meeting the special needs of a child in their care.
- For their family to be considered first when issues of health and/or safety occur.
- To have a clear understanding of agency plans concerning placement of children in their home.
- To receive an administrative review by a group, including their peers, and to render an opinion of a home verification revocation.
- To receive a copy of their quarterly narratives.
- Prior to placement, to receive information as it pertains to the child, to assist in determining if this would be an appropriate placement for their family.
- To be notified of meetings in order to actively participate in the case planning and the decision-making process regarding the child in their care and to have their input treated in the same manner as information presented by the other professionals on the team.
- To be provided pertinent information regarding the child and the child's family as it relates to the child, in a timely manner, and on an ongoing basis.
- To receive reasonable notification of changes in the case plan or termination of the placement and all the reasons for the changes or termination of placement.
- To take a break between placements.

Foster parents provide temporary, substitute care for children in their homes, in which each child in their care can progress mentally, physically, emotionally, and socially.

Foster parents should understand that the primary goal of foster care is to protect children and reunite families when possible. Foster parents must work with children to heal their relationships with their birth parents, siblings, other family members, peers, and others.

#### **RESPONSIBILITIES**

##### **Responsibilities to the child:**

- Provide care 24 hours a day in a family setting.
- Ensure the child's medical needs are met.
- Take the child to and from appointments unless other arrangements are made.
- Obtain needed medical treatment and preventive medical care, including dental and psychological treatment for the child.
- Ensure the child's educational needs are met.
- Enroll the child in school. No home schooling is allowed.
- Inform the school of the non-physical discipline policy and issues around confidentiality.
- Conference with teachers, principals, and other professional staff at enrollment and whenever necessary during the school year. This may include Admission, Review, Dismissal (ARD's).

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- Keep TDPRS staff informed about the child's progress in school.
- Advocate with the school for appropriate educational programs for the child.
- Advocate for the child's best interest in staffings, PPT meeting, and court hearings.
- Work as a team member with TDPRS so the foster care team can best meet the needs of children.
- When a child cannot return home, the child's foster parents must work with TDPRS and the child to establish and achieve an alternative permanency plan.
- Improve the child's self image.
- Listen to the child.
- Communicate with the child.
- Show affection for the child, both physically and verbally.
- Encourage the child to express his or her emotions.
- Accept the child's emotions and different habits as much as possible, without disrupting the lifestyle of the foster family.
- Follow TDPRS's discipline policy.
- Maintain the child's life book. This is a joint project of the foster parent, the worker, the child, and the birth parent. The book should contain
  - school records, including
    - teachers' names;
    - school papers;
    - reports and grades;
    - achievements;
    - medical records, including the child's medical history, treatment, physicians' names, and dates;
    - personal records, including information about
      - the child's birth parents;
      - biographical information;
      - social security number;
      - birth certificate;
      - special dates (example: relatives' birthdays);
      - photographs including school pictures;
      - child's achievement and activities in all areas; and
      - information about the child's previous placements or living situations.
- Protect the child's confidentiality.

**Responsibilities to the child's birth parents:**

Foster parents must believe that birth parents can change over time, even though this may not occur in all cases. They must also be empowered to believe that parents are significant contributors who are expected and encouraged to share their ideas, reactions, and feelings. Foster parents are expected to promote the following:

- Mentoring birth parents of children for whom the permanency plan is reunification,
- Modeling appropriate parenting, to include positive interaction with child(ren), listening skills, discipline, self-esteem, advocacy for children with schools, medical care, legal system, appropriate use of recreation time, appropriate types of recreation, skills in accessing community resources.

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(Page 3)

- Teaching empowerment to the birth family : understanding CPS and court process, importance of visitation, life books, recognition of their importance to the child and their responsibility to continue to be involved, importance of cultural, family values, religious beliefs, and practice.
- Supporting visitation and family interaction in a family home environment. Including the birth family in significant life events with the child, when possible.
  - Provide transportation to and from family visits, unless other arrangements are made.
  - Protect the parent's confidentiality.

**Responsibilities to TDPRS:**

- Help develop and participate in permanency planning meetings.
- Meet the Child-Care Licensing Division's Minimum Standards for Child-Placing Agencies.
- Report emergencies to TDPRS.
- Inform TDPRS of changes in the home which may effect the foster family's ability to provide foster care.

**Training**

- Meet requirements of minimum standards for in-service training, including current certification for CPR and first aid.
- Meet any other regional training requirements.
- Work with staff on identified development needs.

Appendix 7040-C: **EXPECTATIONS, ROLES, AND RESPONSIBILITIES OF ADOPTIVE PARENTS**  
TDPRS Child Protective Services / CPS 97-2

**Expectations**

- To have a clear understanding of their roles as adoptive parents and roles of TDPRS.
- To be provided with all non-confidential information regarding a child being considered for placement, including a de-identified copy of the child's HSEGH, past and current de-identified plans of service of the child, and to review the child's de-identified case record.
- To be permitted to contact professionals involved with the child currently or in the past who have information and opinions regarding the child's social, emotional, medical, educational, or developmental growth.
- To be informed of additional training beyond pre-service training by TDPRS or by other training regarding pertinent issues which will assist the family in learning more about children with special needs.
- To receive a de-identified copy of all school, medical/dental, or health records relating to the child upon placement.
- To be fully aware of what forms are being signed, have time to read the forms or documents, and ask questions prior to signing the forms.
- To have the Adoptive Placement Agreement explained in full with ample time to review and discuss prior to signing the agreement.
- To participate in the development of the adoption case plan upon placement of a child in their home for the purpose of adoption.
- To obtain support from TDPRS through monthly home visits by the adoption/placement case worker after a placement is made for the first six months, and referrals for services to meet the tasks documented in the adoption case plan.

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(Page 4)

- To have TDPRS work with them towards finalizing the adoption within 6 to 12 months after placement of the child.
- To be informed of the adoption assistance and post-adoption services programs.
- To be informed of the administrative review process regarding decisions on placement and the fair hearing process regarding adoption assistance and subsidy.

**Role**

- To provide a nurturing family environment for a child or children in TDPRS's managing conservatorship that focuses towards developing an attachment and commitment to the child or children.
- To understand the primary goal of adoption is to provide for the short and long-term needs of a child through adulthood. The individual needs of a child should include helping the child deal with loss of the birth family, understand adoption, and develop attachments to the adoptive family.

**Responsibilities**

- To provide for the child's emotional, mental, physical, social, educational, and cultural needs according to the child's developmental age and growth.
- To provide for medical and dental screening, treatment, and preventative care to the child, including putting the child on the family's insurance and providing any psychological treatment recommended by TDPRS.

**Until consummation of the adoption TDPRS and the adoptive family will:**

- keep TDPRS informed of child's progress and or any problems towards developing attachments to the adoptive family, including use of the child's life book;
- keep TDPRS informed of any significant changes or problems experienced by the adoptive family associated with the adoptive placement;
- comply with TDPRS discipline and restraint policy;
- maintain and provide copies of current educational, medical, and dental records to TDPRS;
- work with TDPRS in achieving tasks and goals outlined in the adoption case plan(s);
- assist the child in grieving over the lose of birth parents, foster parents, and any other significant persons in their life;
- allow the child to maintain contact with the foster family and other significant persons, as long as the contact is determined to be beneficial for the child; and
- obtain permission from TDPRS and the court before taking the child out of state.

Appendix 7410-A: **ROLES AND RESPONSIBILITIES OF THE FOSTER HOME DEVELOPMENT WORKER**

TDPRS Child Protective Services / CPS 97-2

The foster home development (FAD) worker recruits, trains, assesses, and verifies foster parents. Each foster family has a FAD worker who provides supportive services to the family. The FAD worker

- interprets TDPRS policy to the foster family,
- attempts to help foster families find solutions to problems in foster parenting, and
- guides families in their various relationships within the agency.

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(Page 5)

**Tasks may include the following:**

- Responsible for recruiting foster parents.
- Responsible for conducting foster care information meetings.
- Conducts the foster parent pre-service training and assesses the families' abilities to meet the needs of children. This will also include the assessment of the foster families ability to mentor and support birth family connections, and completing verification studies on selected families.
- Arranges the placement of children in foster homes. Attempts to match children and foster families based on information provided by the child's worker and information available regarding individual foster families. Presents the child(ren) requiring placement to the foster family and helps arrange pre-placement visits when possible. Arranges day care for foster children if the family is eligible.
- Responsible for keeping foster family homes and case record documentation in compliance with minimum standards and handbook policy.
- Assesses foster families on an on-going basis to determine strengths and needs and provide appropriate support and training. The assessments made by the FAD worker are utilized in there-evaluation process of foster families, as well as in determining if closure of a foster home is the most appropriate recommendation.
- Provides support and training to foster parents by visiting in the home at least on a quarterly basis. Telephone contact is maintained with foster families on a regular basis.
- Provides input at permanency planning staffings.
- Provides support to foster parents in the event of an investigation on their home and completes required documentation.
- Coordinates joint visits as needed to the foster home with the child's caseworker to discuss issues or concerns pertaining to the child, foster family, or the home. FAD workers must ensure that foster families are members of the foster care team. If foster parents are not receiving needed information from TDPRS staff, it is FAD workers responsibility to notify appropriate staff and help obtain needed services.
- Be involved in supportive services to foster parents such as leading foster parent support groups, working on statewide committees, implementing training for foster parents, participating in recruitment activities, and attending foster parent association meetings.
- Teams with other TDPRS staff to assure that the needs of children placed in foster homes are met and most importantly to insure the best interest of these same children are served.
- Provides support and training to foster families in the area of developing and maintaining a mentoring relationship with birth parents.

Appendix 7410-B: **ROLES AND RESPONSIBILITIES OF THE ADOPTION WORKER**

TDPRS Child Protective Services / CPS 97-2

The adoption worker recruits, trains, assesses and approves adoptive parents. The adoption worker works with other CPS staff to determine which families can meet the individual needs of children free for adoption. Upon selection by the child's worker and supervisor, and the adoption worker and supervisor of an adoptive family for a child, the adoption worker will inform the family of their being selected and help guide the family in making a decision regarding the possible placement of the child with their family. Upon placement, the adoption worker meets with the adoptive family and child on a monthly basis for at least the first six months for the purpose of assessing the child and adoptive family's adjustment and attachment to each other, developing and overseeing progress of the adoption case plan, and to help the family consummate the adoption.

**Tasks of the adoption worker may include the following:**

- recruiting adoptive families;
- conducting informational meetings on TDPRS's foster and adoption program;
- conducting pre-service training, which includes mutual selection and assessment of families' abilities to meet the needs of TDPRS children awaiting adoption, and completing home studies on selected families;
- discussing and meeting with children's workers and supervisors to assist in the matching and selection of adoptive families for children awaiting adoption;
- presenting all de-identified information regarding the child to the adoptive family if they are selected for a child and assisting the family in determining if the child should be placed with their family for purpose of adoption;
- keeping documentation of adoptive home case records updated and in compliance with minimum standards and handbook policy;
- developing an adoption case plan with family and child, if older than three years of age, to address the needs of the child and family in the placement;
- meeting with the child and adoptive family on a monthly basis at a minimum for the first six months of placement to assess the attachment to each other, address issues which may arise, assist the family in obtaining and utilizing services, and assist the family in finalizing the adoption;
- informing the adoptive family of their expectations, roles, and responsibilities;
- informing adoptive families of training available through TDPRS or through other means while awaiting pre-service training or in-service training;
- providing a copy of the child's de-identified case record to the adoptive family at the time of consummation or within 30 days after the hearing;
- informing the adoptive family of adoption assistance and post adoption services and assisting the adoptive parents in completing the application process prior to consummation of the adoption;
- assisting the adoptive family in finalizing the adoption within 6 to 12 months after placement if there are no significant issues which would be contrary to this process;
- ensuring the adoptive family follows TDPRS policy including discipline policy, out-of-state travel, sibling contact, and keeping TDPRS informed of changes in the family which impact the child and family in working towards the permanency plan of adoption;
- informing the adoptive family of their rights regarding administrative reviews and fair hearings; and
- providing information and clarification to the adoptive family of all documents and forms which are signed by the family.

## **Foster Parents Role in Foster Child Health Care**

Foster parents play an important role in providing health care to foster children. They keep track of appointments and make sure that each child receives age appropriate check ups based on the recommendations of the Texas Department of Health. They provide continuity in assuring that health needs receive follow up and the doctors are adequately informed regarding the child's health history. They can help the birth parent to understand the health and treatment needs of the child. They can also schedule the six month dental exams for the child.

**Texas Health Steps,\*** the Medicaid Program provided under contract with the Texas Department of Health, provides preventive health care for children. Basic information on the program is provided below. Further information can be obtained by calling **1-877-THSTEP (1-877-847-8377)**.

### **Kids need check-ups to stay healthy.**

Check-ups help keep kids from getting sick.

### **Kids need check-ups to help find problems early.**

Kids may look healthy and still be sick. Check-ups help find problems before they get out of hand.

### **Through the Texas Health Steps each child with a Medicaid card can receive:**

- a health history and exam
- a height and weight check
- a growth and mental health check
- immunizations (shots)
- tests for TB, lead, and other health problems
- tips about health and safety
- eye and ear tests (and glasses and hearing aids, if needed)
- a check of eating habits
- help for good mental health, if needed.

***Additional services provided to children through Texas Health Steps :***

- extra care or referrals, if health problems are found
- dental check-ups every 6 months and treatment when needed.

***Check-ups are given by doctors, nurses, and dentists.***

Every time you go for a check-up, take the child's:

- Medicaid ID form,
- any pertinent medical records, and
- shot record.

***Check-ups are good for everyone – from birth to age 21.***

***Children under age 5:***

need regular well-baby care and shots.

***School-age children:***

need a check-up and shots before they start school (it is the law).  
Check-ups find problems that can make it hard to learn.

***Older children and young adults to age 21 can learn about:***

- body changes
- AIDS and other diseases
- safety
- weight and how to eat right
- drugs and alcohol
- birth control
- how to tell if they are sick.

**A phone call is the first step.**

**Call 1-877-THSTEP (1-877-847-8377)**

Texas Health Steps will tell you more about when and where to get check-ups. They can also help you set up a time and help you get a ride if you do not have transportation.

***For good health, children need check-ups!***

Children need health and dental check-ups at:

birth	24 months	13 years
1-2 weeks	3 years	14 years
2 months	4 years	15 years
4 months	5 years	16 years
6 months	6 years	17 years
9 months	8 years	18 years
12 months	10 years	19 years
15 months	11 years	20 years
18 months	12 years	

***Dental check-ups are important:***

every 6 months starting at age 1.

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\*Adapted from Texas Department of Health brochure: *Step Up Get A Check-Up!*  
Texas Health Steps (1999 Edition).

Resource Sheet 2-F

**Permanency Planning Activity\***

**Instructions:**

- Please answer each of the following questions in the space provided, within 10 minutes.
1. What do you plan to do tomorrow?
  
  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. "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, August 1993.

## Resource Sheet 2-G

### The Importance of Lifebooks

- Lifebooks are an essential tool for children who have been separated from their parents and kin.
- Lifebooks are scrapbooks, albums, loose leaf binders, or portfolios that contain a record of a child's life before and during care.
- The purpose of Lifebooks is to:
  - help children understand their life story;
  - help children transition to and from their birth family to their foster family;
  - help children transition from a foster family to another foster family, or to an adoptive family;
  - help children prepare for the future.
- Lifebooks can contain:
  - the child's family history;
  - pictures (or drawings if no pictures are available) of family and friends;
  - school events (for example, report cards, picture of school play, awards);
  - pictures of pets;
  - pictures of birthdays, holidays, graduations; and
  - postcards and letters.
- Lifebooks also can be completed by foster families and adoptive families to share with the children, and the families with whom they may live.

### **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; and
- Legal responsibility.

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 nurturance.

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 Protective Services 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

### 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; and
- 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:

- 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 goals and objectives determined;
- assessing achievements and progress toward achievement of goals and objectives; and
- making new plans as needed.

\* Pasztor, E.M., Polowy, M., Leighton, M., and Conte, R. The Ultimate Challenge; Foster Parenting in the 1990s. Washington, DC; Child Protective Services League of America, 1992; Trainer's Guide, p. 113 - 177.

## Resource Sheet 2-J

### **Charlie's Situation: Respecting the Complementary Roles of Team Members**

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 at the program. 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.

**WORKSHEET**

1. What changes are needed?
2. What is your role in implementing the change?
3. What knowledge and skills would you need to help Charlie?
4. What expectations do you have of the other members of the team?

## Key Points

### The Challenge of Permanency Planning

#### A. Understanding the Importance of Families

A fundamental belief in Child Protective Services 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, 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.

#### B. Understanding the Two Major Roles of Child Protective Services

##### *Child Protection:*

One way that local, state, and federal governments work together to support families and to ensure that children's needs are met is by establishing public Child Protective Services agencies. These agencies carry out mandates and laws related to protecting children. (See Resource Sheet 2-F [PRIDEbook 2-D] Mandate to Serve Children and Families, for additional information regarding the agency's legal mandate for child protection.)

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

Resource Sheet 2-K  
(page 2)

Child protection focuses on trying to reduce risks to children, and ensure their safety and well-being. The public Child Protective Services agency investigates child abuse and neglect reports, and provides services to strengthen and enable families to better meet the needs of their children.

*Establishing Permanence for Children:*

We have already looked at the family's importance to the child's overall growth and development. For this reason the agency seeks to ensure that every child is connected to a family who can provide for the child's needs throughout his or her life. This process is what we call "permanency planning."

This is usually done by providing support and assistance to birth families. The agency's first commitment is to help the family care for the child. This is one way to help ensure that the child has a family capable of addressing his or her needs over a lifetime.

When the child's family continues to be unable or unwilling to provide for his or her needs, the agency then develops and supports another family to assume lifetime responsibility and commitment to the child.

Permanence means having:

- A sense of one's past;
- A legal and social status that comes from being a family member; and
- Safe and nurturing relationships intended to last a lifetime.

(See Resource Sheet 2-F [PRIDEbook 2-D] Mandate to Serve Children and Families, for additional information regarding the agency's legal mandate to provide each child with permanence.)

*How Foster Care and Adoption Help the Agency Fulfill Its Dual Mandate:*

Foster care is one program that the agency uses to protect children from risk and harm, and to provide lifelong connections to a family. Foster care is used when families cannot provide for the basic needs of the child. In this sense, foster care is a means to help protect the child from risk and harm. Foster care is also used to reduce stress, and enable the family, through treatment or services, to resume caring for the child. In this sense, foster care is a service that supports and enables families, helping to forge a lifelong connection between family and child.

Adoption is another program the agency uses to ensure that children avoid risk and harm, and form lifelong connections to a family. Adoption is generally used when the child's birth family, even with support and services, remains unable or unwilling to care for the child. In these situations, the agency develops and supports another family to assume lifelong care and responsibility for the child.

Both foster families and adoptive families are involved in establishing the child's permanent goal for permanency, and planning for services to achieve that goal.

### **C. The Different Roles of Parents, Foster Parents, and Adoptive Parents in Promoting Permanence**

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

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

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 nurturance.

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 nurturance, as well as maintaining full legal custody.

One of the most challenging tasks in Child Protective Services 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.

## **Working as a Professional Team Member toward Permanence for Children**

### 1. Definition and Rationale for Teamwork

Permanence—or having lifetime relationships—is a value and a law in Child Protective Services. To achieve permanence children and families require an array of services—child care, counseling, health care, legal services, housing, job training, transportation, advocacy, case management, and economic supports. All of these tasks require top-notch planning, empathy, and follow-through by individuals with complementary roles and individual expertise. No individual foster parent, adoptive parent, social worker, or even agency has all the skills and resources to meet the complex needs of troubled children and families. Teamwork is necessary.

### 2. The Challenge of Teamwork

Teamwork is definitely challenging, yet there are some guidelines to help the team achieve its goals.

- Team members need to share Child Protective Services values and respect for CPS 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 Protective Services, 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 Protective Services, or if you strongly disagree with the laws that guide Child Protective Services 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 overall decision making the team does. If the team does not value its members' perspectives, important information may be lost, and the child will suffer from that loss.

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(page 5)

- Team members need to understand goals and objectives clearly, 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 base this belief on their knowledge of Nathan, and their feelings for him. But Nathan's social worker, Trisha 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.

### **Summary**

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 Protective Services team consists of the family and 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.

Resource Sheet 2-L  
**You Need to Know!**

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

Child Protective Service Handbook--7800 **Administrative Review**  
TDPRS Child Protective Services / CPS 98-1

**Management Policy**

When a worker and supervisor decide to close a foster home and/or an adoptive home or to deny an application to provide foster care or adoption, the worker must discuss the reasons for

- closure with the foster or adoptive parents, or
- denial with the recruits/applicants. (Note: The definition of recruit is any individual that meets the minimum qualifications and has attended at least one pre-service training session.)

**Rule**

**Administrative review.** Foster parents and foster parent recruits and applicants have a right to an administrative review of the decision to not approve their application to be foster parents or to close the foster home.

Source: PRS Rules, 40 TAC §700.1505(b) (Brackets added.)

**Management Policy**

When a worker discusses the reasons for closure with the foster parents or the reasons for denial with the recruits/applicants, the worker must inform them, both orally and in writing, of their right to an administrative review. If the recruits/applicants or foster parents request an administrative review, it must be conducted by a program director or another staff member designated by the CPS program administrator. After conducting the review, the staff member responsible for conducting it must give the recruits/applicants or foster parents a written explanation of TDPRS's final decision.

**Rule**

**[Administrative review.]** Adoptive recruits and applicants are entitled to an administrative review of the decision not to approve their adoptive home for placement of a child.

Source: PRS Rules, 40 TAC §700.1505(a) (Brackets added.)

### **Management Policy**

When an adoptive recruit/applicant requests an administrative review, the program director or staff designated by the CPS program administrator conducts the review. The program director or the CPS program administrator must notify the applicant of the final decision in writing.

### **7810 Peer Review Appeal Process for TDPRS Verified Foster Parents**

TDPRS Child Protective Services / CPS 97-2

### **Management Policy**

The purpose of a peer review appeal process is to review and make recommendations concerning decisions and actions taken on TDPRS verified foster parents. This appeal procedure utilizes the expertise of our foster parents to review adverse actions and help TDPRS staff evaluate if appropriate action was taken. These guidelines must be written and given to all TDPRS verified foster parents. Each region will establish a review team that will review and evaluate certain decisions and actions taken with TDPRS verified foster parents. The review team makeup will include foster parents. Each region shall decide when this review team will convene. The review team will meet on a regular basis or as needed. Each region that takes adverse action on TDPRS verified foster parents that results in home closure must allow these families access to the peer review appeal process. Regions will also use this process when requested in reviewing the following circumstances:

- removal of children from the foster home for reasons other than allegations of abuse and neglect or court ordered removals;
- lowering capacity of placements;
- foster parents placed on corrective action; and
- staff conflicts with foster parents.

Foster parents that use the peer review appeal process must sign a release of information statement before any information is shared with their peers. The complete foster home case record, including information in CAPS, will be available at the peer review appeal hearing. If pertinent or requested by the foster parent, each member of the review team will receive copies of the following information:

- quarterly narratives over the last year (or more if pertinent);
- all serious incident reports;
- all developmental and corrective action plans;
- commendations and any special recognition;
- home study; and
- the narratives that are not included in the quarterly narrative over the last year (or more if pertinent).

Once the peer review appeal team makes a recommendation to the CPS program administrator who will make the final decision and notify the foster parent and the peer review appeal team in writing.

**6360 Administrative Review of Foster-Parent Concerns About New Placements**  
TDPRS Child Protective Services / CPS 94-14

**Management Policy**

Foster parents have valuable information to contribute to placement decisions about the children in their care. The information that foster parents provide is an essential part of the larger body of information that the case worker and supervisor consider when making placement plans for a child.

**Rule**

Keeping foster parents informed. When a child is in a foster family-home or group-home that CPS has trained and verified, and TDPRS plans to remove the child from the home and make a different placement under the child's permanency plan, the child's worker must advise the foster parents of the planned placement unless the child's safety is at risk. Resolving differences. If the child's foster parents have concerns about the removal or the planned placement, CPS staff must confer with them and try to resolve their concerns informally.

Source: PRS Rules, 40 TAC §700.1323(b)(1)-(2)

**Management Policy**

Staff efforts to resolve differences over a planned change in a child's placement usually begin with discussions between the child's foster parents and the child's worker. If the child's worker and the foster parents cannot reach an agreement about the child's placement, the foster-home-development worker must confer with them to try to resolve their differences. If the two workers cannot reach an agreement with the foster parents, the region must arrange for the foster parents to discuss the placement with the workers' supervisors. The discussions between the supervisors and the foster parents may take place in any setting that meets everyone's needs (examples: the foster home or a regional office). If necessary, the discussions may be conducted by telephone.

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(Page 4)

Rule

**Administrative review.** If the foster parents still disagree with CPS's plans for removing a child from their care after discussing their concerns with staff informally, they may request a formal administrative review. CPS must conduct an administrative review at the request of a CPS-verified foster family whenever the following conditions are satisfied:

- the foster parents have requested the review within 10 days of receiving CPS's notification about the decision to place the child,
- the placement decision has not been mandated by the court,
- the placement decision is not the result of an investigation of a report of child abuse or neglect in the foster home, and
- the foster parents' concerns address the child's permanency plan.

**Expeditious conduct of the review.** When CPS receives a foster-parent request for an administrative review, staff must conduct the review as expeditiously as possible. CPS's implementation of the child's placement plan, however, must not be delayed by the review.

**Regional procedures.** Every region must

- establish written procedures for conducting administrative reviews of placement decisions in response to requests from foster parents whom CPS has trained and verified; and
- give a copy of its review procedures to each CPS-verified foster home in its jurisdiction.

At its own discretion, a region may also give a copy of its review procedures to any foster home that has been licensed by the Office of Child-Care Licensing (CCL) or verified by a CCL-licensed child-placing agency, if the home is caring for a child in TDPRS's managing conservatorship.

Source: PRS Rules, 40 TAC §700.1323(b)(3)-(5)

**Management Policy**

**Basic steps.** The specific content of regional review procedures may vary from region to region. However, unless the director of CPS approves alternatives, the procedures must include the following steps.

1. The regional director arranges for the foster parents to meet with staff at the program-director level who supervise the conservatorship unit and, when appropriate, the foster-home development unit.

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(Page 5)

2. If the meeting with staff at the program-director level does not result in agreement, the regional director may appoint an outside consultant or another staff member at the program-director level (or above) to review the placement decision. The appointee may come from any region, including the region planning the placement, or from state office. The appointee must

- have expertise in placement issues, and
- be in a position to conduct an objective review.

The regional director's appointee may meet with the foster parents, interview staff, arrange an additional meeting between staff and the foster parents, review the child's case record, or take any other actions he considers necessary to conduct a fair and thorough review. After completing the review, the appointee makes a written recommendation to the regional director.

3. The regional director makes a final decision and explains it to the foster parents in writing.

**Balanced discussion.** To promote balanced discussion, the region must limit the number of staff attending administrative review meetings with foster parents. The meetings should be confined to those staff who must attend to ensure a fair and informed discussion. To the same end, the foster parents are entitled to bring a representative to the meetings. The meetings required to conduct an administrative review may take place in any settings, including the foster home, that the regional director believes will promote a fair and objective review of CPS's placement plans.

**Updates.** Each region must update its administrative review procedures whenever necessary.

**You Need to Know!**

**The Mandate, Structure, and Relevant Regulations for  
Family Foster Care and Adoption Services**

**7030 Types of Foster Care Facilities and Definitions**

TDPRS Child Protective Services / CPS 97-2

Management Policy

TDPRS's Child Protective Services Division (CPS) verifies and supervises the following types of foster care facilities:

- foster family homes,
- therapeutic foster homes,
- habilitative foster homes,
- primary medical needs foster homes, and
- group foster family homes.

Definitions

**Basic Foster Family** : A private home that provides foster care to children in the conservatorship of TDPRS and is verified to care for no more than six children. These homes must not care for more than six children, including the children of the foster family and children for whom the family provides regular part-time day care. These homes can provide care for children who have needs up to and including Level II. Cross-reference: See the Minimum Standards, Appendix G, 1300.1.

**Habilitative** : A private home that provides foster care to children in the conservatorship of TDPRS and is verified to provide specialized care and services to children who have mental retardation, developmental disabilities, or severe developmental delay. These homes can provide care for children who have needs up to and including Level IV.

**Therapeutic** : A private home that provides foster care to children in the conservatorship of TDPRS and is verified to provide specialized care and services to children with serious emotional disturbance and/or behavioral problems in a family setting. These homes can provide care for children who have needs up to and including Level IV.

**Primary Medical Needs** : A private home that provides foster care to children in the conservatorship of TDPRS and is verified to provide specialized care and services to children who are medically fragile. These homes can provide care for children who have needs up to and including Level IV.

**Group Foster Family** : A private home that provides foster care to children in the conservatorship of TDPRS and is verified to care for no more than 12 children. A home must not care for more than 12 children, including the children of the foster family and children for whom the family provides regular part-time day care. These homes can provide care for children up to and including Level IV.

Cross-reference: See the Minimum Standards, Appendix H, 1300.1.

**7271 Foster Home Verification**

TDPRS Child Protective Services / CPS 98-1

**Rule**

Decision on Foster Home Applications. To be accepted as a foster home, the home must meet the department's minimum standards, and [TDPRS] must have determined, through the foster-home screening and study, that the parents can provide adequate care for foster children in the department's managing conservatorship and that they will follow the department's policies for discipline of these children as specified in [Appendix 7120, TDPRS Discipline Policy].

Source: PRS Rules, 40 TAC §700.1501 (Brackets added.)

**Management Policy**

A foster home's compliance with minimum standards does not guarantee the home's verification or the placement of a child there. Verification and placement are based on the worker's and supervisor's assessment that the applicants can offer adequate care to a child for whom TDPRS is responsible. If the worker and supervisor determine that the applicants are not appropriate caregivers for children in TDPRS's managing conservatorship, and if the applicants do not withdraw their application, the worker and supervisor must deny the application.

If the approving supervisor does not have a Masters Degree in Social Work and at least two years of experience in child-placing or a variance by the director of CPS, another staff member who has those qualifications must also review and approve the home study.

**Notification.** The worker must tell the applicants whether their home study is approved and the reasons for the decision. If the study is not approved, the worker must inform the applicants of the reasons for the decision in a personal interview. The worker must also inform applicants whose home study is not approved both verbally and in writing that they have a right to an administrative review.

**7272 Foster/Adoptive Homes**

TDPRS Child Protective Services / CPS 97-2

**Management Policy**

A foster/adoptive home is a home that provides 24-hour care for children in the managing conservatorship of TDPRS and is additionally studied and approved to adopt. These homes must comply with minimum standards for foster homes and adoptive homes. If foster children are placed in the home, supervision of the home must meet applicable policy regarding foster care and TDPRS's Minimum Standards for Child-Placing Agencies. If children are placed in the home for purpose of adoption, the home must comply with applicable policy regarding adoption and TDPRS's Minimum Standards for Child Placing Agencies.

**7273 Legal-Risk/Adoptive Parent Registry**  
TDPRS Child Protective Services / CPS 97-2

A legal-risk home is a home that has been studied and approved to adopt children in TDPRS's managing conservatorship and is also verified as a foster home for the sole purpose of placement of a child whose permanency plan is adoption but whose parental rights have not been terminated. Legal-risk placements are foster-adoptive placements which are made before having achieved termination of parental rights on a child. The child is initially placed on a foster care basis in an adoptive home which is also licensed as a foster home. The intent is for the child to be able to achieve permanency through a placement in a home where he will remain for the purpose of adoption. Once termination is achieved, the placement should be changed to an adoptive placement, rather than a foster placement.

Each region will maintain a list of dual licensed adoptive homes who are willing to accept children who are in foster care and have a high likelihood of becoming available for adoption. This type of placement is considered a legal-risk foster-adoptive placement. Only families and children which meet the following guidelines qualify for a legal-risk placement:

**Management Policy**

**Requirements for the parents:**

1. They meet all requirements for foster and adoptive parents (such as home study, minimum standards requirements, mutual assessment process, etc.).
2. They are willing to sign the foster care agreement which specifies that TDPRS may remove the child from the home if TDPRS determines it is in the best interest of the child.
3. Staff have made an assessment regarding the age, sex, and special needs the family is best able to parent.

**Children appropriate for legal-risk placement:**

Children who would be appropriate for legal-risk placements could include the following:

- abandoned infants;
- children for whom one or both parents have signed relinquishments of their parental rights;
- cases in which TDPRS has filed a petition to terminate the parental rights of the parents and the attorney representing TDPRS advises that the probability of being granted termination on both parents is very good;
- cases where termination of parental rights has been achieved, but the parents have filed an appeal to the termination;
- children for whom termination is dependent upon selection of an adoptive family prior to termination;

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- children whose siblings have been placed in adoption and for whom the permanent plan is adoption; and
- cases where parents have constructively abandoned the child who has been in the permanent or temporary managing conservatorship of TDPRS for not less than six months and:
  - TDPRS has made reasonable efforts to reunite the child to the parent;
  - the parent has not visited or maintained contact with the child;
  - the parent has demonstrated an inability to provide the child with a safe environment; and
  - termination is in the best interest of the child.

Each region will establish procedures for referral of legal-risk placements.

**7274 Approval of Adoptive Homes**

TDPRS Child Protective Services / CPS 98-1

Rule

**Approval of Adoptive Home Study.** [TDPRS] evaluates applicants based on the applicants' ability to care for specific children needing placement. TDPRS approves adoptive home studies based on an evaluation of the applicants' total situation [including]:

- [the applicant's] flexibility in all areas of life;
- their sensitivity and understanding of children's needs; and
- their ability to meet the developmental, maintenance, and protection needs of children in TDPRS's managing conservatorship.

The written assessment or home study of the family must be completed within four months beginning on the date all information and documentation is returned by the family or on the date of the last pre-service training session. If these two dates are different, staff may use the later date to determine the time frame for completion of the home study. Staff must submit the home study to the supervisor for approval. Supervisors must approve the home study within 30 days.

Staff must inform the family that they need to return all information and necessary documents within two weeks after pre-service training has ended or their case will be closed. Staff need to inform the family that they may re-open their application to become adoptive parents at a later time, if their case was closed for failure to return all necessary documents. Families who reapply within one year of completing pre-service may need to complete an overview training. This decision must be made by the supervisor. Reasons for this decision must be documented in the family's record. Families who reapply after one year of pre-service will need to attend pre-service training again.

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- Families who reapply within one year of completing pre-service are only required to complete an overview training.
- Families who reapply after one year of pre-service must attend pre-service training again.

Source: PRS Rules, 40 TAC §700.1504 (Brackets added.)

**Management Policy**

If the approving supervisor does not have a Masters Degree in Social Work and at least two years experience in child-placing or a variance from the deputy director of CPS, another staff member who has those qualifications must also review and approve the home study.

**Notification.** The worker must tell the recruits/applicants whether their home study is approved and the reasons for the decision. If the study is not approved, the worker must inform the recruits/applicants of the reasons for the decision in a personal interview. The worker must also inform recruits/applicants whose home study is not approved that they have a right to an administrative review in writing.

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

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 for me, or when just getting up to make breakfast or walking the boys to the bus stop—all those simple things that you might not even think about—things that bring me so much joy now—when I couldn't have done these things. Maybe it took all that happened for me to really understand how lucky I am.

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. I had too much of my own grieving going on.

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

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(page 2)

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 Holly.

Susan was tough at first—real business like 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 Holly 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 Connections**

**History of Being Protected and Nurtured**

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

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

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

The first competency category for foster parents and adoptive parents is to protect and nurture children. Consider the following questions related to this important competency category.

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?

## Resource Sheet 2-O

### **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 the outgoing 1991 Vermont Foster Parent Association president, Betsy Foster, when she gave her President's Award at their 1991 annual conference. In 1992, Betsy received the Child Welfare League of America Foster Parent of the Year Award for the New England Region.

\* \* \* \*

#### **Vermont Foster Parent Association President's Award 1991 by 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.

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(page 2)

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.

# **PRIDEbook**

## **Session Three**

### **Meeting Developmental Needs: Attachment**

Resource Sheet 3-A

**Session Three: Competencies and Goals**

**Competencies Addressed in This Section:**

- Supporting Relationships Between Children and their Families
- Meeting Children’s Developmental Needs and Addressing Developmental Delays

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. List and define five areas of human development.
			2. Explain the role of attachment in the child’s overall growth and development.
			3. Describe how attachment develops as a result of getting needs met.
			4. Explain how attachment is affected when needs are not met.
			5. Identify the conditions that contribute to delayed attachment.
			6. Explain how a genogram may be useful to assess generational attachments in families.
			7. Identify ways to strengthen attachment between children and their foster or adoptive families.
			8. Describe how chronological age and appearance affect expectations of child behavior.
			9. Describe how foster and adoptive families can continue the challenging process of building attachments with children.
			10. Describe the conditions that negatively affect child growth and development and how these conditions affect attachment.
			Other questions: Please list here.

**At-Home Learning Goals:** Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			1. Understand the child growth and development chart and how it can be used. ( Resource 3-I)
			2. Be aware of the indicators of: infants exposed to drugs during pregnancy developmental delays emotional maltreatment neglect physical abuse sexual abuse HIV/AIDS
			3. Identify issues affecting your ability and willingness to work effectively with birth parents, based on information obtained from “ A Birth Parent’s Perspective.
			Other questions: Please list here.

## **Agenda**

**Part I: Welcome and Connecting with PRIDE (15 minutes)**

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

**Part II: Overview of Human Development (1 hour, 15 minutes)**

- A. Preventing Sudden Infant Death Syndrome
- B. The Influence of Family, Environment, and Attachment on Human Development
- C. Overview of Attachment
- D. Other Key Concepts of Human/Brain Development

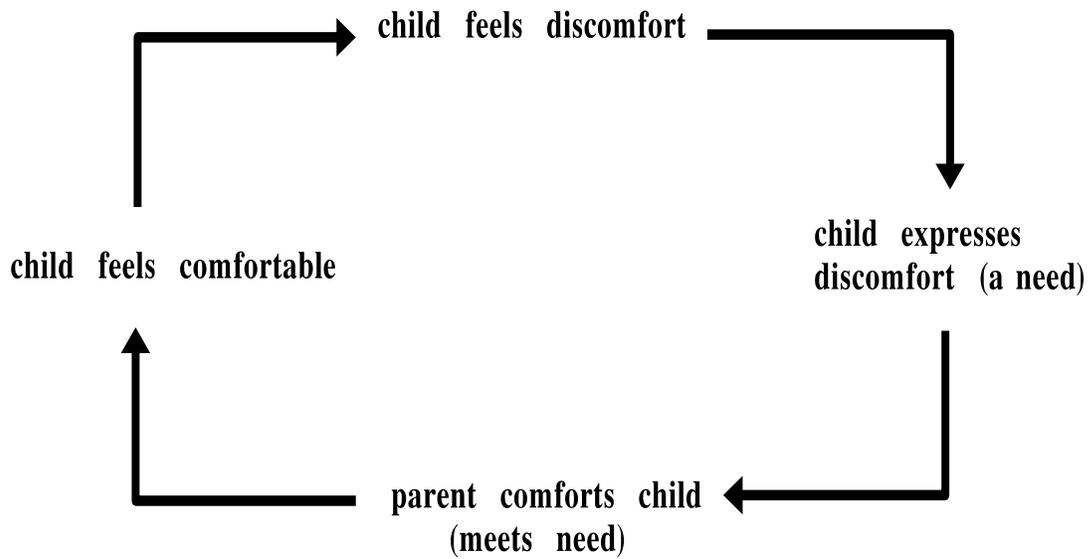
**Part III: Developmental Delays and Attachment Problems (1 hour, 15 minutes)**

- A. Factors Leading to Developmental Delays and Attachment Problems
- B. Identifying Developmental Levels

**Part IV: Closing Remarks (15 minutes)**

- A. Key Points and You Need to Know!
- B. A Birth Parent's Perspective
- C. PRIDE Connections
- D. Preview of Session Four
- E. Making a Difference!
- F. End Session

## How Attachment Develops



Resource Sheet 3-D

## **Jigsaw Puzzles for Vernon**

## Key Points

### Meeting Developmental Needs: Attachment

#### 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 nurturing and 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.

#### How Attachment Develops

The term "bonding" describes the initial tie that develops between newborn babies and their mothers. Experts are still studying the phenomenon of bonding. It appears to come from an innate, physiological drive of the mother and baby to recognize each other and be linked emotionally. It appears that bonding develops during pregnancy for the mother, and probably for the baby, and continues through the close contact of feeding and holding immediately after birth.

Human babies are adaptable and sociable. They have the capacity to develop strong emotional ties to many other human beings. 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.

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Page 2

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 his or her diaper changed again. As each need is expressed and met, infants develop a sense of trust and attachment to the persons meeting their needs.

This cycle is known as the CYCLE OF ATTACHMENT . It continues throughout our life. Every time we have a need, express the need, 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.

It is important to know how attachment develops, and how to encourage attachment, because children who enter family foster care or adoption frequently have not had their needs met. What happens if a baby or child expresses a need and no one responds?

The child finds more dramatic ways to express the need. The crying gets louder, louder crying becomes a tantrum, the tantrum escalates into destructive behavior. In other words, the arousal/relaxation cycle goes back and forth between steps 1 (need felt) and 2 (need expressed); the child never gets to steps 3 (need met) or 4 (comfort restored). Many of the "acting out" behaviors we see in teenagers who have been neglected or abused, for example, are simply louder expressions of needs that have never been met.

Or, the child eventually learns that adults cannot be trusted, no one will meet their needs, and the child stops expressing feelings. The withdrawn child and the depressed child are examples.

In the most dramatic cases, we find what is called the "attachment disordered" child. This means that the child's normal attachment process isn't working, usually because of severe maltreatment and multiple rejections. While we think of families as safe places for children, these 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.

Eventually they come to believe that no adult may be trusted. It becomes difficult for them to form attachments. After all, why trust and care for someone who will hurt and reject you? In the most extreme cases, we find children who are severely withdrawn and depressed, very destructive and aggressive, or both. These children need therapeutic intervention by skilled social workers, therapists, specialized foster parents, or residential treatment facilities.

Fortunately, these situations are not typical. Most children can develop some attachment for their parents even after being abused, neglected, and otherwise maltreated.

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We naturally wonder, "Why wouldn't children be happy or at least relieved to get away from people who hurt them?" Children are attached to abusive or neglectful parents for the following reasons:

- a. The child was raised in this environment, and it's all he or she knows or understands. The relationship is painful, but it is also familiar.
- b. Instead of thinking the parent is at fault, the child blames himself or herself. It is typical for a child to think that parents are okay, and that he or she is bad.
- c. Abusive attention (physical, sexual, or verbal) may be the only attention the child receives. Negative attention is better than no attention at all.
- d. Even though parents may be abusive and neglectful, they probably do not act that way all the time. More likely, they sometimes demonstrate nurturing and love toward the child. During these times, positive feelings and attachments are reinforced.

It appears that children form new attachments more readily if they have formed strong attachments in the past. The few children who have not bonded, or have fragile attachments, will find it difficult to form new attachments. Children with strong bonds and attachments will grieve the loss of a parent, even when they are angry with that parent, but they can form new attachments without necessarily giving up the old ones.

### **Other Key Concepts of Human Development**

Foster parents and adoptive parents need to understand other key concepts of human development:

- a) Each child inherits a genetic makeup from his or her parents that makes the child a unique individual; yet each child has traits that are shared by all human beings.

Just as an acorn contains what is needed to grow into an oak tree, the human infant is born with what is necessary to grow into an adult human being. Yet, like each tree, each child is different and unique.

- b) Human development combines environmental and genetic factors.

Each child's unique genetic makeup under-girds his or her development, and defines his or her potential. Each child is also affected by environmental factors that either promote or limit his or her development.

Human development is also influenced by ethnic and cultural identity, education, appearance and life experiences. For example, different opportunities might be available to individuals because of their culture, their ethnicity, or their appearance.

- c) Human development proceeds in stages, and each new stage builds upon the one before it. No stage can be skipped. For example, a baby must be able to hold up his head without support before he is able to sit on his own. A person has to know how to count before doing arithmetic.
- d) Normal development spans a broad range, and each child develops at a different pace. For example, some children start walking at eight months of age, and others are more than one year old before they can walk alone.
- e) A child whose development is significantly delayed may have a problem. Therefore, it is important to be aware of "developmental milestones," to help meet the developmental needs of children placed in your care.

### **Factors Leading to Developmental Delays and Attachment Problems**

Unfortunately, there are factors that impede or delay 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; or
- 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.

People form attachments through the CYCLE OF ATTACHMENT of having needs met by other people. Being a foster parent or adoptive parent means helping children with their developmental delays. We have to help them form good attachments. But there's another challenge. The factors that cause developmental delays may also impair the child's ability to form attachments to new caregivers, who intend to provide a safe and nurturing home. Because of their histories, children may hesitate to extend any trust to new adults, because they have had only frustrating, negative, and hurtful experiences.

Underlying all of these factors is the child's separation from his or her parents, or caregivers. This separation results in additional anger and distrust that may interfere with a willingness to form new attachments.

Attachment between parents and children generally goes both ways. Parents form attachments to their children, while their children form attachments to them. Many children who need foster care or adoption have behaviors that are frustrating, and difficult to deal with. They lack basic trust in adults and may reject new caregivers, making it difficult for even the most skilled and caring foster parents or adoptive parents to feel successful. At least at first, foster parents and adoptive parents may not experience the feelings of attachment toward the child that they expected or hoped would develop.

For the foster parent or adoptive parent, this child is not "one of the family," at least at first. Identifying a child as "yours," "flesh and blood," or "part of the family," is called "claiming behavior." As we have already discussed, it helps the adult develop an attachment to the child. When a child is placed with a foster family or adoptive family, that factor is not present right away. Somebody said, "Mother Nature is providential. She gives us 12 years to develop a love for our children before turning them into teenagers." A history of good experiences and feelings helps parents cope when children are difficult, as they normally can be in adolescence. Unfortunately, this history of good experiences and attachments is not there at first for foster parents and adoptive parents.

Because foster parents and adoptive parents generally don't feel attachment right away, they must rely on commitment to keep them going until attachment develops.

### **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;

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- Helping children relax and have fun;
- Using non-abusive discipline;
- Helping children feel good about themselves; and
- Making sure that children do not feel rejected even when their behavior is unacceptable.

Foster parents or adoptive parents could help themselves 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; and
- Helping children learn skills both the children and the parents can be proud of.

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; and
- Taking pride in small accomplishments and steps forward.

### **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. If we looked at 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 that development will 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.

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!

## Resource Sheet 3-F

### You Need to Know!

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

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

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

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12-18 years	<ul style="list-style-type: none"><li>*Is experiencing a dramatic growth spurt. For boys, growth in height and weight takes place between 12 and 14; for girls, growth spurt tends to take place between 10 and 12</li><li>*May be anxious about physical changes and worry about deviation from "ideals"</li><li>*Achieves sexual maturity and increased sexual drives</li></ul>	<ul style="list-style-type: none"><li>*Needs help in dealing with most changes taking place in order to retain a strong sense of identity and values</li><li>*Is likely to show extreme swings; often doesn't know how to express anger</li><li>*Enjoys social activities at school</li><li>*Relies heavily on peers; struggles to be independent of parents</li><li>*Tries to conform to group norms</li><li>*Has close friendships and emotional involvements</li><li>*Is concerned with meaningful interpersonal relationships and is developing personal morality code</li><li>*Seeks emotional alliances outside family; is less dependent on family for affection and emotional support</li><li>*Experiences conflicts with parents on expectations, e.g., for achievements</li><li>*Strives to define self as separate individual and may adapt extreme hairstyles, clothes, destructive behavior</li><li>*Often feels misunderstood by parents</li></ul>	<ul style="list-style-type: none"><li>*Shows increased or decreased interest in school, or loss of interest in academic studies</li><li>*Achieves impressive changes in cognitive development</li><li>*Is able to reason, to generate hypotheses, and to test them out against evidence</li><li>*Is capable of introspection, and of perceiving differences between how things are and how they may be</li><li>*Begins to consider and sometimes make vocational choices</li><li>*Is interested in making money; takes part-time jobs</li></ul>
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\* Drew, K., Salus, M., and Dodge, D. Child Protective Services In-service Training for Supervisors and Social Workers, Washington, D.C.: USDHHS, 1981.

## You Need to Know!

### Children's Growth and Development\*

Children differ in their rate of growth and development. What 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.

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; or
- 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 with permission from E.J. McFadden, Emotional Development. Ypsilanti, MI: Child and Family Publications, 1984.

## **You Need to Know!**

### **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 their forming attachments.

#### **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 too 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 baby-sitters, 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. Again, 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. 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; 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.

### **Accidents and Trauma**

Some children are permanently injured, either accidentally or through deliberate acts of their caregivers. Examples would 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.

## You Need to Know!

### 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.

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Crack cocaine affects the central nervous system by over-stimulating the baby's nerves, and damaging nerve endings. A damaged central nervous system cannot carry messages about body functions, feelings, and thoughts. Children who suffer 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.

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

## **You Need to Know!**

### **General Information about Attachment\***

#### **What is it?**

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

#### **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

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**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; and
- 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.

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

## **You Need to Know!**

### **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

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

- Self-care
- Walking
- Appropriate behavior

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- 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!**

### **Some Indicators of Emotional Maltreatment\***

#### **Child's Appearance**

Speech disorders

Lags in physical development

#### **Child's Behavior**

Habit disorders:

- Sucking, biting, rocking
- Bedwetting, soiling
- Feeding problems
- Conduct disorder Anti-social behavior such as:
  - destructiveness
  - cruelty
  - stealing

Neurotic traits:

- Sleep disorders
- Inhibitions in play
- Hysteria
- Obsessiveness, compulsiveness, phobias

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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.**

\*Adapted from Pasztor, E.M. and Murphy, M., 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, 1984, 5-14 and 5-22.

## **You Need to Know!**

### **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 Behavior**

Health:

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

Eating habits:

- Begs, steals, hoards food
- Constantly hungry

Chronic school absenteeism

## Some Indicators of Severe Neglect

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

\* Adapted from Pasztor, E.M. and Murphy, M., 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, 1984, 5-14 and 5-22.

## **You Need to Know!**

### **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 (sock like, glove like, 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

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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 caregivers
- Reports injury by a parent or caregiver
- Accepts blame for everything that goes wrong
- Protects from pain by repressing or blocking memory

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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

\*Adapted from Pasztor, E.M. and Murphy, M. 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, 1984, 5-14 and 5-22.

## **You Need to Know!**

### **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**

Sexual 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

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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, fondling, oral copulation, masturbation, pornographic photography.**

\*From Pasztor, E.M. and Murphy, M., 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, 1984, 5-14 and 5-22.

## You Need to Know!

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

#### Some child victims:

- 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."
- feel guilt for being a victim; they believe they somehow "asked for it" or could have stopped it. They are labeled "seductive."
- 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."
- have a fear of being abused again. This could result in sleep disturbances or nightmares. Most victims also have feelings of depression.
- initiate sexual relationships (may even become promiscuous) to try to prove that they are desirable. These relationships are sexual because that is the only way they know to get attention and affection.

#### As foster parents and adoptive parents you should:

- remember to treat the victim as a child, not as an adult or piece of "damaged goods." You should provide closer supervision of the victim when he or she is around adolescents or adults who are aware of his or her victimization.
- 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.
- 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.
- 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.
- initiate healthy social activities that involve both sexes, to enable the child to learn to relate to others in a non-sexual way.

## **You Need to Know!**

### **The Need for Therapy**

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.**

## You Need to Know!

### 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.

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

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.**

Resource Sheet 3-F  
(Page 26)

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; and
- 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.

## Resource Sheet 3-G

### **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 fifteen 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.

## **PRIDE Connections**

### **Part I**

#### **The Genogram**

A genogram is a drawing of your family. A genogram first gives a basic "picture" of who is in your family. As more information about family members and family history is added, you can see how the family history may relate to how family members feel and act. Using a genogram we can begin to collect information, and to understand how the people in your family gave you a sense of who you are, what your relationships are like, and what you can expect of life.

A genogram for a child in need of foster family care or adoption can help us see why the birth family might be having difficulty meeting the child's basic needs. Making genograms of your own family can also be helpful for you to look at your family and how it works. A genogram can help you to understand where your own feelings and behaviors may have come from. It may also help you look at how those feelings 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. Information will be added to your genogram during the mutual family assessment.

Fill in the genogram chart with the basic information you know about your grandparents, parents, aunts, and uncles. Include their names, birth dates, and dates of death, if relevant. Marriage dates and dates of divorces can be added to the connecting lines if you know them. If there are multiple marriages, step parents, or kinship care, write down information you don't know how to chart in the margin area. It can be "drawn in" later with the help of your FOSTER/ADOPTIVE Specialist.

Resource Sheet 3-H  
(page 2)

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

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

FOSTER/ADOPTIVE Development Specialist:

\_\_\_\_\_

**Prospective Mother's (Father's) Genogram**

Grandfather  
(name)

B:

D:

Grandmother  
(name)

B:

D:

Grandfather  
(name)

B:

D:

Grandmother  
(name)

B:

D:

Father and siblings in birth order  
(name)

B:

D:

Mother and siblings in birth order  
(name)

B:

D:

Prospective Foster Mother/Adoptive Mother  
and Siblings in birth order  
(name)

B:

Prospective Foster Father/Adoptive  
Father and Siblings in birth order  
(name)

B:

Children in the Prospective Family by order of birth (give name and birth date)

### **First Impressions from Looking at Your Family's Genogram**

When you look at the genogram you have just completed, is there anything about the picture of your family that seems significant right away?

If you don't immediately see any patterns, consider the following:

Are there any particular traditions of naming people in your family, any trends or obvious connections through the generations?

Is there some significance to the dates of births, marriages, divorces, or deaths in your family history?

Are you missing some important basic information about your family?

### **Attachments in Your Family System**

In the Foster PRIDE/Adopt PRIDE training, you learned how children form attachments, and how these attachments have a major effect on children's development. As adults, satisfying attachments to others makes our lives richer.

Look at this chart of the people in your family, and think about the attachment among members of your family. Your Family Development Specialist can show you how to indicate on your genogram the attachments and connections among the three generations of your family members. Looking at your genogram, consider the following questions:

What are the significant attachments for you and your family members today?

What people in your genogram do you think would attempt to build an attachment to a child who joined your family through foster care or adoption?

## **PRIDE Connections**

### **Part II**

The second competency category for foster parents and adoptive parents is to meet children's developmental needs, and address their developmental delays.

Families need to understand how their own developmental needs were met in their growing up experiences. They also need to think about the attitudes, beliefs, and behaviors they bring to meeting the developmental needs of children.

Children's developmental needs are met by:

- Building self-esteem;
- Supporting cultural and spiritual identity;
- Providing positive guidance;
- Using appropriate discipline;
- Supporting intellectual/educational growth; and
- Encouraging positive social relationships.

Look at the basic genogram you just completed, and think about the people in your family who helped meet your developmental needs.

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.

Resource Sheet 3-H  
(page 5)

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

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

FOSTER/ADOPTIVE Development Specialist:

\_\_\_\_\_

**Meeting Developmental Needs—Past and Present**

<b>Needs of All Children</b>	<b>Who Met This Need for You and How Did They Do It?</b>	<b>How Would You Meet This Need for Children?</b>
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		

Resource Sheet 3-H  
(page 6)

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

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

FOSTER/ADOPTIVE Specialist:  
\_\_\_\_\_

### Developmental Delays

Developmental delays can result from:

- \* Genetic and prenatal conditions;
- Handicapping conditions;
- Physical neglect;
- Physical abuse;
- Sexual abuse;
- Emotional abuse and neglect;
- Accidents and trauma; and
- Inappropriate behavioral patterns by living with adults who directly or indirectly teach inappropriate behaviors to children.

1. What has been your experience with any of these developmental delays?
  
  
  
  
  
  
  
  
  
  
2. How will you use this experience to help you be an effective foster parent or adoptive parent?

## Resource Sheet 3-I

### **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, seven 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 overachiever!"

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

## Resource Sheet 3-M

## What is SIDS?

***SIDS is the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. (Willinger et al, 1991).***

***In a typical situation, parents check on their supposedly sleeping infant to find him or her dead. This is one of the worst tragedies a parent can face. Since medicine cannot tell them why their baby died, they blame themselves and often other innocent people. Their lives, and those around them are changed forever. Children in foster and adoptive homes are often at higher risk for SIDS, so it is important for foster and adoptive parents to be educated about the syndrome.***

### How birth parents can reduce the risk of SIDS

- Get medical care early in pregnancy, preferably within the first 3 months, followed by regular checkups at the doctor's office or health clinic. Make every effort to assure good nutrition. These measures can reduce the risk of premature birth, a major risk factor for SIDS.

***Many of our birth parents do not get regular pre-natal care and proper nutrition so, already, many children in our care are at high risk.***

- Do not smoke, use cocaine, or use heroin. Tobacco, cocaine, or heroin used during pregnancy increases the infant's risk for SIDS.

***Child removals and foster care placements have increased dramatically in the last ten years (or more), due to a significant increase of drug use in the United States. Additionally, there have been few statistics documenting decreasing tobacco use. Most caseworkers will substantiate high drug and tobacco use by parents in their caseloads. So, we have another increased the risk for many of children in our care.***

- Take care to prevent becoming pregnant during the teenage years. If a teen already has one infant, she should take extreme caution not to become pregnant again. The SIDS rate decreases for babies born to older mothers. It is highest for babies born to teenage mothers. The more babies a teen mother has, the greater at risk they are.

### ***CPS works with children born of mothers as young as 12 years old!***

- Wait at least one year between the birth of a child and the next pregnancy. The shorter the interval between pregnancies, the higher the SIDS rate.

**Women who are not getting prenatal care and/or are using drugs, are often inconsistent about birth control. As a result, many of our birth mothers have had multiple children in short intervals.**

**Obviously, many children who come into our care are already at high risk for SIDS. So, what can we do to try reduce further risk?**

**4. How foster/adoptive parents can reduce risk of SIDS**

- Place infants to sleep on their backs, even though infants may sleep more soundly on their stomachs.

**Infants who sleep on their stomach and sides have a higher rate of SIDS than infants who sleep on their backs.**

- Place infants to sleep in a baby bed with a firm mattress.

**There should be nothing in the bed but the baby – no covering, no pillows, no bumper pads and no toys. Soft mattress and heavy covering are associated with the risk for SIDS.**

- Do not over-clothe the infant while he/she sleeps.

**Keep the room at a temperature that is comfortable for you. Overheating an infant may increase the risk for SIDS.**

- Avoid exposing the infant to tobacco smoke.

**Don't have the infant in the same house or car with someone who is smoking. The greater the exposure to tobacco smoke, the greater the risk of SIDS.**

- Avoid exposing the infant to people with respiratory infections.

**Avoid crowds. Carefully clean anything that comes in contact with the baby. Have people wash their hands before holding or playing with your baby. SIDS often occurs in association with relatively minor respiratory (minor cold) and gastrointestinal infections (vomiting and diarrhea).**

- Consider using home monitoring systems (apnea/bradycardia monitors) in an attempt to prevent sudden death in high risk infants.

**The risk of SIDS in the following groups exceeds that of the general population by as much as 5 to 10 times:**

- **Infants born weighing less than 3.5 pounds.**

- ***Infants whose sibling died of SIDS.***
- ***Infants exposed to cocaine, heroin, or methadone during the pregnancy.***
- ***The second or succeeding child born to a teenage mother.***
- ***Infants who have had an apparent life-threatening event.***

***Discuss the advantages and disadvantages of home monitoring with the baby's doctor before making your choice. Many communities have specialized programs for the clinical management of babies at high risk for SIDS. For information about the availability of such programs in your area, ask your baby's doctor or contact the American SIDS Institute.***

## What is Shaken Baby Syndrome (SBS)?

***Shaken baby syndrome (SBS) is a form of inflicted head trauma. Head injury, as a form of child abuse, can be caused by direct blows to the head, dropping or throwing the child, or shaking the child. Head trauma is the leading cause of death in child abuse cases in the United States.***

***Unlike other forms of inflicted head trauma, SBS results from injuries caused by someone vigorously shaking an infant. Because of the anatomy of infants, they're at particular risk for injury from this kind of action. Therefore, the vast majority of incidents occur in infants who are younger than 1 year old. The average age of victims is between 3 and 8 months, although SBS is occasionally seen in children up to 4 years old.***

***The perpetrators in SBS cases are almost always parents or caregivers, who shake the baby out of frustration or stress when the little one is crying inconsolably. Sadly, the shaking has the desired effect: although at first the baby cries more out of fear, it eventually stops crying as the brain is damaged.***

### ***How does it happen?***

***When someone forcefully shakes a baby, the child's head rotates about uncontrollably because infants' neck muscles aren't well developed and provide little support for their heads. The violent movement pitches the infant's brain back and forth within the skull, rupturing blood vessels and nerves throughout the brain and tearing the brain tissue. The brain strikes the inside of the skull, causing bruising and bleeding to the brain.***

***The danger is even greater when the shaking ends with an impact (hitting a wall or a crib mattress, for example), because the forces of acceleration and deceleration associated with an impact are so strong. After the shaking, swelling in the brain can cause enormous pressure within the skull, compressing blood vessels and increasing overall injury to its delicate structure.***

***Normal interaction with a child will not call SBS, although it is important to never shake a baby under any circumstances, because gentle shaking can rapidly accelerate.***

## **What are the effects?**

**SBS often causes irreversible damage. In the worst case, the death rate is almost half of all babies involved.**

**Children who survive may have:**

- **Partial or total blindness**
- **Hearing loss**
- **Seizures**
- **Developmental delays**
- **Impaired intellect**
- **Speech and learning difficulties**
- **Problems with memory and attention**
- **Severe mental retardation**
- **Paralysis (some particularly traumatic episodes leave children in a coma)**

**Even in milder cases, in which babies look normal immediately after the shaking, they may eventually develop one or more of these problems. Sometimes the first sign of a problem isn't noticed until the child enters the school system and exhibits behavioral problems or learning difficulties. But, by that time, it's more difficult to link these problems to a shaking incident from several years before.**

What are the signs and symptoms?

**In any SBS case, the duration and force of the shaking, the number of episodes, and whether impact is involved, all affect the severity of the infant's injuries. In the most violent cases, child may arrive at the emergency room unconscious, suffering seizures, or in shock. But, in many cases, infants may never be brought to medical attention if they don't exhibit such severe symptoms.**

***In less severe cases, a baby who has been shaken my experience:***

- ***Lethargy***
- ***Irritability***
- ***Vomiting***
- ***Poor sucking or swallowing***
- ***Decreased appetite***
- ***Lack of smiling or vocalizing***
- ***Rigidity***
- ***Seizures***
- ***Difficulty breathing***
- ***Altered consciousness***
- ***Unequal pupil size***
- ***An inability to lift the head***
- ***An inability to focus the eyes or track movement***

Can SBS be prevented?

***A key aspect of prevention of the syndrome is increasing awareness of the potential dangers of shaking. Some hospital-based programs have helped new parents identify and prevent shaking injuries and understand how to respond when infants cry.***

***Finding ways to alleviate the caregiver's stress at the critical moments when a baby is crying can significantly reduce the risk to the child. One method that may help is author Dr. Harvey Karp's "Five S's":***

- ***Shushing (using "white noise", or rhythmic sounds that mimic the constant whir of noise in the womb, with things like vacuum cleaners, hair dryers, clothes dryers, a running tub, or a white noise CD)***
- ***Side/stomach positioning (placing the baby on the left side – to help digestion – or on the belly while holding him/her, then putting the sleeping baby in the crib or bassinet on his or her back)***
- ***Sucking (letting the baby bottle-feed, or giving the baby a pacifier or finger to suck on)***
- ***Swaddling (wrapping the baby up snugly in a blanket to help him or her feel more secure)***

- **Swinging gently (rocking in a chair, using an infant swing, or taking a car ride to help duplicate the constant motion the baby felt in the womb)**

**Additionally, consider the following:**

- **Always support the neck of infants, babies and small children.**
- **When playing, never throw or toss your child.**
- **Do something for yourself. Play some music. Do some exercises. Take a shower.**
- **Change your activity. Shake a rug, do the dishes or laundry. Scrub a floor or beat a pillow.**
- **Sit down and think of a pleasant memory for 10 minutes**
- **Write down the 10 best things about yourself. Then, write down the 10 best things about the baby.**

**If the baby in your care won't stop crying, you can also try the following:**

- **Make sure the baby's basic needs are met (for example, he or she isn't hungry and doesn't need to be changed).**
- **Check for signs of illness, like fever or swollen gums.**
- **Rock or walk with the baby.**
- **Sing or talk to the baby.**
- **Offer the baby a pacifier or a noisy toy.**
- **Take the baby for a ride in a stroller or strapped into a child safety seat in the care**
- **Hold the baby close against your body and breathe calmly and slowly.**
- **If upset, calm down before dealing with your child.**
- **Take a deep breath, then another. Then remember, you are the adult.**
- **Put your lips together and count to 10. Maybe even 20 or 30. Take a time out. Think about why you are so angry.**
- **Call a friend or relative for support or to take care of the baby while you take a break.**

# **PRIDEbook**

## **Session Four**

### **Meeting Developmental Needs: Loss**

**Session Four Competencies and Goals**

**Competencies Addressed in This Section:**

- Protecting and Nurturing Children
- Meeting Children’s Developmental Needs and Addressing Developmental Delays

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. Understand reasons for learning about grief and loss.
			2. Explain how reactions to expected losses may differ from reactions to unexpected losses.
			3. Define and explain the four major types of loss.
			4. Identify losses that birth families, foster families and adoptive families experience because they are involved with the child welfare system.
			5. Describe the stages of grief.
			6. Provide examples of who children behave and react during each stage of grief.
			7. Identify the eight factors that influence how someone experiences a loss.
			8. Describe the loss history chart and how it can help people to understand loss and grieving.
			9. Explain the importance of teamwork in dealing with separation or loss.
			10. Understand the concept of developmental grieving.
			11. Use the Pathway though the grieving process to provide understanding of the stages of grief.
			Other questions: List them here.

Resource Sheet 4-A  
(Page 2)

**At-Home Learning Goals:** Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			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 your ability to work with birth parent, based on the information obtained from this session's "A Birth Parent's Perspective".
			Other questions: List here

## **Agenda**

**Part I: Welcome and Connecting with PRIDE (15 minutes)**

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

**Part II: Loss and Grieving (45 minutes)**

- A. The Experience of Loss
- B. The Categories and Types of Losses People Experience
- C. The Connection Between Foster Care/Adoption and Loss

**Part III: Living with Loss (1 hour, 45 minutes, including a 15-minute break)**

- A. The Stages of 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 (15 minutes)**

- A. Key Points and You Need to Know!
- B. A Birth Parent's Perspective
- C. PRIDE Connections
- D. Preview of Session Five
- E. Making a Difference!
- F. Ending

## Resource Sheet 4-C

### Child's Loss History Chart

**Child's Name:**

The loss history chart has five columns. Start filling in the chart by listing the first experience of loss a child has experienced, how old the child was and the type of loss he suffered. The special circumstances of the loss are also noted because circumstances can affect how children experience the loss.

The fourth column of the chart, "Help given" can often give us a clue to how well the child may have been able to grieve the loss. The last column of the chart, "Effect on Child/Youth" asks us to think about how the loss may have affected the child's development. We are looking for connections between the loss and the child's behavior and developmental delays. Frequently there are gaps in the information about children and their experiences. Indicate that on the chart by writing "Unknown." List all the experiences of loss for the child in the order they occurred right up to the child's current situation.

<b>Age at Time of Loss</b>	<b>Type of Loss</b>	<b>Circumstances of Loss</b>	<b>Help Given</b>	<b>Effects on Child/Youth</b>

Resource Sheet 4-C  
(Page 2)

**Susan's Loss History Chart (Sample Loss History Chart)**

<b>Age at Time of Loss</b>	<b>Type of Loss</b>	<b>Circumstances of Loss</b>	<b>Help Given</b>	<b>Effect on Child/Youth</b>
7	Significant other: Mother hospitalized for first time.	Mother committed to state hospital for one year. Father at home caring for Susan.	Visited her mother on regular basis.	Susan didn't tell her friends that her mother was not at home. Her school work suffered. She was concerned that she had made her mother ill.
11	Significant other: father died.	Father killed in auto accident.	Grand aunt spent time with her. Saw a school counselor several times.	Susan became very anxious and concerned about her mother during this time. Teacher noted she was not relating to peers and her behavior was clingy. She also had a lot of physical complaints.
13	Loss of self-esteem	Caught cheating on a test at school. Sent to principal's office and suspended for two days.	Mother helped her think about what she had done, did not punish her more. Her friends called her.	Susan has a great need to please her mother and her peer group. She is still behind in her academic work and somewhat boy crazy.

## Resource Sheet 4-D

### "Putting It Together"

#### Instructions:

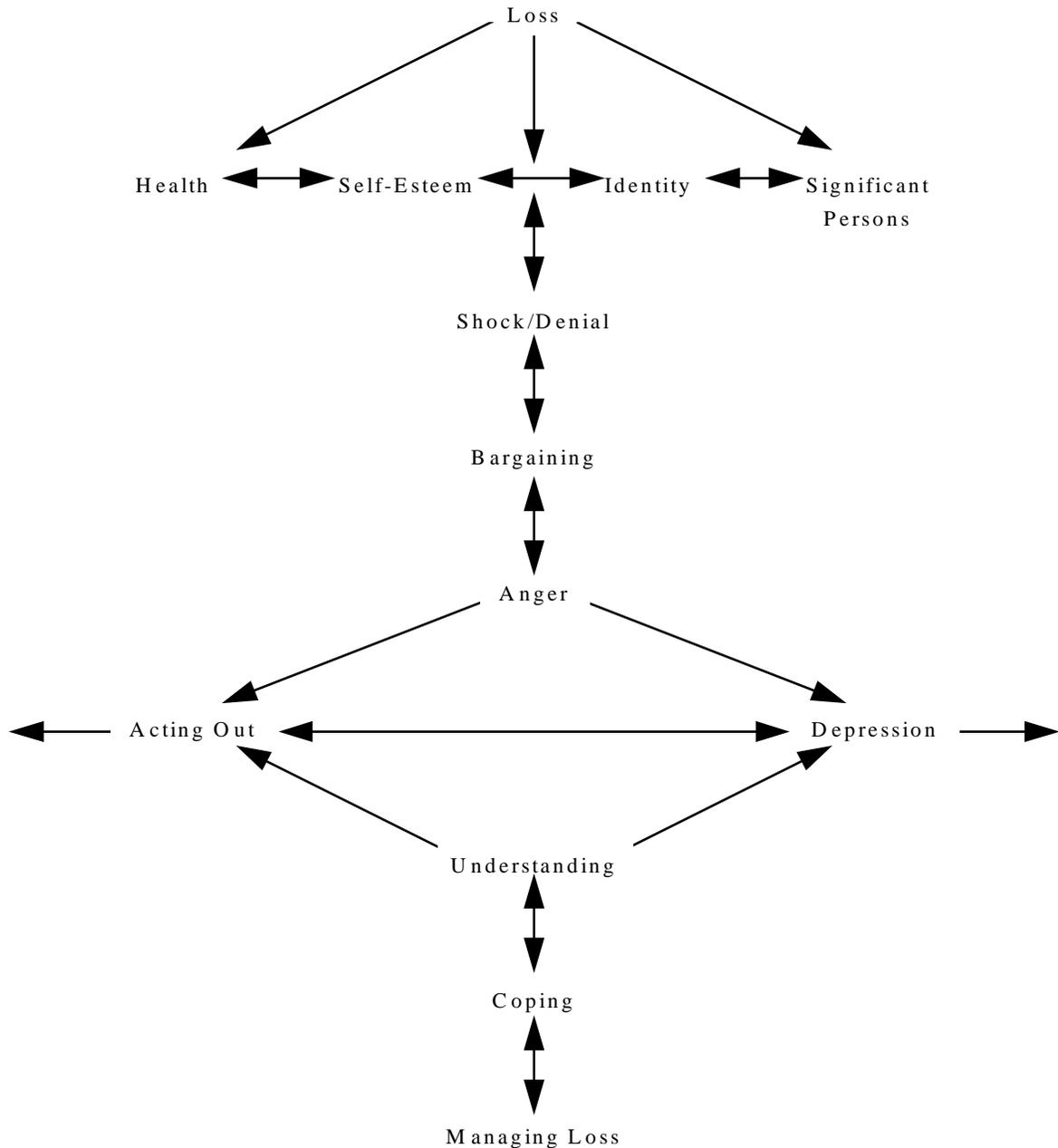
Consider Nathan's situation, described below. We learned about Nathan earlier in our video, "Making a Difference!"

- What losses has Nathan had to grieve?
- What losses might he continue to need to grieve?
- How might foster parents help Nathan now with his past and present losses?
- What supports may Nathan continue to need 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.

## The Pathway Through the Grieving Process\*



\*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., Helping Children and Youths Manage Separation and Loss, HOMEWORKS #1 (At-Home Training Resources for Foster Parents and Adoptive Parents). Washington, DC: Child Welfare League of America, 1992, p. 13.

## Resource Sheet 4-F

### 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, as we discussed in Session Three, 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.

#### 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 part of the human life experience, and those that are unexpected, and that we hope won't happen to us.<sup>1</sup>

<sup>1</sup>McFadden, E.J. Working with Natural Families. Ypsilanti: Eastern Michigan University, 1980, p. 20-25.

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(page 2)

- 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 four 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.
- Fourth, there's loss of identity, when we lose a part of ourselves that we value.

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—they have been bad, and 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.

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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 youths coming into care are all being separated from the families and the environments they know. They will be grieving. This is true even 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.

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 carefree. 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.

## **The Important Role of Foster Families and Adoptive Families**

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. We'll be talking more about that in Session Six.

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; and
  - 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, youths, 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.<sup>2</sup>

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.<sup>3</sup> These factors are:

- Nature of the loss—loved one, health, or self-esteem, or identity;
- 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;
- Circumstances causing the loss;
- Number of previous separations; and
- Help given before, during, and after the separation.

<sup>2</sup>Interview with Dr. Vera Fahlberg, as quoted in Adoptalk, a publication of the North American Council on Adoptable Children. St. Paul, MN (Spring 1991), p. 4-5.

<sup>3</sup>Pasztor, E.M., Preparation for Fostering: Preservice Education for Foster Families (A Training Manual). Ft. Lauderdale, FL: Nova University, 1983 (rev.).

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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; and
- 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 anger (as we'll discuss in Session Five); 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; and
- 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.

### **Challenges of being a Loss Manager**

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.

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- 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 your Foster/Adoptive Development worker 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 Stages and Needs

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; and
- Has five distinct stages which are:
  - 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 four 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; and
- Loss of self-esteem from feeling worthless, inadequate, and unable to control the events in their world.
- Loss of identity from being separated from family, culture, friends, and the learned ways of defining oneself.

As children move through this pathway, there are signs indicating which stage the child is experiencing. Children also have specific needs which must be attended and met at each of these stages.\*

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

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**You Need to Know!**

**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, surroundings. 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.
Six-to-ten	Learning in school, developing	Interferes with ability to	Need help to reason out loss. Need information about

Age	Developmental task	Effect of separation and loss	Help to minimize trauma
year-old	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.	learn and develop friendships. Regression to earlier stages is common.	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.

**You Need to Know!**  
**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 (parent, sibling, relative, caregiver); and
- 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. This team effort must contain the following information:

- The child's age when the loss occurred;
- The type of loss (health, significant other, self-esteem, identity);
- Circumstances under which the loss occurred;
- The help given to the family at the time of loss; and
- The effect of the loss on the child.

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; and
- The stability of the child's present family situation.

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

## Resource Sheet 4-H

### **A Birth Parent's Perspective**

#### **"They Tell Me I Need to Let Her Go"**

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 killed in an accident. 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 Connections**

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 identity by being placed away from family, friends, culture, daily routines and other items which help the child define his self concept;
- the loss of self-esteem and nurturing by emotional maltreatment; and
- 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 complete the Loss History Chart together, and spend time discussing these issues. You and the Family Development Specialist will work together to assess the strengths or obstacles your experiences may bring to the foster parenting or adoptive parenting role. You can review PRIDEbook Resource Sheet 4-C [Sheet 4-E in the Resource Section] for a sample of how a completed Loss History Chart looks.

### PRIDE Connections Loss History Chart

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

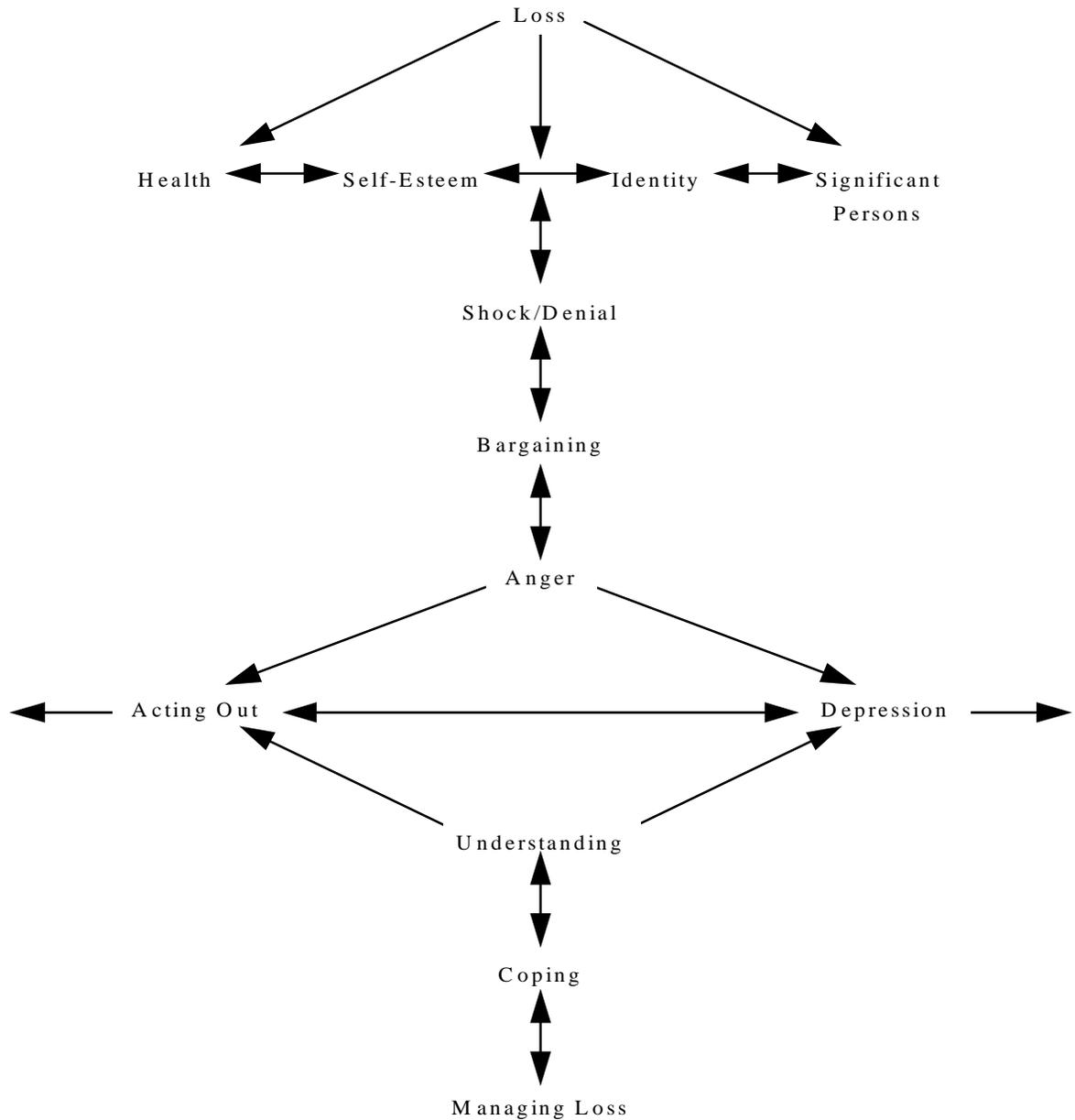
Date: \_\_\_\_\_

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

Age at Time of Loss	Type of Loss	Circumstances of Loss	Help Given	How It Effected You

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

### The Pathway Through the Grieving Process\*



\*Adapted from Pastzor, 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. Helping Children and Youths Manage Separation and Loss, Homeworks #1 (At-Home Training Resources for Foster Parents and Adoptive Parents). Washington, DC: Child Welfare League of America, 1992, p. 13.

## **Making a Difference!**

Mike was just two year old when he came to live with us. He was the youngest of seven children. His mother, barely out of her teens and overwhelmed 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.

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.

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. 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 not agreeing to adoption.

Visits continued, and as Mike grew older, he would go to Poppa's house, sometimes staying overnight, meeting his relatives, 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

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(page 2)

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

# **PRIDEbook**

## **Session Five**

### **Strengthening Family Relationships**



**SESSION FIVE: COMPETENCIES AND GOALS**

**Competencies Addressed in This Session:**

- To connect children to safe, nurturing relationships intended to last a lifetime
- To work as a member of a professional team

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. Describe how the child's connection with family impacts on self-esteem, cultural identity, personal identity.
			2. Describe how placement of a child impacts on their self-esteem, cultural identity and personal identify.
			3. Understand the importance of visits to children.
			4. Know what to expect of children before and after visits and how to help them prepare for and come back from the visits.
			5. Know the importance of family connections and continuity
			6. Other questions: List here:

**At-home Learning Goals:**

Yes	No	Would like to discuss more.	
			Identify examples of parents' rights and responsibilities when their child is in family foster care.
			Identify reasons why separating siblings through foster care or adoption adds to their emotional trauma.

## Agenda

### **Part I: Welcome and Connecting with PRIDE (15 minutes)**

- A. Welcome and Review of Competencies and Goals, 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 (1 hour)**

- A. The Role of Families in Promoting Self-esteem, Personal Identity, and Cultural Identity
- B. How the Team Works to Support Family Relationships
- C. The Genogram and Ecomap as Tools to Understanding Family Relationships

### **Part III: Supporting Family Connections and Family Continuity (1 hour, 30 minutes)**

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

### **Part IV: Closing Remarks (15 minutes)**

- A. Key Points and You Need to Know!
- B. A Birth Parent's Perspective
- C. PRIDE Connections
- D. Preview of Session Six
- E. Making a Difference!
- F. End Session

## Resource Sheet 5-C

### **PRIDE Connections**

#### **The Ecomap**

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:

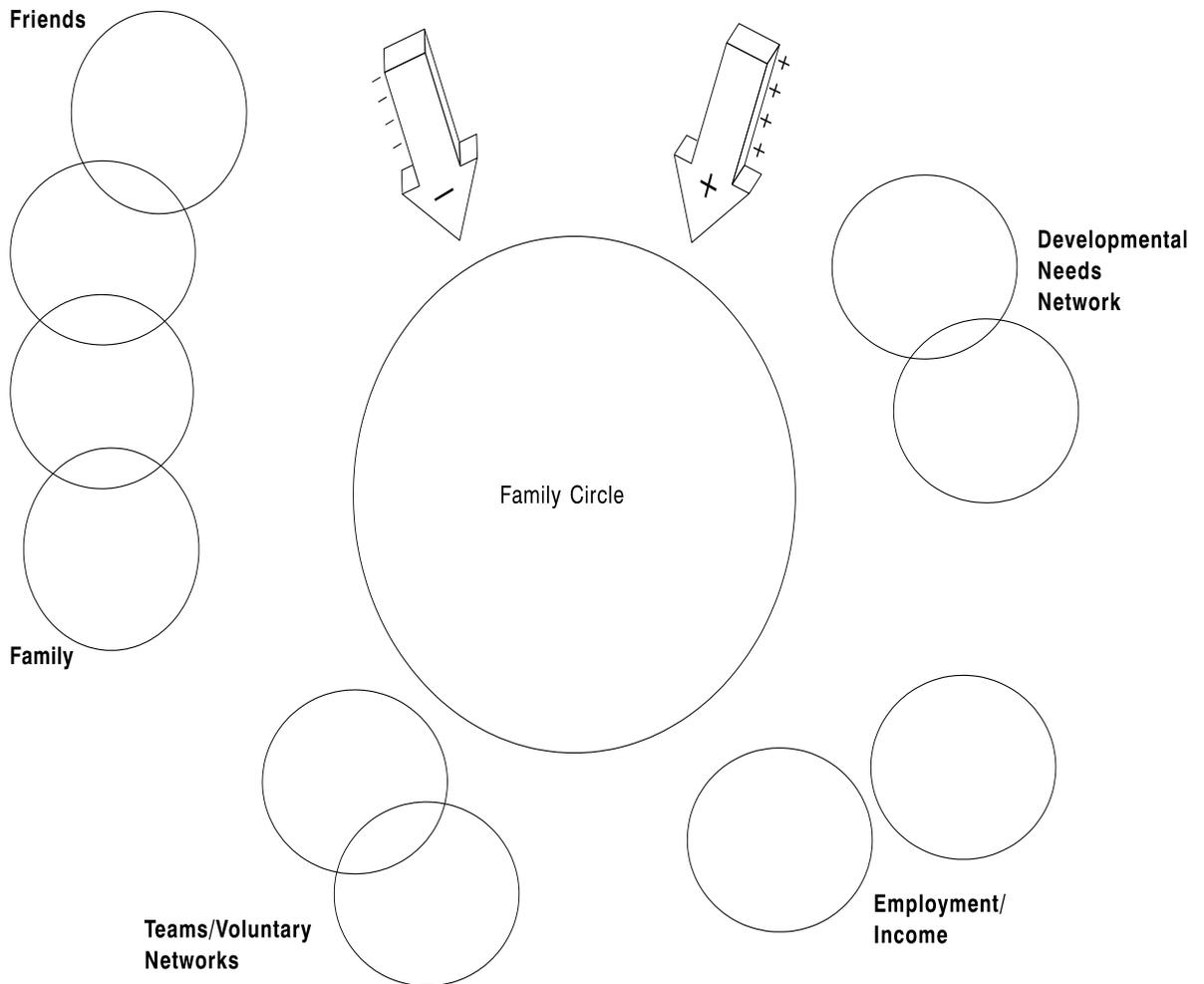
1. The large circle in the center represents your family. In this circle put smaller circles representing the people who live in your home; then write their names.
2. The circles on the top left represent friends and family. Circles connected by straight lines indicate positive and supportive relationships. 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?

# PRIDE Connections Ecomap

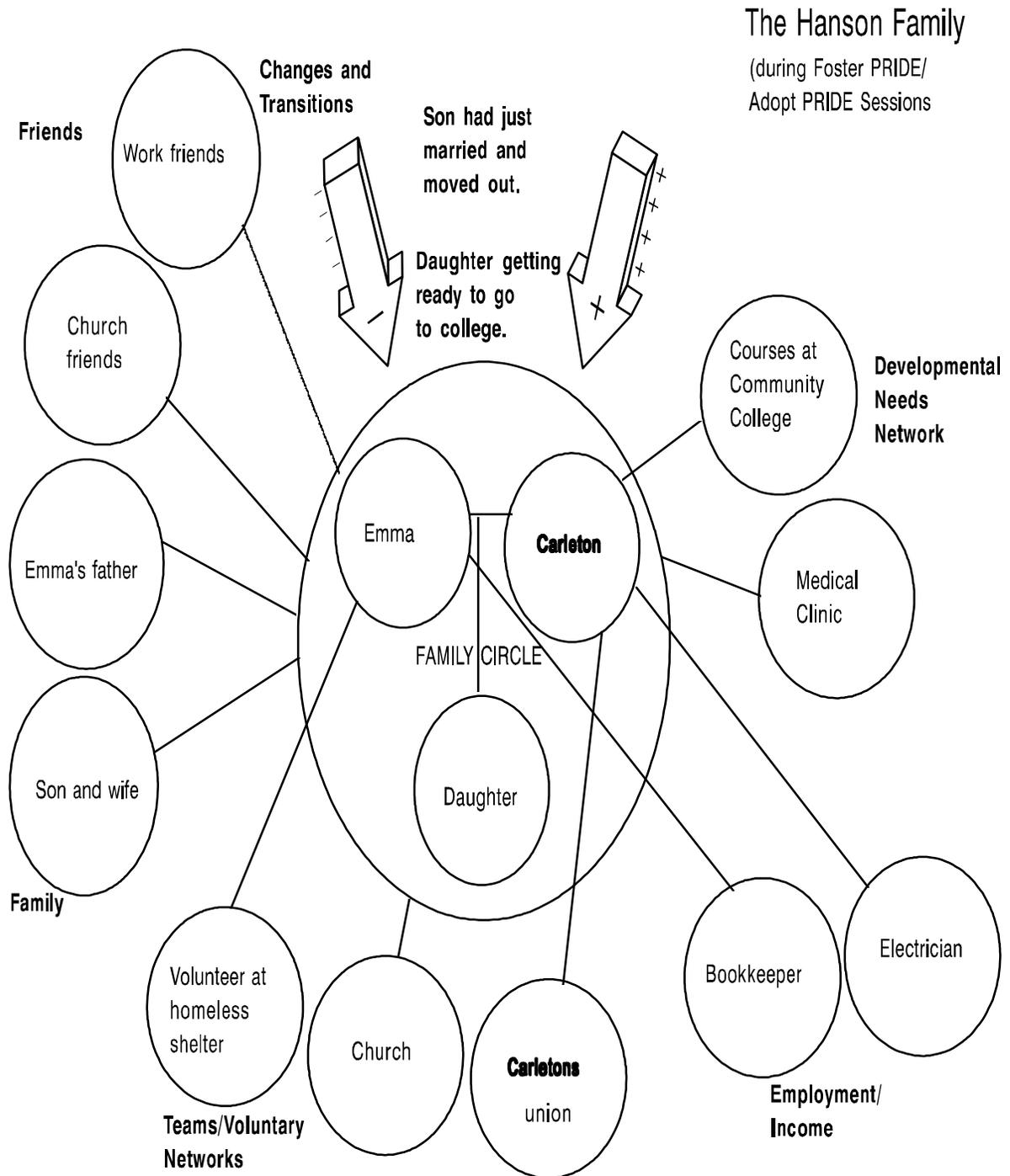
Name: \_\_\_\_\_

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

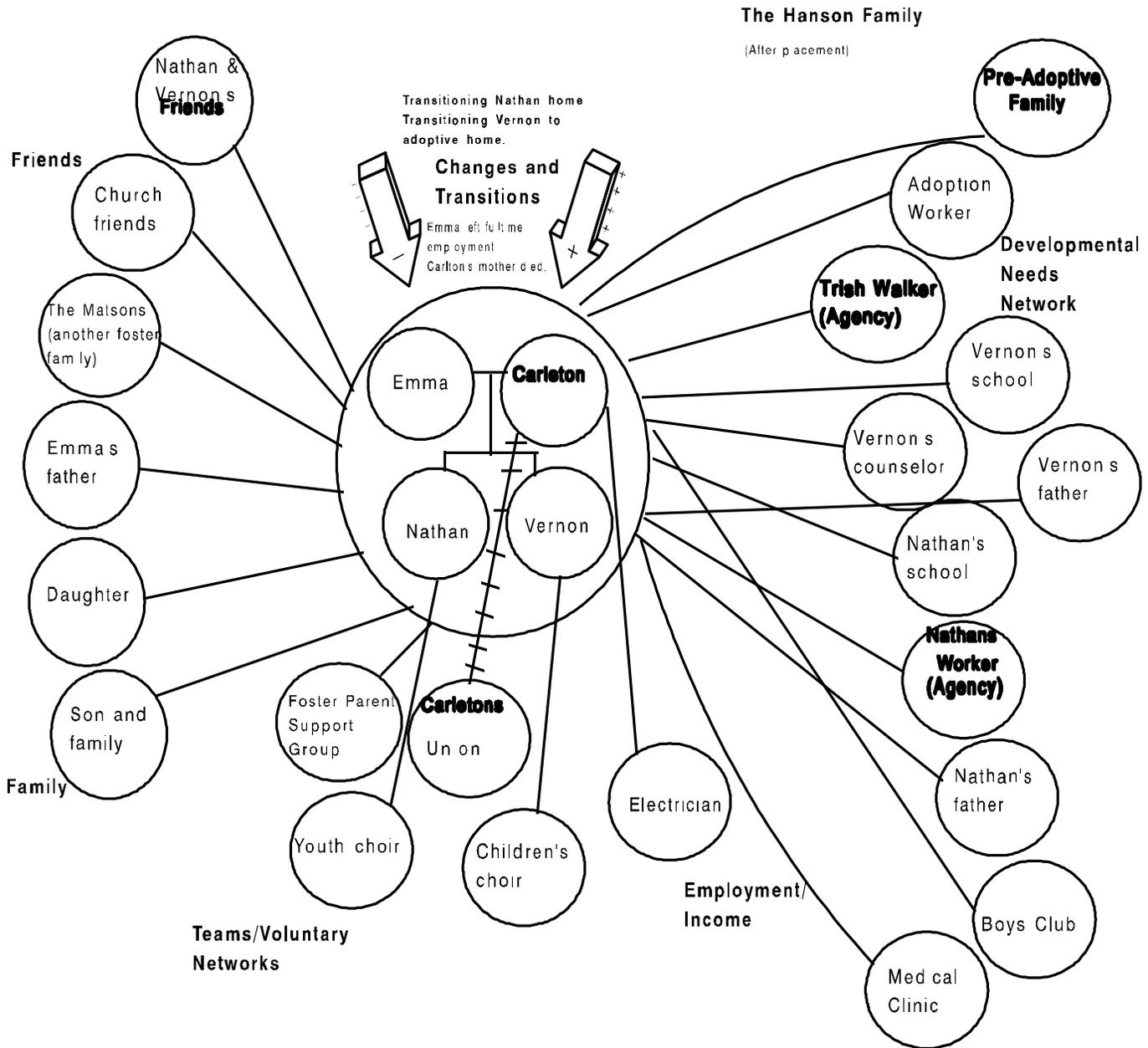
Foster/Adopt Development Specialist: \_\_\_\_\_



## Hanson Family Ecomap Completed During Their PRIDE Training



# Hanson Family Current Ecomap



## Resource Sheet 5-E

### Will's World

Will is an eight-year-old boy who is being placed in foster care in a suburb 25 miles from the inner city neighborhood where he grew up. Will's mother is an alcoholic. 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 cigarettes. 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

### General information:

Agency staff, in conjunction with the court system will initially create the visiting plan for the family. Issues to be considered include:

location of visits

frequency

duration

who will be present

transportation for child

Visits are initially always supervised by agency staff. Foster parents usually transport children to the office for a visit and often meet the birth parents in the lobby area. The caseworker will take the child and the family to a visiting room, during which time the foster parents will usually wait for the child..

As time progresses and the relationship with and reliability of the birth parents is established, and especially when there is an imminent return home expected, the location of the visits may change to a neutral spot or the foster parent's home.

Resource Sheet 5-G

***Location of Visits***

Location	Agency	Foster Home	Parents' Home	Relatives' Home	Neutral Spot (e.g., restaurant)
<b>Advantage</b>	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.
<b>Disadvantage</b>	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 house-keeping 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). Again, one must consider the concept of "time" in 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. . .

When first taken away from parents	When they first see their parents on a visit	When they must say Good-bye 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 if feeling this way. . .

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 Good-bye, 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
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## **What Would You Do If . . . ?**

In four small groups we will discuss different situations. Each group will read Part A of their scenario. The group will then plan a short role play of what they would do to prepare their particular child for the visit described. Groups will have ten minutes to discuss and plan their role play.

When small groups present back to the whole class, they will have 5 minutes to present their role play.

After the roll plays are presented, and discussion has taken place, each group will be given a Part B of the same scenario. The group will then have 6 minutes to brainstorm ways to help the child after the visit, based on the information given in Part B.

Then each group will report on four things they would say or do to assist the child in dealing with the visit.

**Michelle- PART A.**

**What would you do ...?**

**In your group discuss this situation. Decide how you would assist the child to prepare for the visit with her mother. Your group will have 10 minutes to discuss and create a role play showing how you would prepare her in advance for the visit.**

Fifteen year old Michelle has been in foster care for one month. She was sexually abused by her mother's boyfriend. She has visited her mother 2 times at the office. She has just started therapy for sexually abused teens. She is about to visit her mother for the third time at the office.

**Mike- PART A**

**What would you do ...?**

**In your group discuss this situation. Decide how you would assist the child to prepare for the visit with his mother and older sisters. Your group will have 10 minutes to discuss and create a role play showing how you would prepare him in advance for the visit.**

Two year old Mike was placed into foster care 9 months ago due to neglect by his young mother. He has had visits two times a month. The plan is for Mike to return home within the next few months, now that the mother has complied with the Family Plan successfully. She has two other children who have recently returned home. Arrangements have been made for Mike's foster family (you)! to meet his mother at McDonald's so she can take him home for a weekend visit.

**Trina- PART A**

**What would you do ...?**

**In your group discuss this situation. Decide how you would assist the child to prepare for the visit with her mother, father and sister. Your group will have 10 minutes to discuss and create a role play showing how you would prepare her in advance for the visit.**

Trina, nine years old, has been in foster care for 2 months due to Physical abuse by her father. Her favorite sister, Tanessa, was not removed from the home, as she was not being abused. Trina has missed her very much and spoken of her often. She has visited her mother, father and Tanessa every week for the last 2 months.

**Jaime - PART A**

**What would you do ...?**

**In your group discuss this situation. Decide how you would assist the child to prepare for a visit to your home by his future adoptive parents. Your group will have 10 minutes to discuss and create a role play showing how you would prepare her in advance for the visit.**

Six year old Jaime was placed into foster care 4 years ago due to neglectful supervision and suspicion of sexual abuse. After many years of trying to make things work, and a continuing lack of interest from his parents, parental rights were terminated about a week ago. Jaime attended a last visit meeting with his parents just recently and has been very sad ever since. Luckily, there was an adoptive family willing to take him very soon. The Vargas family is coming to visit him today at your house for the first time.

**Michelle- PART B**

**What would you do ...?**

**Your group showed how they would prepare and work with Michelle to prepare her for the visit. Now the visit is over. Below you will find a description of what happens after the visit. In your group discuss this description. Decide how you would assist the child to deal with the aftermath of the visit with her mother. Your group will have 10 minutes to discuss and come up with a written action plan. (List what steps you would take and how.)**

Michelle meets you in the parking lot after her visit with her mother. She is very quiet in the car on the way home. She tells you she no longer wants to attend therapy and that now that she has had a chance to think it over, she really was not abused by her mother's boyfriend and she wants to go back to her own home and 'forget it all.'

Why do you think she is saying this?

What do you do now?

**Mike- PART B**  
**What would you do ...?**

**Your group showed how they would prepare and work with Mike to prepare him for the visit. Now the visit is over. Below you will find a description of what happens after the visit. In your group discuss this description. Decide how you would assist the child to deal with the aftermath of the visit. Your group will have 10 minutes to discuss and come up with a written action plan. (List what steps you would take and how.)**

Mike has returned to your house on Sunday. The visit appears to have gone well. Mike seems happy to see everyone in your house and left his mother without a fuss. You notice that he seems very quiet and that he is not eating. You become increasingly concerned as he has been quiet and not eating for two days. He usually has such a good appetite.

Why do you think Mike is behaving this way?

What is your plan?

**Trina- PART B**

**What would you do ...?**

**Your group showed how they would prepare and work with Trina to prepare her for the visit. Now the visit is over. Below you will find a description of what happens after the visit. In your group discuss this description. Decide how you would assist the child to deal with the aftermath of the visit. Your group will have 10 minutes to discuss and come up with a written action plan. (List what steps you would take and how.)**

You are driving Trina home from the visit with her family. Trina tells you that she is going to run away to be with her sister, Tanessa. When you attempt to talk with her about it, she tells you to 'shut up, you don't understand anything anyway.' When she gets home, she starts making lots of phone calls and acts very secretive.

Why might she be behaving this way?

What is your plan?

**Jaime- PART B**

**What would you do ...?**

**Your group showed how they would prepare and work with Jaime to prepare him for the visit. Now the visit is over. Below you will find a description of what happens after the visit. In your group discuss this description. Decide how you would assist the child to deal with the aftermath of the visit. Your group will have 10 minutes to discuss and come up with a written action plan. (List what steps you would take and how.)**

The visit with Jaime and the Vargas' went well, although Jaime seemed to be very unwilling to leave your side. Now he seems really confused. He asks you questions, such as, ' Will this always be my bedroom? What if they leave me alone- can I come back here to live? Can I take you with me?' He approaches strangers and asks them 'are you my new mother?' He tells children in school that he is going to be adopted by you.

## Key Points

### The Family and Self-esteem, Personal Identity, and Cultural Identity

#### A. The Role of Families in Promoting Self-esteem, Personal Identity, and Cultural Identity

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.

#### B. How the Team Supports 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;
- Ensuring that the possessions given to the child by his or her family are respected;

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(page 2)

- 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; and
- Asking for the birth parents' input or assistance on a parenting issue (such as, What kinds of foods does the child eat? What are the child's favorite toys? etc.).

These examples fall into two categories—supporting family connections and promoting continuity. When we talk about supporting family connections, we are referring to ways that we help the child to 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 through time.

### **C. The Genogram and Ecomap as Tools 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:

- a) better understand the impact our families have on our own identity, and therefore better understand the important role that birth families play in a child's life; and
- b) better understand how our experiences with family relationships will impact our ability in the five competency categories necessary 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**

### **A. The Impact of Placement on the Child's Connections and Sense of 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; and
- 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 the child's community, and, in effect, reject the child; and
- Demonstrate to the child that he or she cannot trust his or her new caregivers—they have already failed to meet his or her needs for connection and belonging.

### **B. Supporting and Maintaining Family Connections**

The most significant way that family connections are 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;

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- Give the child a sense of hopefulness; and
- 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.

While visits are the primary means to support family connections, other steps you can take 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 cassette tapes;
- Provide the child with information about his or her family;
- Provide the child with a picture; and
- Simply talk to the child about his or her family.

### **C. Promoting Family Continuity**

Children in family foster care risk losing family continuity. There are three specific challenges:

- a) separation from birth family, even for a brief time, interrupts the continuity of the relationship;
- b) lack of continuity, as well as the problems and needs that led to placement, may prevent the family from transmitting its own family history; and
- c) 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 utilize 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 be of assistance to 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; and
- 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; and
- Wanting to improve their behavior and take charge whenever possible.

Activities in which parents can participate include:

- Making a pre-placement 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;
- Participating in school conferences;

\* Adapted from Blumenthal, K. & Weinberg, A. (Eds.) Establishing parent involvement in foster care agencies. New York: Child Welfare League of America, Inc. 1984.

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(page 2)

- Formulating, reviewing, and modifying the service plan;
- Participating on an agency committee composed of parents; and
- 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; and
- Identify alternative permanent plans when reunification is not possible.

## **You Need to Know! 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 pre-placement 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 accordance with 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, education, and progress;

### **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 to meet while their children are in care, and deciding what will be best for their children's future;

\* Selected from policy manuals and parent's handbooks of several agencies

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(page 4)

- To work toward solving the 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; and
- To inform the social worker about major changes, such as change of address, telephone number, job, income, marriage, or other living arrangements.

## **You Need to Know!**

### **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; and
- When severed, the negative consequences can last a lifetime.

Separating siblings in foster care or through adoption 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;
- Sometimes, it is only through their siblings that children have been able to gain any positive self-esteem; and
- 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.

\* Adapted from Hochman, G., Feathers-Acuna, E. & Huston, A. of the National Adoption Center.

**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 'cause 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 all ways 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.

## **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 the 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 2½ 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.

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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 2½ 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 re-contacted 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 A**

**Meeting Developmental Needs:**

**Discipline**

**PRIDEbook**

Resource Sheet 6A-A

**Session Six-A COMPETENCIES AND GOALS**

Competencies Addressed in this Session:

- Protecting and nurturing children
- Meeting developmental needs and addressing developmental delays

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. Identify the reasons for having a pre-service training session on discipline.
			2. Explain why disciplining children in need of foster care and adoption is so challenging.
			3. Define discipline.
			4. Explain the difference between discipline and punishment.
			5. Identify the negative effects of physical punishment.
			6. Provide the reasons the agency has a policy prohibiting spanking or hitting children.
			7. List components of the agency's policy on discipline.
			8. Identify the knowledge, skills, and personal qualities essential for instilling effective discipline
			9. Explain the meaning of behavior
			10. List the factors that influence human behavior
			11. Describe the techniques one can use to care of one's own emotions when faced with difficult child behaviors.
			12. Identify the cause of behaviors potentially harmful to children, including aspects of the environment.
			13. Recognize early signs of behaviors that may become dangerous to the child or others.
			14. Other questions: List here

**At-Home Learning Goals: Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. List the good health care practices essential for children’s optimal growth and development.
			2. Identify the components of a formal and informal education program that are essential for increasing children’s self-esteem.
			3. Describe the role of team members in meeting challenges of fostering or adopting related to children’s extreme or unusual behaviors
			4. Apply your understanding of the content covered during Session Six-A to your past and present experiences with discipline.
			5. Identify issues affecting your ability and willingness to work effectively with birth parents, based on the information obtained from this session’s “A Birth Parent’s Perspective”.
			6. Other questions: List here

Resource Sheet 6A-B

**Session Six A  
Agenda**

**Part I: Welcome and Connecting with PRIDE (15 minutes)**

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

**Part II: Understanding the Challenge of Discipline (1 hour and 45 minutes)**

- A. Purpose of Discipline
- B. Defining Discipline
- C. The Difference Between Discipline and Punishment
- D. The Negative Effects of Physical Punishment
- E. The Case Against Spanking
- F. Agency Policy on Discipline

**Part III: BEHAVIOR (1 hour and 45 minutes)**

- A. Knowledge, Skills, and Personal Qualities Essential for Instilling Effective Discipline
- B. The Meaning of Behavior
- C. Warning Signs for Serious Behaviors

Resource Sheet 6A-B  
(Page 2)

**Part IV: Closing Remarks (10 minutes)**

- A. Key Points and You Need to Know!
- B. A Birth Parent's Perspective
- C. PRIDE Connection
- D. Preview of Session Six-B
- E. Making a Difference!
- F. End Session

## Resource Sheet 6A-C

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

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

## Resource Sheet 6A-D

### 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.

## DFPS Discipline Policy

### PERSONS REQUIRED TO UNDERSTAND, SIGN, AND IMPLEMENT THE DFPS DISCIPLINE POLICY:

All foster parents, pre-consummated adoptive parents, potential foster/adoptive parents, other adults living in the home, and intermittent alternate care (IAC) providers must agree to the DFPS discipline policies and procedures. Signing this form signifies understanding of the policy and agreement to adhere to the DFPS discipline policies and procedures. This form must be signed during the study process, at each reevaluation, and at any time another adult begins living in the home.

### GENERAL REQUIREMENTS FOR DISCIPLINE

Physical discipline **may not** be used on a child in any DFPS foster home or pre-consummated adoptive home. Discipline must be constructive and educational in nature. Correction must be fair, reasonable, consistent, and related to the specific misbehavior. Foster and pre-consummated adoptive parents must communicate to the child, in a manner that the child understands:

- What the child has done wrong,
- Why the discipline must occur,
- The full extent of the discipline (how long the discipline is in effect and/or what has to occur to end the discipline period), and
- What is considered to be appropriate behavior (this should be done in the form of discussion with the child).

Discipline should be individualized and related to the child's specific misbehavior, age, developmental level, previous experiences, reactions to previous discipline, and any other relevant factors. Time-outs should have reasonable time periods and be supervised by an adult. Reasonable time-out periods consist of one minute for every year of the child's age.

The foster and pre-consummated adoptive parents and CPS staff will develop appropriate discipline methods for each child placed in the foster/adoptive home. CPS staff will provide the foster/adoptive parent with alternatives to physical discipline.

Foster and pre-consummated adoptive parents and CPS staff **must not** give permission to any person or entity, including schools (see below), to discipline a foster or pre-consummated adoptive child in ways that are not consistent with this policy.

### **CORPORAL PUNISHMENT IN SCHOOLS**

Foster and pre-consummated adoptive parents and CPS staff must not give permission to any person or entity (including schools) to discipline a foster or pre-consummated adoptive child in ways that are not consistent with this policy. A school cannot be prevented from using corporal punishment, but, if asked to consent to a school policy that includes corporal punishment, a foster or pre-consummated adoptive parent must refuse. If a caregiver becomes aware that a school intends to use corporal punishment to discipline a child in CPS conservatorship, the caseworker should be notified, so that CPS can attempt to intervene and convey the compelling reasons against this form of punishment with respect to this population of children.

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### **DEFINITIONS**

The definitions below are taken from Licensing rules in 40 TAC §720.1001. These terms are also defined in the Glossary of the *Minimum Standards for Child-Placing Agencies*.

**EMERGENCY SITUATION** is defined as a situation in which:

- it is immediately necessary to restrain, seclude, or administer emergency medication to a child to prevent imminent:
  - probable death or substantial bodily harm to the child because the child overtly or continually is threatening or attempting to commit suicide or serious bodily harm; or
  - physical harm to others because of threats, attempts, or other acts the child overtly or continually makes or commits, and preventative, de-escalative, or verbal techniques have proven ineffective in defusing the potential for injury. These situations may include aggressive acts by the child, including serious incidences of shoving or grabbing others over their objections. These situations do not include verbal threats or verbal attacks.

**RESTRAINT** is defined as the use of physical force alone, the use of a device, or the use of emergency medication in order to assist a child in regaining control. This includes personal restraint, mechanical restraint, and emergency medication.

- **CHEMICAL RESTRAINT** is defined as the use of any chemical, including pharmaceuticals, through topical application, oral administration, injection, or other means, solely for the purpose of immobilizing a child or sedating a child as a mechanism of control. Chemical restraints are prohibited.

- **MECHANICAL RESTRAINT** is defined as the application of a device for the purpose of restricting the free movement of the whole or a portion of a child's body in order to control physical activity. Mechanical restraints are
- **PERSONAL RESTRAINT** is the application of physical force, including escorting, without the use of any device for the purpose of restricting the free movement of the whole or a portion of a child's body in order to control physical activity.

**SECLUSION** is defined as the placement of a child, for any period of time, in a room or other area where the child is alone and is physically prevented from leaving by a locked or barricaded entryway. An intervention that restricts a child to a room that involves a caregiver placing his or her body between the child and the exit from that area (for example, standing in the doorway of a room) is not seclusion because the child is not alone. If a caregiver uses physical force or a physical barrier to restrain a child or prevent a child from leaving, the intervention becomes a personal restraint regulated under 40 TAC §720.1007 (relating to Personal Restraint) or seclusion regulated under 40 TAC §720.1011 (relating to Seclusion).

These rules are also published in the *Minimum Standards for Child-Placing Agencies*, Appendix M, Behavior Interventions.

**TIME OUT** is a procedure used for the purpose of behavior modification that restricts a child to a designated area, including his or her room, but does not physically prevent the child from leaving by a locked or barricaded entryway. A caregiver may close a door or stand in an entryway to enforce the time out, as long as the door is not locked.

### **REQUIRED NOTIFICATIONS TO THE CHILD**

- **Allowable Discipline Practices.** At the time of placement, a foster or pre-consummated adoptive parent must provide each child with a copy of the discipline practices allowed in the home by completing and signing Form 2411, Discipline Notification.
- **Use of Restraints.** Age appropriate explanations of the foster or pre-consummated adoptive home's use of restraints are to be provided to each child at time of placement. The explanations must include who can use restraint, actions used to avoid the use of restraint, types of restraints used, the specific kinds of situations in which restraint may be used, when a restraint must cease, actions a child must exhibit to be released from a restraint, and how to report an inappropriate restraint.

- **Right to Provide Comments.** Children must be notified of their right to voluntarily provide comments on any restraint or seclusion that is used. The notification must include an explanation of the process for submitting such comments. The process must be easily understood and accessible.

### **ALLOWABLE FORMS OF DISCIPLINE**

Methods of discipline may include: establishing routines, setting reasonable limits, modeling appropriate behavior, offering choices, giving explanations, repeating instructions, taking "time-out," enforcing or permitting logical or natural consequences, and reinforcing desired behavior. Additional strategies for managing the child's behavior, if needed, should be listed in the child's service plan. Restraints and seclusion may only be used as listed below.

### **ALLOWABLE USES OF RESTRAINTS AND SECLUSION**

**Only a caregiver qualified in behavior intervention**, as defined by the *Minimum Standards for Child-Placing Agencies*, **may administer restraint or seclusion.** Additionally, restraint or seclusion only may be administered during emergency situations (see definition of Emergency Situation above) after alternative methods have been unsuccessful. No type of restraint or seclusion may be used as a punishment, as a caregiver convenience, or as a substitute for treatment. A personal restraint or seclusion is subject to the following restrictions:

- **Personal Restraints.** Personal restraints may be used only in emergency situations and by trained caregivers. The **exception** is the use of short personal restraints (less than one minute in length) to protect a child from imminent danger, to prevent significant damage to property, or to control a tantrum in a public place of a child who is not yet 5-years-old. The restraint must end as soon as the danger or behavior subsides.
- **Supportive Devices.** Supportive devices may be used to support a child's posture or assist a child in maintaining normal bodily functioning. The use of a supportive device must be prescribed by a physician whose written order indicates the circumstances under which it is permissible to use the supportive device.
- **Seclusion.** Seclusion is generally prohibited. The **exception** is only homes verified to provide services to children with autistic-like behavior may use seclusion in emergency situations and if ordered by a licensed psychiatrist or psychologist.

### **DOCUMENTATION OF RESTRAINTS AND SECLUSIONS**

Foster and pre-consummated adoptive parents must keep a written record of all restraints or seclusions. This written record must include the date and time of the

restraint or seclusion and the circumstances or specific behaviors that led to the restraint or seclusion. The foster or pre-consummated adoptive parent must

provide a written monthly report to the child's caseworker and foster home development or adoption worker for inclusion in the child's and foster or pre-consummated adoptive family's records.

## **PROHIBITED FORMS OF DISCIPLINE AND THERAPEUTIC INTERVENTIONS**

Any form of discipline used **may not** violate any of the specific prohibitions in Minimum Standards for Child-Placing Agencies. Discipline of children must not result in bruises, welts, burns, fractures, sprains, exposure, poisoning, or other types of injuries. Shaking and harsh, cruel, unusual, or unnecessary punishment are not allowed. Discipline may not consist of withholding food, shelter, visitation, supervision, medical or educational care, other necessities, mail, or special items such as Christmas gifts, or birthday gifts. Threatening the child with loss of placement, name calling or labeling the child, and embarrassing or degrading the child are not acceptable forms of discipline. Any form of restraint or seclusion that is not used in an emergency situation is prohibited.

### **The following restraints are prohibited:**

- **Mechanical Restraints.** The use of mechanical restraints is prohibited.
- **Chemical Restraints.** Chemical restraints are prohibited. Medications that have a secondary effect of immobilizing or sedating a child or modifying a child's behavior are not considered chemical restraints if administered solely for medical reasons (for example, Benadryl for an allergic reaction or medication to control seizures).
- **Holding Intervention.** Holding intervention is sometimes used as a therapeutic approach to promote the child's ability to bond with others and is not used to hold or restrain a child from harming himself or others. This form of therapy is considered a restraint used in non-emergency situations and, therefore, may not be used as a therapeutic approach with children in DFPS foster or pre-consummated homes, even if recommended by a licensed psychologist or psychiatrist.

### ACKNOWLEDGEMENT

I have read, understand, and agree to abide by the DFPS Discipline Policy for foster and adoptive children in my care.

\_\_\_\_\_  
Foster/Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other

\_\_\_\_\_  
Date

## Resource Sheet 6A-F

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

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

## Resource Sheet 6A-G

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

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

## Resource Sheet 6A-H

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

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

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

#### **Statement**

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

#### **Possible response**

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

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

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

## Resource Sheet 6A-I

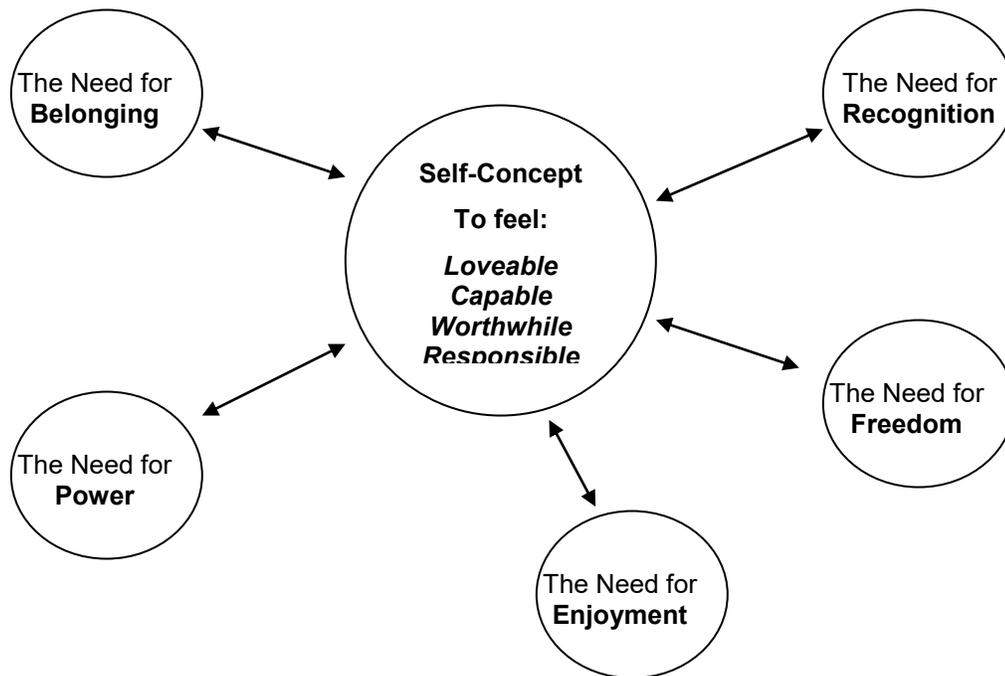
### **The Case Against Spanking**

The following factors support the agency's policy against spanking or hitting children:

- a. Spanking causes hostility and anger. No one feels good about being hit.
  
- b. Spanking creates more problems as it brings anger into an already existing problem.
  
- c. Spanking can lead to child abuse. Most children in care have a history of being abused. Resource families are responsible for keeping children safe.
  
- d. The spanker becomes a model for aggressive behavior. He or she risks teaching children that hitting others is an acceptable way to express one's anger. The child may want to imitate this behavior on someone else.
  
- e. Spanking makes the child want to seek revenge to get back at the person who did the spanking.
  
- f. Spanking leads to fear and avoidance
  
- g. Spanking violates a child's right to be safe. If the same action was taken against an adult, the aggressor could be charged with assault.

## Resource Sheet 6A-J

### Self Concept\*



**Self-Concept:** It is the set of beliefs that a person has about himself or herself. These beliefs evolve over time through relationships with others that meet our needs for belonging, recognition, power, freedom, and enjoyment. Self-concept has four primary characteristics:

- **Worthwhile:** Recognition is a key to feeling worthwhile. Children want people to know they are around. The task for children is to learn positive ways to obtain recognition and thereby increase feelings of worthiness.
- **Loveable:** Children desire to have connections to significant others and groups. These connections provide a sense of belonging. Children should also experience enjoyment through laughter, recreation, hobbies and relaxation. Satisfying the needs of belonging and enjoyment in appropriate ways results in feeling loveable.
- **Capable:** Like adults, children have a desire to control their environment, to make decisions, and to use skills to influence others. This is known as power. Children also have the need to feel freedom in the form of choices and exercising options. Through the appropriate use of power and by successfully satisfying the need for freedom, children develop a sense of capability.
- **Responsible:** Feelings of responsibility also grow from the appropriate use of power and freedom. As children exercise appropriate control over their environment through decisions and choices, they develop feelings of responsibility.

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Adapted from Glasser, William, *Control Theory: A New Explanation of How We Control Our Lives*, 1985, pp 5-18, and *Foster Parent Training — A Curriculum and Resource Manual*, by M. Polowy, D. Wasson, and M. Wolf, New York State Child Welfare Training Institute, State University College at Buffalo, 1985.

## Resource 6A-K

### Underneath Behavior

Read the vignette assigned to you and answer the question:

#### WHAT IS THE PURPOSE OF THIS BEHAVIOR?

##### Dee

**Dee** is 9 years old and is in the fourth grade. She has been falling asleep in school the past few days and was sent to the principal's office today for stealing another student's lunch. Dee's teacher told the principal that "Dee doesn't pay attention in the classroom" and that she's "more interested in hitting other children with wrappers from the candy bars she sneaks into the room and which she devours in seconds." The teacher informed the principal that Dee is the youngest of six children in her family and seems to keep to herself; not having any friends, at least at school.

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##### Jay

**Jay** is 15 and lives with his grandmother. His mother was murdered during a botched burglary in their home when he was three years old. His father, whom Jay has never lived with, is in the state prison for the latest of many convictions, including the sale of illegal drugs. Recently, Jay has joined a gang and has been suspected of stealing from his grandmother. Although he moves in and out of friendships, those that have known Jay always could depend upon him for things like cigarettes, tapes, or whatever they enjoyed.

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##### Kay

**Kay** was physically abused as a young child. She was separated from her family and placed in family foster care at an early age and has experienced several placement disruptions. The disruptions were caused by a severe illness of one of the foster parents, the harsh discipline of another, and the relocation of another foster family. As she has grown older, Kay has become aggressive. She provokes confrontations with peers by calling them names and making negative remarks about their families. She usually picks on smaller or younger children in school and in the neighborhood. She does whatever she can to avoid unfamiliar tasks and new or different people or places. She has defaced school property and comes home later than curfew quite often.

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##### Al

**Al** is a 13 year-old honor student who has lived with the See foster family for five months. He and his two younger brothers were placed in family foster care when their mother entered a residential drug treatment program. Their father is deceased. Al has always worked hard to take care of his brothers, to help around the house, and to complete his school assignments. He gets extremely upset when anyone, especially his teachers and foster parents, suggest what he should do or what he should like. Recently, his teachers have complained that he isn't as serious as he should be about school, and that he's becoming the "class clown." He has been told to straighten up or he'll lose his extra "free time," earned by students who excel in their studies. Although his foster family enjoys his sense of humor, they're getting tired of his late night follies in which he plays pranks on the other children and on them.

## Resource Sheet 6A-L Early Warning Signs

The early warning signs to significant behavior problems are presented with the following qualifications:

- They are not equally significant, and
- They are not presented in order of seriousness.

The early warning signs include:

- **Social Withdrawal**
- **Excessive Feelings of Isolation and Being Alone**
- **Excessive Feelings of Rejection**
- **Being a Victim of Violence**
- **Feelings of Being Picked On and Persecuted**
- **Low School Interest and Poor Academic Performance**
- **Expression of Violence in Writings and Drawings**
- **Uncontrolled Anger**
- **Patterns of Impulsive and Chronic Hitting, Intimidating, and Bullying Behaviors**
- **History of Discipline Problems**
- **Past History of Violent and Aggressive Behavior**
- **Intolerance for Differences and Prejudicial Attitudes**
- **Drug and Alcohol Use**
- **Affiliation with Gangs**
- **Inappropriate Access to, Possession of, and Use of Firearms**
- **Serious Threats of Violence**

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Adapted from Dwyer, K., Osher, D., and Warger, C. (1998). *Early Warning, Timely Response: A Guide to Safe Schools*. Washington, DC: U.S. Department of Education.

**Resource Sheet 6A-L**  
**Page 2**

**Principles for Identifying Early Warning Signs**

**There is a real danger that early warning signs can be misinterpreted. Foster parents can avoid misinterpretation by following some basic principles that can help better understand early warning signs. These principles are:**

- Do No Harm

**The intent of early warning signs is to get help for the child. Early warning signs should not be used as a rationale to exclude, isolate, or punish a child. Nor should early warning signs be used as a checklist for formally identifying, mislabeling, or stereotyping children.**

- Understand Violence and Aggression Within a Context

**Violent and aggressive behavior may result from many factors that exist within the home, school, or the social environment. To understand violence and aggression, these factors need to be examined. In addition, some children may act out if stress becomes too great, if they lack positive coping skills, and if they have learned to react with aggression.**

- Avoid Stereotypes

**A foster parent must be aware of false cues that can include race, socio-economic status, cognitive or academic ability, or physical appearance. Stereotyping a child can cause significant harm.**

- View Warning Signs Within a Developmental Context

**Children and youth at different levels of development have varying social and emotional capabilities. It is important to know what is developmentally typical for each developmental stage. This knowledge will help foster parents to determine if behavior is typical of development.**

- Understand that Children Typically Exhibit Multiple Warning Signs

**Research confirms that most children who are troubled and at risk for aggression exhibit more than one warning sign. Research also indicates that these multiple warning signs are repeated over time with increasing intensity. Because most children exhibit multiple warning signs, it is important for foster parents not to overreact to single signs, words, or action.**

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Adapted from Dwyer, K., Osher, D., and Warger, C. (1998). *Early Warning, Timely Response: A Guide to Safe Schools*. Washington, DC: U.S. Department of Education.

## Resource Sheet 6A-M

### **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.

Resource Sheet 6-M  
(Page 2)

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.

Resource Sheet 6A-M  
(Page 3)

"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 him/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.

Resource Sheet 6A-M  
(Page 4)

"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.

"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.

### **The Factors That Influence Behavior**

Human behavior is complex, and there are several ways people explain children's behavior.

Behavior is influenced by many factors, including a child's inborn qualities, such as physical and mental characteristics.

The behaviors a person learns and values are influenced by his or her subcultures and by society.

Environmental conditions and the child's developmental stage influence behavior.

Environmental conditions and the child's developmental stage influence behavior.

The child's family environment is probably one of the strongest factors influencing behavior. Child rearing practices, parent-child relationships, how developmental needs were met, and the family atmosphere are just a few aspects that determine behavior.

The child's history of loss, trauma, abuse, neglect, and how these (and other incidents) affect attachment, influence a child's behavior.

Resource Sheet 6A-M  
(Page 7)

All these factors influence behavior. However, to successfully understand and manage a child's behavior, it is essential to realize that behavior is the means for meeting one's needs. Behavior occurs for a purpose, and it is learned. When there is a difference between what we want and what is reality, we act. If these behaviors have been successful in getting our needs met, we will use them again.

**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.\*

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

**You Need to Know!!!**  
**The Importance of Educating Children**  
**On Good Health Care Practices**

Good health care practices include:

- Regular medical and dental examinations;
- Timely emergency medical care;
- Careful attention to diet and nutrition;
- Regular exercise routine;
- Adequate amounts of sleep and rest;
- Safe recreation and leisure activities;
- Mindful attention to stress reduction;
- Limited consumption of alcohol;
- No use of non-prescription narcotics or drugs; and
- No smoking or chewing tobacco.

Good health care practices require:

- A stable environment;
- A home in which health is valued;
- Parents who teach by example;
- Time and money for proper nutrition;
- Rewards for healthful living;
- Self-confidence to avoid peer pressure; and
- A hopeful future.

Children in family foster care and children who have been adopted often continue to be at risk because:

Before placement, they may have:

- Lived in an abusive or neglectful environment;
- Lived in an environment of alcohol/other drug abuse;
- Lived a transient lifestyle;
- Eaten primarily pre-packaged or “fast” foods;
- Seldom seen a doctor or dentist;
- Enjoyed the thrill of dangerous activities;
- Or easily succumbed to peer pressure.

Resource Sheet 6A-N  
(page 2)

**You Need to Know!!!**

After placement, they may have”

- Undiagnosed medical conditions;
- Addictions that are hard to break;
- No knowledge of their medical history;
- No concept of health living;
- Resistance to a healthful lifestyle; or
- Past friendships which still influence them.

**You Need to Know!!!**

**The Importance of Increasing Self-Esteem by  
Improving Children's Education Programs**

A complete formal and informal education program includes:

- Enrollment in Head Start or other pre-school;
- Early experience of having books and stories read aloud;
- Educational toys, games, videos;
- Regular attendance in grade, middle, and high school;
- Participation in extracurricular school activities;
- Trips to concerts, museums, zoos;
- Liberal access to books and other reading materials;
- Use of library seen as enjoyable; and
- Graduation from high school (minimal).

To benefit from an educational program, all children must have:

- A stable environment;
- An environment that helps them study and learn;
- Role models;
- Opportunities for stimulating discussion;
- Encouragement to ask questions; and
- Good feelings about themselves and their abilities.

After placement, they may:

- Test below grade level;
- Be shy or embarrassed about their school placement;
- Think that only "nerds" are studious;
- Have given up;
- See no reason for an education;
- Still be negatively influenced by former peers; and
- Continue to feel that they have little worth.

**You Need to Know!!!**  
**The Importance of Educating Children**  
**on Their Sexual Development**

Sexual development includes knowledge and understanding of:

Physical changes and bodily functions as sexual organs mature:

- Menstruation
- Wet dreams
- Masturbation
- Conception
- Pregnancy

Emotions and feelings that come with physical changes

To achieve healthy sexual development, all children must have:

- Appropriate sources of information (e.g., books, medical material, health clinics);
- Honest and medical correct answers to their questions;
- Acceptance of their individual rate of development; and
- A safe environment in which to develop.

Children in family foster care and children who have been adopted often continue to be at risk because:

- Before placement, they may have:
  - lived in an abusive and/or neglectful environment;
  - used misinformed peers as their primary source of sexual information;
  - been ridiculed or scorned for their sexual development; or
  - been sexually molested or exploited.
- After placement, they may have:
  - Ongoing pain due to previous rejection;
  - Difficulty trusting adults;
  - Low self-esteem;
  - Feelings of guilt; or
  - Need for therapy to resolve issues of sexual abuse.

# **PRIDEbook**

## **SESSION SIX-B**

### **MEETING DEVELOPMENTAL NEEDS: BEHAVIOR INTERVENTION TECHNIQUES**

## Behavior Intervention Techniques

### PRIDEbook

Resource	Title
6B-1	Module Objectives
6B-2	Module Agenda
6B-3	Effective Methods of Discipline
6B-4	Factors Influencing the Methods of Discipline We Use
6B-5	Evaluating the Effectiveness of Discipline
6B-6	The Range of Disciplinary Techniques
6B-7	I Caught You! (Being Good)
6B-8	Types of Rewards
6B-9	“Ground Rules” for Providing Encouragement
6B-10	What Do I Say
6B-11	Rules About Rules
6B-12	Assessing Our Rules
6B-13	Planning for Change
6B-14	Building Success into the Environment
6B-15	The “SODAS” Method of Problem Solving
6B-16	My own “I-Message
6B-17	“If . . . Then . . .”
6B-18	Taking Time and Giving Time
6B-19	Risks Associated with Restraints
6B-20	Feelings Chart
6B-21	Behavior Scenarios
6B-22	Self Care and De-escalation
6B-23	Child Centered De-escalation

- 6b-24 Strategies for Approaching Discipline with Children Who Have Experienced Trauma
- 6B-25 You Need to Know!
- 6B-26 A Birth Parent's Perspective
- 6B-27 PRIDE Connections
- 6B28 Making a Difference!

## Resource Sheet 6B-1

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### BEHAVIOR INTERVENTION TECHNIQUES

#### **Competencies:**

- Know the importance of providing unconditional, positive support.
- Know the non-physical methods of disciplining children, in accordance with State policy, and know how to use those methods to teach children appropriate behavior.
- Know how to create a supportive and accepting family environment.
- Know how to help a child identify and build upon personal growth.
- Know how to use age-appropriate discipline to teach appropriate behavior.

#### **Objectives:**

The purpose of this behavior intervention module is to enable participants to:

1. Describe the range of categories of disciplinary techniques;
2. Develop and maintain an environment that supports positive and constructive behaviors;
3. Describe how to use praise, rewards, and encouragement to promote positive behavior;
4. Demonstrate the ability to respond to certain situations with statements of encouragement;
5. Explain the importance of using planning and preparation as a means to promote self-control;
6. Identify the techniques for promoting self-control;
7. Identify ways of implementing the techniques for promoting self-control;
8. Identify techniques for responding to out-of-control behavior;
9. Identify less restrictive strategies caregivers can use to intervene in potentially harmful behaviors;
10. Identify less restrictive strategies caregivers can use to work with oppositional children;
11. Identify the risks associated with the use of prone or supine restraints, including positional, compression, or restrain asphyxia.
12. Demonstrate the use of “I-messages” when communicating with children and youth;
13. Develop natural and logical consequences for certain situations; and

## Resource Sheet 6B-1

Page 2

14. Identify basic guidelines for the use of time-out.
15. Identify strategies and techniques the child can use to avoid harmful behaviors.
16. Identify how to teach children to use the strategies and techniques of your agency's de-escalation protocols to avoid harmful behavior, and supporting the children's efforts to progress into a state of self control.

## Resource Sheet 6B-2

### AGENDA

#### I. WELCOME AND INTRODUCTION

- A. Participant Introductions
- B. Use of the Foster PRIDEbook
- C. Purpose of this Foster PRIDE Module
- D. Review Objectives and Agenda
- E. Discussion of Teamwork Agreements

#### II. BEHAVIOR AND DISCIPLINE

- A. Effective Methods of Discipline
- B. The Range of Discipline Methods and Techniques

#### III. PROMOTING POSITIVE BEHAVIOR

- A. The Importance of Positive Behavior
- B. Praise
- C. Rewards
- D. Encouragement

#### A. PROMOTING SELF-CONTROL

- A. Establishing Expectations
- B. Planning for Change
- C. Modifying the Environment
- D. Making Decisions

#### V. RESPONDING TO LACK OF CONTROL

- A. Sending an "I-Message"
- B. Natural and Logical Consequences
- C. Time-out
- D. Risks Associated with Restraints.

#### VI. DE-ESCALATION TECHNIQUES

- A. Self-care and De-escalation
- B. Child Centered Techniques

#### VII. CLOSING REMARKS

- C. Summary of Module
- D. End Session

## Resource Sheet 6B-3

### Effective Methods of Discipline

As you can see from the following list, there are many things we can say and do to help achieve the goals of effective discipline. Many of these methods are probably quite familiar to you, but you may not have considered them part of the disciplinary process.

Discipline is so much more than reacting to a child's misbehavior. You are a disciplinarian every breathing, thinking, doing, and feeling moment as a parent.

Many of these methods are intended to prevent inappropriate behavior. Some of them are used in reaction to a child's unacceptable behavior. And some can be used both to prevent and to react.

Effective discipline requires effective communication. That's why listening, asking questions, and using "I" messages (see below) are included as disciplinary methods.

To effectively use these methods, we must remember the importance of having the general knowledge and attitudes discussed earlier. These include patience, openness, and an understanding of child and adolescent development.

Most important, we must realize that it takes time and a willingness to learn and practice these methods of discipline. That is why the agency offers specific Foster PRIDE Core Training Modules to teach foster parents the skills needed to use all these methods.

Effective Methods of Discipline Include:

- Ignoring
- Modeling desired behavior
- Changing the environment
- Rules
- Time out
- Applying natural and logical consequences
- Allowing children to take risks
- Listening
- Asking questions
- Providing encouragement
- Restricting activities to specific places
- Changing activities
- Anticipating situations that may produce stress for children
- Planning and structuring activities
- Building children's self-esteem
- Teaching children how to solve problems on their own and with others.
- Teaching children to communicate effectively
- Stating expectations for behavior in advance
- Giving children an opportunity to learn from their mistakes.
- Praising desired behaviors
- Rewarding appropriate behavior
- Giving "I" messages
- Preparing children ahead of time for any changes in schedules or routines
- Encouraging children to set rules for themselves

## Resource Sheet 6B-4

### Factors Influencing the Methods of Discipline We Use

All the methods we identified can be effective. However, we must consider several factors for their successful use:

- a. The behavior itself;
- b. Our feelings about the behavior;
- c. The child;
- d. The purpose we assign to the behavior;
- e. Where the behavior is occurring;
- f. Who is present in the setting;
- g. Factors affecting our ability and willingness to respond effectively; and
- h. Our relationship with the child.

## Resource Sheet 6B-5

### Evaluating the Effectiveness of Discipline

Answer the following questions **YES** or **NO** when evaluating the effectiveness of different types of discipline.

1. Has the disciplinary action protected and nurtured the child's physical and psychological well-being? \_\_\_\_\_
2. Did it enhance the child's development? \_\_\_\_\_
3. Were the child's needs met in a responsible manner? \_\_\_\_\_
4. Has it taught the child ways to prevent and solve problems? \_\_\_\_\_
5. Will this action maintain and/or build the parent/child relationship? \_\_\_\_\_
6. Will this method build self-control and self-responsibility? \_\_\_\_\_
7. Has this action produced the desired behavior? \_\_\_\_\_
8. Was the method based on an understanding and appreciation of the child's developmental status and uniqueness? \_\_\_\_\_

## 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.**

Listening  
Questioning  
Modeling  
Praise  
    Verbal  
    Non-verbal  
    Physical  
    Sharing positive feelings  
Rewards  
    Tangible privileges  
    Increased responsibility  
Support interests  
Encouragement  
Ignoring

#### **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  
Making Decisions

#### **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

## **The Range of Discipline Methods and Techniques**

While discipline may be challenging, at least 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.

## **Resource Sheet 6B-7**

### **I Caught You! (Being Good)**

**Verbal Praise**

**Nonverbal Praise**

**Physical Praise**

**Sharing Positive Feelings**

**Tangible Rewards**

**Privileges**

**Increasing Responsibility**

**Support Interests and Talents**

## Resource Sheet 6B-8

### Types of Rewards

#### Tangible Rewards

A tangible reward may be money or a toy. Rewards need to be small. They are “gestures” of approval. Children should not get large and expensive gifts, or large sums of money as a reward. Nor should children always get tangible rewards. You do not want to promote the sense that one is good in order to receive gifts. In fact, most tangible rewards have their greatest value in the praise that accompanies the reward.

#### Privileges

Privileges are rewards that allow a child to experience greater freedom or opportunity. Privileges might involve extending bedtime, giving extra playtime, or allowing a child to borrow or use a valued object. Privileges are most effective when they connect to the behavior being recognized.

#### Increasing Responsibility

Increasing responsibility is similar to granting privileges. As a means to reward a child for keeping his/her room picked up, you may increasingly give the child totally responsibility for the care and cleaning of his/her room. While this involves work for the child, it is also saying, “You are able to do this on your own. You do not need me coming in your room.”

#### Encouraging Interests and Talents

Encouraging interests and talents supports the child’s efforts in pursuing interests. It is important that you reward the child for interest, desire, and efforts. If the child loves sports, you nurture and encourage the desire to participate. You reward the child’s efforts by signing him/her up for new sports, and finding the child the needed equipment to play. You reward the child who likes to read with trips to the library. However, be clear that the behavior you are rewarding is the child’s interest, participation, and effort (not the child’s performance, talent, or ability).

## Resource Sheet 6B-9

### “Ground Rules” for Providing Encouragement

#### **Focus on internal evaluation — not external.**

“You must be very proud of yourself.”

“How do you think you are doing.”

“What kinds of things can you do so that you will be more pleased with this?”

*(Vs. “I’m so proud of you.”)*

#### **Focus on contributions and appreciation — not value judgments.**

“I appreciate the help you gave me.”

“Your hard work sure did help the family.”

When you do \_\_\_\_\_, it makes my job much easier.”

*(Vs. “What a good boy you are!” or “What a good job you did!”)*

#### **Focus on effort and improvement — not winning or competition.**

“You have really been practicing hard.”

“I can see the progress you’ve made.”

“Being part of a team takes a lot of work and dedication.”

*(Vs. “I’m so proud of you for winning!” or “You’re a good basketball player.”)*

**Resource Sheet 6B-10**

**What Do I Say**

**Todd, age 2, has dressed himself in his sister's shirt, pants that are on backwards, no socks, and shoes on the wrong feet. You say:**

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**The Little League Team just won the championship, and Ryan scored the winning run. You say:**

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**Anya complains that his arithmetic homework is too hard for him. You say:**

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**Tracey was late handing in her homework and got an F. This was the first homework assignment she completed this year. You say:**

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## Resource Sheet 6B-11

### Rules About Rules

**A. Prioritize and establish a few rules that are most important to the well-being and safety of the family.**

Too many rules are overwhelming. Decide what is most important and prioritize. Children are overwhelmed by too many rules.

**B. Involve family members in setting rules.**

Rules need to belong to the family — not the parent. Children need to be involved in the decision-making and learning process that will help them in developing their own sense of right and wrong. In addition, ownership will help build commitment to the rules, and reduce the need for power struggles.

**C. Make sure children understand the reasons or rationale for the rule.**

Discipline is about learning and there is a learning process involved with every rule. The toddler must learn that some things are hot. The pre-schooler must learn how to play and share with peers. The adolescent must learn how to make choices that will not damage his/her health. "Because I say so!" does not teach children anything. Children are more apt to follow a rule that they can understand and that seems important. Exploring the meaning of rules can be a useful activity with your child or as a family group.

**D. Make sure the rule addresses the issue it is intended to address.**

One of the difficulties with rules is that they present fairly rigid expectations of behavior as if always assuming that life presents itself or happens in a prescribed way. The way we word rules may address our beliefs or assumptions about life, but not the issue that needs to be addressed. Think about the rule "Take no candy from strangers." What does this mean to a child? Is it fine to take other things from strangers? Is it fine to go places or talk to strangers so long as you don't eat their candy? Adolescents are particularly adept at adhering to rules that don't address the issue. Many of us may remember plotting how to adhere to a rule, knowing all the while we were violating its basic intent.

**E. Make rules clear.**

Telling the child to behave means only that he needs to please you. Be specific about what it is that is expected. Some "house rules" may be vague -- such as "Treat everyone with respect." You may need to spend time with the family defining what "respect" means in your household. Again, this is a valuable learning opportunity.

**F. Make sure children understand the exceptions to the rule.**

If you have talked with the child about establishing the rule and ensured he/she understands the intent of the rule, in most cases he/she will understand the exceptions to the rule. "Don't interrupt me when I'm talking" is a fine rule -- except when the pot is boiling over, the baby sister is crawling near the steps, or the child needs to go to the bathroom.

**G. Make rules positive and action oriented. Save "don't" for specific safety situations.**

The word "don't" may almost guarantee instant rebellion in a child. In addition, a child tends to respond to action — not inaction. "Park your bicycle in the garage each night" is preferable to "Don't leave your bicycle in the driveway." Wording rules in this way helps you and the child to find acceptable alternatives for the behavior. Again, this provides another opportunity to teach the child. Instead of saying, "You can't leave your art work all over the house," try "I know there's no space in your room to do your art. How can we work this out?" Save the word "Don't" for safety situations such as "Don't go near the road."

**H. Make sure rules "grow" with the child.**

As the child's world expands, you want old rules to grow and expand. "Don't go near the road" is intended to keep the child safe from traffic and danger. This same intent is satisfied in the older child with, "Always stop, look, and listen before you cross the street." Later, "Always keep to the side of the road when riding your bike." Still later, "Don't drive the car if you've been drinking or if you have taken any kind of drug."

**I. Make only those rules that you are confident you can enforce overtime.**

There are many ideals we may hold about what we want for our lives and for our families. In moments of zealousness we may decide to develop a whole new approach to family life. However this may be unrealistic for your family, and may not be something you can manage in the long run. Rules are meant to bring sanity, safety, and comfort to family life. Don't decide one week that there will be no television except on weekends, only to find yourself backing down after two days because everyone (mostly you) is going through "television withdrawal". It is probably better to allow unacceptable behaviors to continue than to develop a rule that you then ignore. If television has become a problem in your house, then deal with it gradually by finding alternative activities and working on the issue as a family.

**J. Be consistent.**

Once the rule is established it cannot be ignored. If television is limited to an hour, you can't extend it to two hours for your own convenience. If there are no snacks after 4 pm, no amount of whining or begging can result in snacks.

## Resource Sheet 6B-12

### Assessing Our Rules

Rule as stated or written: \_\_\_\_\_

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- |  |     |     |
|--|-----|-----|
| 1. Were family members involved in setting this rule?            | Yes | No  |
| 2. Was the child (or family) explained the reasons for the rule? | Yes | No. |
| 3. Does the rule address the issue it was intended to address?   | Yes | No  |
| 4. Is the rule clear?  | Yes | No  |
| 5. Does the child understand any exceptions to the rule?         | Yes | No  |
| 6. Is the rule positive and action oriented?                     | Yes | No  |
| 7. Is the rule age appropriate?                                  | Yes | No  |
| 8. Can this rule “grow” with the child?                          | Yes | No  |
| 9. Can I truly enforce this rule over time?                      | Yes | No  |
| 10. Is this rule consistently enforced?                          | Yes | No  |

Are there any changes you would make in this rule, or any steps you would take to improve its effectiveness? If so, what?

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**Resource Sheet 6B-12**

Page 2

Rule as stated or written: \_\_\_\_\_

- 
- |   |     |     |
|---|-----|-----|
| <b>1. Were family members involved in setting this rule?</b>            | Yes | No  |
| <b>2. Was the child (or family) explained the reasons for the rule?</b> | Yes | No. |
| <b>3. Does the rule address the issue it was intended to address?</b>   | Yes | No  |
| <b>4. Is the rule clear?</b>  | Yes | No  |
| <b>5. Does the child understand any exceptions to the rule?</b>         | Yes | No  |
| <b>6. Is the rule positive and action oriented?</b>                     | Yes | No  |
| <b>7. Is the rule age appropriate?</b>                                  | Yes | No  |
| <b>8. Can this rule “grow” with the child?</b>                          | Yes | No  |
| <b>9. Can I truly enforce this rule over time?</b>                      | Yes | No  |
| <b>10. Is this rule consistently enforced?</b>                          | Yes | No  |

Are there any changes you would make in this rule, or any steps you would take to improve its effectiveness? If so, what?

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## Resource Sheet 6B-13

### Planning for Change

#### **A. Try to be aware of pending changes in the child's life.**

Sometimes it is hard to even be aware that a child will interpret something as a "change". However, try to be sensitive to these small changes and the impact they have on a child. Be sure to stay in contact with the caseworker and other members of the foster care team to make sure you are aware of changes in other aspects of the child's life — school, therapy, visits etc.

#### **B. Talk with the child about the change ahead of time.**

There is no value to protecting a child from things that are going to happen. He/she needs time to prepare and deal with his/her feelings. You will have to determine, given the child's developmental level and situation, how far in advance you begin planning with the child. Obviously, you do not begin to talk weeks ahead of time about a change for a toddler that will occur months down the road. You will have to use your discretion about when and how to talk with a child about things that may happen. Many children cannot deal with this type of uncertainty and, indeed, are better off not knowing something until it is sure to happen.

#### **C. Talk with the child to identify potential feelings the child might experience.**

Helping children identify and label potential feelings is part of the disciplinary (teaching) process. When the child knows to expect fear, nervousness, or sadness, these feelings become a predictable part of the child's world. You have put the child in charge or in control. The child is less likely to become overwhelmed or consumed by the feelings that often lead to out-of-control behaviors.

#### **D. Talk with the child to identify strategies to deal with these feelings.**

Once potential feelings are identified you can talk with the child about ways to handle those feelings. Identify ways for the child to cope during the change period (plan a telephone call to a good friend, talk to the school counselor, give your "blankey" an extra hug etc.). Help the child plan ways or activities to focus the child's attention and that allows the child to be in control (reading books, listening to music, writing in a journal). Remember that a child responds best to action. Directing the child's attention to "do" something puts him/her "in charge" of their self and lessens the sense of powerlessness that change brings.

## Resource Sheet 6B-14

### Building Success Into the Environment

#### A. Organizing

Organizing helps children learn how to sort, pickup, and find their own things. Organizing increases the child's ability to accomplish self-care tasks.

#### B. Enhancing

Making the child's "world" full of age appropriate and interesting items, posters, books, wall hangings, and toys is all a means of enhancing the child's environment. This helps the child learn how to spend time alone, occupy his or her self, develop hobbies, focus and concentrate.

#### C. Soothing

This technique is used most often with babies and particularly babies who are born cocaine-effected. Essentially, sources of stimulation are removed from the environment. This may be light, noise, activity, bright colors etc.

#### D. Redirecting.

Redirecting does not restrict activities, but rather structures them to occur in a different way. Establishing certain rooms for certain activities is one way to redirect. Exchanging a safe item for an unsafe one is another way.

#### E. Childproofing.

We probably do this and don't even think about it. This is critical in terms of making the child's world safe. If you are concerned about the child breaking something, it is best to put it away. It is the "job" of the toddler to grab and explore. Help him to do his job well. Don't be concerned that the toddler will be unable to learn not to touch or break things. It would be impossible for you to control the child's entire environment to the extent that the child would never be exposed to forbidden items.

#### F. Adolescent proofing.

You need to make the environment safe and promote healthy behaviors. If you are concerned about stealing, you don't leave money lying around. If there is a history of sneaking out, you don't locate the adolescent's bedroom next to the door.

## The “SODAS” Method of Problem Solving

**S**ituation

**O**ptions

**D**isadvantages

**A**dvantages

**S**olutions

---

### Situation

No problem can be solved until it is defined. In this step, the parent and the child will identify the problem or issue that needs a solution. This step can take some time because a child can use vague or emotional descriptions. In addition, a child may not always be aware that certain situations can cause problems or have consequences.

#### Tips for defining the situation:

- Ask open-ended questions to determine the situation. Avoid questions that could result in one-word answers.
- Teach the child to focus on the entire situation. Don't focus on just a part of it.
- Summarize the information because emotions associated with the problem can overwhelm children. Specifically state the problem in simple language. Ask the child if the problem summary is correct.

### Options

After you have described the situation, then you will begin discussing options to address the situation/problem. The options are the choices a child could have in dealing with the situation. In many cases a child will only look at options that are “all or nothing.” It is also common for a child to see only one solution to a problem, or to act on the first solution that pops into his/her head. In some cases the child may not be able to identify an option.

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Adapted from Burke, R. and Herron, R. (1996). *Common Sense Parenting*. Chapter 12, “Making Decisions.” Boys Town, Nebraska: Boys Town Press.

Your role as a parent is to help your child think. You do this by asking questions such as:

- “Can you think of anything else you can do?”
- “What else could solve the problem?”

Consistently asking these types of questions will help your child learn a process to make decisions without your guidance.

**Tips for identifying options:**

- Let the child list good and bad options. This is a brainstorming activity. A purpose of the activity is to get your child to think of ways to make a decision on his or her own.
- Choose no more than three options because too many can become confusing to the child.
- If your child is having trouble identifying options, then suggest options. This will allow the child to learn that in many situations there is more than one option

**Disadvantages and Advantages**

This is the step where the pros and the cons are discussed about each option. This step helps the child see the connection between each option and what could happen if the option were chosen.

**Tips for reviewing disadvantages and advantages:**

- Be sure to ask the child about his/her thoughts concerning each option. You will be trying to elicit from the child what is good or bad about the option, and why the option would or would not work.
- Help the child identify disadvantages and advantages for each option. This will be easier for the child on different options. The difficulty in identifying advantages and disadvantages could result because of the child’s lack of experience or knowledge.

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Adapted from Burke, R. and Herron, R. (1996). *Common Sense Parenting*. Chapter 12, “Making Decisions.” Boys Town, Nebraska: Boys Town Press.

**Solution.**

The solution is the point where the option that would work best is chosen. The parent should briefly summarize the disadvantages and advantages for each option and ask the child to choose the best one.

**Tips for choosing a solution:**

- Make sure the child knows the options along with each options possible outcomes. This helps the child learn how to make informed decisions and sets a pattern for making future decisions.
- If the decision is hard to make and does not require an immediate solution, let your child take some additional time to think.

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Adapted from Burke, R. and Herron, R. (1996). *Common Sense Parenting*. Chapter 12, "Making Decisions." Boys Town, Nebraska: Boys Town Press.

**Resource Sheet 6B-16**

**My Own "I-Message"**

**You loaned your bicycle pump to 14 year old Dan. When you needed the item, you found it had not been returned**

You say: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Twelve-year-old Marta is found smoking in her bedroom.**

You say: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write your own situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You say: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Resource Sheet 6B-17

### “If . . . Then . . .”

Think about how you can apply specific natural or logical consequences to help change unacceptable behaviors.

**Behavior:** \_\_\_\_\_

\_\_\_\_\_

**Consequence:**  **Natural**  **Logical**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavior:** \_\_\_\_\_

\_\_\_\_\_

**Consequence:**  **Natural**  **Logical**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Resource Sheet 6B-18

### Taking Time and Giving Time

**A. Take time to gain your composure and self-control.**

You want to approach the child in a firm and calm manner.

**B. Give the child an opportunity to change the behavior.**

Ask the child to stop the behavior and provide some time for the child to respond. If the child does not respond, demand in a firm manner that the behavior stops.

**C. If these efforts fail, tell the child where to go for a time-out.**

Have one established place for time-outs. This spot should be free of stimulation and removed from the activities of the household. The child should be allowed to go on his/her own.

**D. Tell the child how long the time-out will be, but explain that you will only begin timing when he/she becomes quiet.**

A rule of thumb is that a time-out needs to be the same number of minutes as the age of the child (consider developmental age, not the child's chronological age). For some children this may be too long. Some parents choose to use a timer.

**E. Ignore the child's behavior while in time-out.**

If the child is interacting with you, then the child is not using himself/herself to calm down and gain self-control. In fact, further interactions with you are likely to escalate the situation. If the child gets up you can calmly place the child back in the chair, explaining that you will have to start the timer all over again. Sometimes this may occur repeatedly.

**F. Focus the child on a positive activity after the time-out.**

When the time-out is over simply observe to the child that he/she is in control again and, therefore, may go play with his toys, or ride his Big Wheel, etc. However, do not reward the child. If a time-out has been especially difficult, a parent may feel guilty afterward. This is not the time to confuse the child with special rewards.

## RISKS ASSOCIATED WITH RESTRAINTS

***Any personal restraint that employs any of the following techniques is prohibited, including:***

- Restraints that impair the child's breathing by putting pressure on the child' torso
- Restraints that obstruct the child's airway, including a procedure that places anything in, on, or over the child's mouth, nose, or neck;
- Restraints that obstruct the caregiver's view of the child's face; or
- Restraints that interfere with the child's ability to communicate.

***Physical restraint is prohibited in basic care homes because of the following risks:***

- Severe injury, including:
  - Coma
  - Broken bones
  - Bruises
  - Cuts requiring stitches
  - Facial damage
- Death due to:
  - Asphyxiation
  - Strangulation
  - Cardiac arrest
  - Blunt trauma
  - Choking

***When an individual is restrained or contained in a prone (lying on back, face up) or supine (lying with front or face downward) position, two things happen that compromise the body's ability to breath.***

- There is a compression or restriction to movement of the ribs limited the individual' ability to expand the chest cavity and breathe.
- The abdominal organs may be pushed up, restricting movement of the diaphragm and further limiting the available space for the lungs to expand.

***Even without any other contributing factors, simply restraining and individual in a prone or supine position restricts the ability to breathe, thereby lessening the supply of oxygen to meet the body's demands.***

***There is an even graver risk of causing respiratory compromise during the process of subduing and restraining an uncooperative individual. Agitation or an aggressive struggle further increases the body's demand for oxygen. This can lead to "restraint asphyxia"***

- All of the body's muscles need oxygen to function, including the heart muscle. When the heart does not get sufficient oxygen, it beats faster, trying to circulate all available oxygen. Insufficient oxygen supply to the heart may cause an uncoordinated pattern of heartbeats, otherwise known as cardiac arrhythmia. The combination of a rapid heart rate and insufficient oxygen supply to meet the heart's oxygen demands, may quickly cause a fatal cardiac arrhythmia.

Resource Sheet 6B-20  
EXAMPLE

# How Do You Feel Today?



## Resource Sheet 6B-21

### Behavior Scenarios

1. Johnny, age 8, has been placed in adoption for 6 months. You have determined that he has been stealing money from your wallet, and from the other children's lunch money. You recently had \$100 disappear. When you ask about it, he becomes very verbally abusive, yelling that you are accusing him only because he's adopted and you would never accuse a birth child of stealing. He yells that you should call a caseworker and have him moved somewhere else.
2. Tameka, age 10, has been in your foster home for 3 months. She has been throwing rocks at your small dog, who is now limping. The usually calm dog has now become aggressive with Tameka and all children. You recently saw her throw a rock at the dog when she thought no one was looking. When you confront her, she becomes very upset and blames the dog for getting her in trouble. She runs off saying "I'll teach that dog a lesson".
3. Rafael is 14. He was placed in your foster home about a year ago when his brother was sent to jail. At first, he was very compliant, but now he has difficulty obeying and has become openly defiant. The last few times you have asked him to do something, he has started cussing at you loudly and then leaves the house, returning hours later.
4. Jessica is 3. When she came to your adoptive home 6 months ago, things went pretty well. For the last two months, however, she has been having serious temper tantrums, throwing herself on the floor, screaming loudly and then trying to bite anyone who comes near her.
5. Jim Bob is 6. He has been in your foster home for only two weeks. Whenever you enter the room, you smell a strong smell. You discover that he has been urinating in the corner of the bedroom. Upon further investigation, you realize he has been hiding food under the bed for the last few weeks. When you attempt to talk to Jim Bob about the behavior, he becomes very defensive, saying he hasn't done anything wrong and you are just picking on him because he is new in your home.
6. Marisa is 16. She was placed into your adoptive home due to sexual abuse when she was 8 years old. She has now become very interested in boys, and seems to be dressing in very provocative clothes. You have found out from the school that she is caught almost every day in the parking lot of the school, engaging in sexual activity with different boys. When confronted, she accuses you of being narrow-minded, because "it's only sex and no big deal".

## Resource Sheet 6B-21

## Resource Sheet 6B-22

### Self Care and De-escalation

**Some ways you could take care of yourself, both before or, during a stressful event:**

- *Find some time for yourself, as needed. Utilize respite care if you really feel family stress building.*
- *Take a deep breath, and again, and again.*
- *Count to 10*
- *Think positive thoughts*
  - All feelings, thoughts and actions belong to you.
- *Give yourself a time out.*

**Some ideas for a time out for you:**

- “I need some space to calm down before I can deal with this.”
- “I need some time to think before further discussion.”
- Remove yourself from the situation.
- Call a friend or relative for support or to take care of the baby while you take a break.

***Move muscles***

- Take a walk
- Shake your body
- Touch your toes
- Do the hokey pokey

***Modeling and De-escalation***

Remember, you are modeling for your children when you express anger. We need to work to teach our children how to be angry and one way is through our own modeling.

## **Child Centered De-escalation**

Child centered de-escalation refers to techniques that children can learn to calm themselves down when they see they may be losing control.

### **1. Feelings Identification**

Feeling identification assists the child in recognizing how his/her body feels and in being able to name and describe those feelings. This leads to the child's being able to control. His reactions and behaviors, related to bodily feelings.

Identification of feelings provides a non-stressful way to begin the discussion of feelings, as well as offers the caretaker a chance to evaluate the child's verbal and emotional ability to recognize and express feelings. The caretaker can also share various feelings. This will encourage trust and open dialogue with the child.

#### **Ways to help a child identify feelings:**

- Feelings chart (**refer to Resource Sheet 6B-21**)

You can utilize a "Feelings Chart" or have the child write down all the different feelings he/she can imagine in 3 minutes. Then you and the child can select a feeling and describe the last time he/she felt that way.

You and the child can also look at pictures (or make a collage out of magazines) and ask the child if he/she ever felt like this. This provides a chance for exploration of "what it was like". Be creative. Teens are very receptive to writing poetry and there are commercial games available, such as the "Talking, Feeling, Doing Game", "Moods Game", "Angry Monster Game", "Feeling Card Game" can assist in feelings identification. Also, play dough and fingerpaints appeal to the younger set.

### **2. Deep Breathing**

Deep breathing (or "belly breathing" has been used in yoga to decrease stress related symptoms. This is breathing so that the abdomen protrudes during inhaling and recedes during exhaling. The benefit of deep breathing is the "focused attention". The child may need assistance in redirecting his/her thoughts back to the breathing exercise. This aids the child in coping with

intrusive thoughts or overwhelming stressful situations and can be utilized during intervention.

Belly breathing can teach children to slow down and relax. The relaxation effect is presumed to exist in part from calming one's thoughts and refocusing on the breathing rather than attending to the external stimuli. Counting can assist children in mastering this skill. You can teach the art of belly breathing by placing a book on the child's lower abdomen and asking the child to inhale through the nose to the count of 5 and exhale through the mouth to the same count. The child should be able to see the book rise during inhales and descend during exhales. The importance of quieting thoughts and focusing attention is important.

### 3. Thought Stopping

Thought stopping assists the child in redirecting and correcting thoughts that cause them more anxiety and stress. This technique teaches the child that he/she can have control over what thoughts he/she has and how those thoughts impact his/her feelings and behaviors.

Some people have automatic thoughts that are unreasonable and unquestioned ideas that rule their lives and lead to anxiety and depression. Thought stopping assists children in ending their negative thoughts and replacing them with more objective thoughts.

***“Thought stopping” may be achieved by:***

- ***Interrupting an unwanted thought verbally***

Child tells himself to “snap out of it”

Child tells the thought to “go away”

- ***Replace an unwanted thought with a welcome one.***

Helping the child to define a positive thought or create a mental image, assists in terminating the negative thoughts.

- ***Ask the child to look in a mirror.***

This re-focuses the child's attention. Have him/her point out positive things about himself.

- ***Hold up a “stop sign” every time the child expresses a distorted thought.***

Eventually, the child may learn to think of the stop sign when negative thoughts begin.

- ***Ask the child about what might be a better way of thinking about an event.***

It is important to teach the child to replace the misguided thought with a more accurate one. Ask the child to consider sights, sounds, smells, weather conditions, and detail the surroundings.

- ***Empower the child to control thoughts. Suggest the child close his/her eyes think about a place where he/she feels safe and comfortable to promote safety.***

It is expedient to assist the child in discovering the positives in his/her life and reemphasize that these positives remain the same. Difficult children can be helped to realize that they are now in a safe place. Then, encourage them to open their eyes and see it.

#### **4. Positive Self-Talk**

Positive self-talk requires the caretaker to help the child identify areas in which the child has strengths. Recognizing “survivor” capacity of these children is one way to encourage the child to “give himself credit” or “pats on the back” when he is feeling discouraged. This will take many repetitions as the child’s distorted view of the world includes a distorted view of himself as unworthy and worthless.

##### ***Some ideas for positive self-talk for a child:***

- “I can get through this.”
- “Things are difficult now, but they will improve.”
- “Lots of people care about me and my family.”
- “I’m still good at baseball, school, dancing, etc...”

Remind the child that some things have changed but some things still remain the same.

### Strategies for Approaching Discipline with Children Who Have Experienced Trauma\*

Pay careful attention to communication in the discipline process.

Children and youths 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.
- Be clear and direct.

Listen promptly and carefully to what children and youths 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.

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\*Adapted from Cotton, N.S. (1993). *Lessons from the Lion’s Den*. San Francisco, CA: Jossey-Bass.

## Resource Sheet 6B-24

### Page 2

Be objective, non-judgmental, concise, consistent, and clear.

Emotionally traumatized children and youths 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. Tendencies to feel sorry for a child or make allowances for bad behavior only 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.”)
- 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

## Resource Sheet 6B-24

### Page 3

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.
- Ensure the child that you will keep them safe and that they are able to follow the rules. Stress that while not following rules will result in consequences, 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:***

- Know that change represents stress to a child. In 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 periods 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.

**You Need to Know!**

**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.

## **You Need to Know!**

### **Managing Behavioral Crises**

It would be naïve to think that when we work with children who have experienced trauma, we could always be effective in dealing with problem behaviors. There may be times when behaviors are so serious or dangerous that outside help or intervention is required by specially trained personnel.

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 would 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.

## **You Need to Know!**

### **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 is a sign of 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 stress 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.

### **You Need to Know!**

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"**

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.





## Resource Sheet 6B-28

### **Making a Difference!**

Maurice entered my home when he was about 13 years old. However, because of his behavior (cutting school, stealing, etc.), he was placed in a series of group homes, then to my daughter's family. From there he went to an independent living group home for a while, but that experience was very bad for him. Maurice then asked me if he could return to me. I accepted him back. This is what Maurice says about his experiences with being in foster care:

*Mrs. G. has been a good example, a good help in my life. She helped me to overcome the abuse I received earlier in life. I thought it was impossible for me to change—I gave her a lot of problems. Mrs. G. took me into her home, showed me love and discipline, and my life began to change. I used to skip school and wouldn't stay for more than a week. I couldn't get along in school. She stayed by me and understood, let me know that the abuse I experienced didn't need to ruin me. Because of her, I am where I am today...graduating from high school.*

Virginia George  
Foster Parent  
Delaware

# **PRIDEbook**

## **Session Seven**

### **Understanding and Responding to The Issues of Sexual Abuse**

**Session Seven- COMPETENCIES AND GOALS**

**Competencies Addressed in this Session:**

- Protecting and nurturing children
- Meeting developmental needs and addressing developmental delays
- Working as a Member of a Professional Team

**In-Session Learning Goals: As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

Yes	No	Would like to discuss more	
			1. Describe the range and types of feelings sexual abuse may evoke in foster parents, and appropriate ways to deal with these feelings.
			2. Describe the range and types of feelings children may experience toward their sexual offenders
			3. Explain the importance of respecting children's feelings toward their offenders.
			4. Provide examples of appropriate ways to respond to children's stated feelings about their offenders.
			5. List symptoms which strongly suggest the possibility that children have experienced sexual abuse.
			6. Explain why it is important to report to children's social workers symptoms of sexual abuse which have not previously been documented.
			7. Provide examples of appropriate ways to respond to children's disclosures/discussions of sexual abuse.
			8. List behaviors which constitute child sexual abuse.
			9. Describe the sexual abuse continuum.
			10. List methods used by offenders to gain children's submission to sexual acts, and describe the impact of these methods on children.
			11. Describe behaviors that indicate a need for professional attention.
			12. Other questions: List here

Resource 7-B

## **AGENDA**

**PART I: WELCOME AND INTRODUCTIONS (15 minutes)**

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

**PART II: IDENTIFYING SEXUALLY ABUSED CHILDREN (1 hour, 15 minutes, including a 15 minute break)**

- A. Managing Feelings and Attitudes
- B. Signs and Symptoms of Sexual Abuse

**PART III: UNDERSTANDING THE FORMS OF SEXUAL ABUSE AND THE VARIABLES CONTRIBUTING TO IT (30 minutes)**

- A. Behaviors Which Constitute Sexual Abuse
- B. Gaining Insight Into Why and How Child Sexual Abuse Occurs

**PART IV: THE IMPACT OF SEXUAL ABUSE ON CHILDREN (45 minutes)**

- A. Factors Affecting the Input of Sexual Abuse on Children
- B. Problems Commonly Displayed by Children Who Have Been Sexually Abused
- C. Parenting the Sexually Abused Child

**PART V: CLOSING REMARKS (15 minutes)**

- A. Summary
- B. Preview Session Eight

**Foster Parents' Feelings about Sexual Abuse**

This activity lets you deal with strong emotions you may experience while caring for children who have been sexually abused. The trainer will read aloud three case vignettes about sexual abuse. In the spaces below, please write your feelings about each of the situations.

**Case Vignette #1—Mary**

Feelings about Mary

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Feelings about Mary's father

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Feelings about Mary's mother

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Feelings about the sexual abuse activities

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**Case Vignette #2—Valerie**

Feelings about Valerie

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Feelings about Valerie's father

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Feelings about Valerie's mother

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Feelings about the sexual abuse activities

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**Case Vignette #3—Tony**

Feelings about Tony

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Feelings about Tony's older brother

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Feelings about Tony's parents

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Feelings about the sexual abuse activities

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### Signs and Symptoms of Sexual Abuse \*

Below are signs and symptoms of possible child sexual abuse. This list is not complete, but it does include the symptoms seen most often in children and adolescents who have been sexually abused. Symptoms may differ in children depending on age and level of development. Some children who have been sexually abused are symptom-free for long periods of time. Some symptoms, such as sexually provocative behaviors, more strongly indicate sexual abuse than other symptoms. These "abuse-specific" indicators are starred. The other symptoms accompany many types of trauma, stress, or other major problems. These "stress-related" indicators are not starred. Having one or more symptoms (other than a sexually transmitted disease) does not prove that a child has been sexually abused. One or more of the "abuse-specific" symptoms, and a number of "stress-related" symptoms would certainly warn that a child may have been sexually abused.

<b>Developmental Level</b>	<b>Signs and Symptoms</b>
Babies and toddlers	Genital or urinary irritation, injury, or infection * Sexually transmitted disease * Frequent, unexplained physical symptoms Intense fear of individuals or people in general Nightmares, night terrors, sleep disturbances Phobic behavior Extreme upset at diapering, undressing, or bathing Reluctance to be touched
Preschool children	All signs 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 Over-sensitivity to sounds, movement

\* Developed by Holly Ramsey-Klawnsnik, Ph.D.

**Signs and Symptoms of Sexual Abuse (cont.)**

<b>Developmental Level</b>	<b>Signs and Symptoms</b>
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 nonsexual needs * Forcing others in unwanted sexual contact *

## **Responding to Children's Disclosure of Sexual Abuse\***

### **A Guide for Foster Parents**

Foster parents must be prepared to respond to and support children who talk about their sexual abuse. A caring response may help identify the child as a victim of sexual abuse, and assist a child's recovery from sexual trauma. Keep in mind the following points:

- Do not panic or act alarmed. Do not display shock or disgust at what the child tells you. The child may think you are reacting to him or her, rather than what happened. Responding with shock or disgust will make the child less likely to discuss the abuse in the future with you, or with the social worker, police officer, and therapist.
- It is good for children's mental health to discuss traumatic experiences with kind, healthy adults who care about them.
- Explain to the child that it is okay to tell you about confusing or upsetting things that have happened. If you and the child are not alone, take the child to a private place, where the child feels comfortable.
- Listen with empathy and support to whatever the child wishes to say about the sexual abuse.
- Do not question or interview the child. Interviewing for suspected child sexual abuse should only be done by a trained professional. It is right for you to listen and respond sympathetically. However, it is not appropriate for you to question the child about details the child has not mentioned.
- When the child has finished talking, you should reassure the child that he or she did not deserve to be hurt. Tell the child that you will be working to make sure this will not happen again. Other people will work with you to keep the child safe. Explain that because of this, you will be telling some other people, including the child's social worker.

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\* Developed by Holly Ramsey-Klawnsnik, Ph.D.

Resource Sheet 7-E  
(Page 2)

- Tell the child that he or she did not cause the abuse, and that you care about his or her safety and happiness. Tell the child it is important to talk about scary or hurtful events, and that others might need to discuss this information with him or her.
- Immediately after the discussion, write detailed notes about what the child has told you, and how the talk came about. Do not take notes while the child is talking.
- Report this information right away to the child's social worker and/or the child protective service system.

### **Child Sexual Abuse—A Definition**

Child sexual abuse is a sexual act done to a child who does not have the emotional and physical maturity needed for adult sexual interaction.

Sexual offenses involve power and control, as well as sexual interaction. Offenders may be sexually aroused by their victims, but they also want control over them. Sexual abuse, like all other forms of interpersonal violence, is an abuse of power. In many child sexual abuse cases, a known and trusted person with authority over the child (such as a parent, teacher, or baby-sitter) forces the child into sexual activities.

## Resource Sheet 7-G

### Sexual Abuse Continuum\*

Child sexual abuse includes many activities. Some are more serious in nature and result than others. The following list outlines sexually abusive behaviors and activities. They are listed from less severe at the top of the continuum to more severe, going down.

COVERT SEXUAL ABUSE	SEXUALIZED RELATIONSHIP SEXUALIZED INTEREST IN CHILD'S BODY SEXUAL JOKES, COMMENTS, HARASSMENT "ROMANTIC" RELATIONSHIP DISCUSSION OF SEXUAL ACTIVITY
OVERT SEXUAL ABUSE	PRE-TOUCHING PHASE VOYEURISM ("PEEPING") EXHIBITIONISM ("FLASHING") INFLECTING PORNOGRAPHY ON VICTIM  SEXUALIZED KISSING AND FONDLING  ORAL-GENITAL CONTACT  DIGITAL PENETRATION OF VAGINA OR ANUS  VAGINAL OR ANAL RAPE  EXPLOITATION  SADISTIC ACTIVITY  RITUALISTIC ABUSE

\* Reprinted from H. Ramsey-Klawnsnik. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3, 3, 73, 90.

**What I Believe about Sexual Abuse**

**PLEASE READ EACH STATEMENT BELOW AND CIRCLE (T) IF YOU BELIEVE THE STATEMENT IS TRUE AND (F) IF YOU BELIEVE THE STATEMENT IS FALSE.**

- a. Pedophiles are sexually attracted to children. T F
  
- b. Child sexual offenders can be male or female. T F
  
- c. Most people who sexually abuse children begin doing so as young adults. T F
  
- d. Child sexual offenders have many difficulties, such as holding a job or getting along with others. T F
  
- e. Many child sexual offenders experienced sexual abuse or other maltreatment when they were young. T F
  
- f. False allegations of sexual abuse occur in no more than 5% of reported cases. T F
  
- g. When a child tells of sexual abuse and then later denies it, that usually means the sexual abuse did not take place. T F

## **Factors Affecting The Impact of Sexual Abuse on Children\***

Sexual abuse can deeply harm the ways children think, act, and relate to others. The emotional impact of sexual abuse has to do with the following factors:

*PREABUSE FUNCTIONING.* Children raised in caring environments by supportive parents usually learn and grow as they should. They have good self-esteem and emotional resilience. These strengths help children cope with trauma, including sexual abuse. Children with a history of abuse or neglect may have many difficulties. They have a harder time facing trauma such as sexual abuse.

*HOW MUCH & WHAT KIND OF ABUSE.* Some children experience less severe sexual abuse, or fewer episodes of abuse. Usually, they have fewer and milder symptoms than children who are more seriously abused over longer periods of time.

*RELATIONSHIP TO THE ABUSER.* Children who have been sexually abused by people they love, trust, and depend on usually experience more serious harm than children abused by strangers or acquaintances.

*SUPPORT FROM CAREGIVERS.* Social support from persons such as parents can help children recover. Children experience more emotional harm when their caregivers blame them, fail to acknowledge the harm caused by abuse, or do not believe them.

*OTHER TRAUMAS & LOSSES.* Physical abuse, neglect, or loss of parents, in addition to sexual abuse, can further damage children. These children have a greater need for emotional healing.

*PROFESSIONAL HELP.* Children recover more fully and more quickly when they receive good care from wise and skillful professionals such as social workers, therapists, and foster parents.

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\* Developed by Holly Ramsey-Klawnsnik, Ph.D.

## **Behavior Problems of Children Who Have Been Sexually Abused**

### **Fear- and Anxiety-Related Behaviors**

Children who have been sexually abused often have fears and phobias (intense fears) of people, places, things, and events associated with their trauma. These fears may grow to include many reminders of the abuse. For example, a three-year-old girl was sexually abused by her gray-haired grandfather who wore glasses. Later, she showed intense fear of her grandfather, as well as all gray-haired men wearing glasses.

Children often display a wide variety of fears and phobias. Some children who have been assaulted in their beds are terrified of beds. Foster parents may keep finding these children asleep on the floor. Some children have been sexually abused while an adult helped them use the toilet. They greatly fear using the toilet, and they may wet and soil themselves.

### **Anger-Related Behaviors**

Sexual abuse often leads to strong feelings of anger and rage. These children and youth often bring with them a great load of justifiable anger. This is understandable and not unusual. Children may be angry at an offender, at people who failed to stop the abuse, and others who did not help or support them. Children may think professionals failed to keep them safe, and may direct their anger toward police, social workers, or judges.

Children and youth who have been sexually abused often have no way to release anger safely and appropriately. They may be poorly equipped to manage strong emotions because they received little support in doing so. They may express themselves in the only way confused, hurting children know: by venting their anger on anyone close at hand. Sexually abused children and youth in foster care display many behavioral problems related to anger.

- Others in the foster home, such as siblings, parents, and relatives, may be targets for anger. Angry children and youth may tease, harass, or assault younger, less powerful children. People outside the foster home, such as neighbors or school children, may be targeted as well.

- Property is a second possible target for angry outbursts. Children and youth may deliberately destroy things in the foster home, at school, in the neighborhood, or community. They may wreck furniture, clothing, or toys in their own bedrooms.
- A third possible target is animals. Children filled with rage may turn that rage against animals such as the family cat or dog. They may tease, frighten, or harm animals.
- A fourth target for rage can be the child's own body. Victimized children badly needing to discharge uncontrollable anger may harm themselves on purpose. They may deliberately bang their heads, or scratch or cut their skin.

### **Sexualized Behaviors**

Children and youth who have been sexually abused have been exposed to adult forms of sexuality too early and against their will. They have been placed in situations where they have no power over what happened to them or to their bodies. Sexual abuse is particularly traumatic if the offender physically harms the child, or threatens the child to keep quiet about the abuse.

Children and youth who have been sexually abused may have behavior problems related to sexuality. This is to be expected, following their early and traumatic exposure to adult forms of sexual interaction. The behavior displayed by some children after sexual victimization is called “sexual abuse reactive.”

Examples of these behaviors include:

- Sexualized **play**, such as pretend intercourse with two dolls.
- Sexualized **drawings** of naked people, complete with large breasts and genitals. Their drawings may also depict sexual acts.
- Sexualized **talk**, is common among children and youth who have been hurt in sexual ways.

Resource Sheet 7-J  
(Page 3)

- Sexualized **behaviors toward themselves**, including public masturbation, excessive or constant masturbation, placing fingers or objects into vaginal and/or anal openings, or self-mutilation.
- Sexualized **behaviors toward others**, such as inviting other children into sexual play, being promiscuous, or forcing sex on younger children ("offending" behavior).

## **Parenting the Sexually Abused Child\***

Therapeutic parenting means giving care and guidance to children in a way that promotes healing and recovery. Caregivers who ignore difficult behaviors, or punish them, only make the problem worse. They lower children's self esteem. Therapeutic parenting increases the self-esteem of children who have been harmed. It builds their sense of personal safety and control. As a result, they become more capable of getting along with others.

Children with a history of sexual abuse need specialized parenting, particularly in response to issues of fear and anxiety, anger, and sexuality.

### **STEPS TO PARENTING:**

- 1) Give children some control over events and activities that make them feel anxious and unsafe.
- 2) Recognize that behavior problems in children may come from their history of sexual abuse.
- 3) Remember that sexual abuse can cause children to express justifiable feelings in ways that may hurt themselves or others.
- 4) Affirm children's feelings, but not their expression, when children behave inappropriately.
- 5) Set and enforce limits when children express their feelings in inappropriate ways.
- 6) Provide safe, appropriate ways for children to air feelings related to their history of sexual abuse.
- 7) Praise children as they gain self-awareness, self-control, and skill in redirecting their feelings in healthier ways.

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\* Developed by Holly Ramsey-Klawnsnik, Ph.D.

**On the Road to Healing**

*Read the case assigned to your small group and answer the questions that follow:*

1. JOHN'S STORY

Seven-year-old John entered family foster care after being sexually abused by his mother. When he arrived, John seemed to be an easygoing, well-behaved little boy. However, when his foster mother, Mrs. Baker, told him it was time to take a bath, John's behavior changed markedly. He refused and became defiant. When the Bakers kept insisting that he bathe, John physically attacked them. He was terrified of bathing, and terrified of anyone who tried to make him bathe.

A. What type of behavior problem is John displaying? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

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B. List ways in which John could be given some control over taking a bath.

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C. What could you say to John to validate his feelings?

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D. How could you set appropriate limits on John's refusal to bathe?

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2. JANE'S STORY

Six-year-old Jane went into foster care after being neglected and physically abused by her mother. The mother failed to stop her live-in boyfriend from sexually abusing Jane. Jane's foster parents found her to be a very angry little girl. Seemingly small disappointments could send her into a rage. One evening after she did not get the ice cream flavor she wanted, she slowly and deliberately tore the wallpaper off her bedroom wall, piece by piece.

A. What type of behavior problem is Jane having? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

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B. List some healthy ways for Jane to express and discharge her anger.

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C. What could you say to Jane to validate her feelings?

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D. How could you set limits on the ways Jane expresses her anger?

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3. MICHAEL'S STORY

Five-year-old Michael entered foster care because of sexual abuse by his father. Michael masturbated all the time at school. His teacher tried over and over to redirect and set limits. Michael continued to touch his penis through his clothing, to put his hand inside his pants, and to touch his genitals almost constantly. While masturbating, Michael could not concentrate on his school work, or his relationships with peers.

A. What type of behavior problem is Michael having? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

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B. List some ways Michael could be given control over this behavior.

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C. What could you say to Michael to validate his feelings?

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D. How could you set appropriate limits for Michael?

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## How Foster Parents Can Help the Healing Process

Remember these key points in caring for children with behavior problems related to fear/anxiety, anger, and sexuality:

### ***Fear/Anxiety-Related Behavior Problems***

- Even though a situation may not seem dangerous, children who have been sexually abused respond to a sense of danger inside themselves. This is why they often view safe situations as terrifying and they may refuse to do what you tell them.
- Terrified children and youth may become defiant and aggressive when they are forced to obey. They feel a fierce need to protect themselves. Simply telling them that everything is all right will not make them feel safe, or win their cooperation. It does help to understand the source of the terror, validate the fear, and give them some control. Foster parents and children need to work together to make tasks tolerable.
- You should explain to children that being safe from abuse will help them begin to feel more secure and less fearful. When they live in nonabusive homes where feelings are discussed and handled well, children feel less fearful. They have fewer behavior problems. This healing calls for much time, patience, and hard work by children and foster parents.

### ***Anger-Related Behavior Problems***

- Children and youth with anger-related behavior problems following sexual abuse are not malicious. They do not deliberately try to upset others or get themselves in trouble. Usually, anger and rage overwhelm their capacity to manage their behavior on their own. Rageful children need firm, patient assistance from caring foster parents. This helps them learn and practice safe, appropriate ways to manage and discharge their anger.
- Do not expect rageful children and youth to keep their anger inside. If you do not provide safe and appropriate outlets, they will usually find their own dangerous and harmful outlets.
- You will need to set and enforce safety rules about expressing anger many, many times before children internalize them and choose to follow them.

- Give children safe, socially acceptable outlets for their rage. Adolescents may be able to let anger go through creative writing in a journal. Some older children can effectively use basketball or other nonviolent sports to release anger.
- Foster parents need to be creative in coming up with safe, readily available outlets for anger. Skillful therapists can often suggest outlets in the home. They can work with children in therapy to safely and gradually discharge rage.

### ***Sexualized Behavior Problems***

- Children and youth who have been sexually abused are often extremely curious, confused, and preoccupied with sexual matters. Children who are “sexual abuse reactive” are not deliberately trying to cause trouble to themselves or others. Recognizing this is the first step in therapeutic parenting.
- Foster parents should organize and supervise their homes in ways that keep children from acting out sexually. Clear and consistent safety rules about privacy, physical contact, and sexuality are vital for everyone’s safety and well-being. Eventually, these rules will help children feel safe.
- Safety rules will also help undo the harm of earlier learning at the hands of sexual offenders. Children who have been sexually abused often have an unhealthy sense of boundaries. They may believe, for example, that it is all right for children and adults to bathe or sleep together. They may have learned that it is “normal” to overpower younger persons and to force sexual contact. They may think a child's role is to be a sexual object for bigger, stronger people.
- Even with safety rules in place, sexualized behavior problems are likely. Intense sexual curiosity and impulses are normal for children who have been sexually abused. Knowledgeable, caring adults must help children and youth cope with this. You can teach these children appropriate boundaries and rules regarding sexual expression.
- Foster parents must not express shock or disgust at the sexualized talk, play, and drawings of these children. It is fine for children to talk, play, and draw about their sexual experiences, confusions, and curiosity in individual

Resource Sheet 7-M  
(Page 3)

- therapy. However, it is not all right to do these things around other children at home, at school, or in the community. The need to play, talk, or draw about sexually traumatizing experiences can be validated. Then the limit can be firmly drawn around where, when, and with whom to express this need.
- Do not communicate to children that they are bad, disgusting, or dirty because they talk, play, or draw pictures about sexual matters. As they begin to heal, these thoughts will lessen. This occurs slowly. In the meantime, remind children often of the rules about expressing sexual curiosity. Supervise children carefully during this time, so they do not expose other children to information they are not ready to handle.
  - Children who invite others into sexual contact usually have learned that offering sexual favors pleases people. Foster parents often receive sexual offers from sexually abused youngsters. You should not express shock or disgust when this happens.
  - Youth who seek many sexual contacts often are trying to master fears and anxieties about their sexual victimization. They try to gain power and control by obsessive sexual contact. This sort of sexual activity may also be due to poor self-esteem, valuing themselves only as sexual objects, and being unable to treat themselves with respect. Skillful psychotherapy can help them find safer ways to gain mastery over previous victimization. Sex education and values clarification helps them develop good judgment about sexual activity. Ordering these adolescents to stop all sexual contact with peers rarely works. Instead, it may spark rebellion against authority through more sexual activity.
  - Children and youth who try, in secret, to force younger children into unwanted sexual activity deeply challenge child welfare professionals. These children and youth should have a specialized evaluation called a "Juvenile Sexual Offender Evaluation." It assesses the youth, the sexual danger he or she poses to others, and guides a plan for appropriate services.
  - Some juvenile sex offenders may need a specialized foster family with no younger children and with above-average adult supervision. Some children and youth who sexually offend cannot stay safely in a home setting. They need specialized residential care to keep them from assaulting others, and to help them learn and practice acceptable behavior.

## PRIDE Connections

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

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

Foster/Adoption Development Specialist:  
\_\_\_\_\_

**Touch is a critical element in communicating love, and humans can not thrive without physical contact with significant others in their lives. However, not all physical affection between children and adults is healthy or helpful.**

As you think about your own childhood, describe a situation in which you felt good about the affection you received.

Have you (or has anyone close to you) ever been touched in a sexual manner by someone older or against your (their) will? Please explain.

Resource Sheet 7-N  
(page 2)

Read the following statements and answer by circling one of the three responses.

Regardless of the reason my foster child was taken into care, I must prepare myself for the possibility that he/she has experienced sexual abuse.

Agree

Undecided

Disagree

False allegations of childhood sexual abuse occur in a high percentage of cases.

Agree

Undecided

Disagree

Many symptoms commonly associated with childhood sexual abuse may instead be indicative of other types of trauma.

Agree

Undecided

Disagree

The presence of sexualized behavior alone is enough evidence to substantiate sexual abuse.

Agree

Undecided

Disagree

What emotions are you likely to experience upon learning that a child in your care has been sexually abused? Will that knowledge affect the way you respond to the child?

How might you respond when your 3 year old foster child is masturbating in the living room while watching cartoons?

Resource Sheet 7-N  
(page 3)

List 3 or more sources of support to assist you in responding to your sexually abused foster child

- 1.
- 2.
- 3.

List any concerns you may have about dealing with a sexually abused child but were not comfortable talking about in a group situation.

# **PRIDEbook**

## **Session Eight**

### **Continuing Family Relationships**

Resource Sheet 8-A

**Competencies and Goals**

**Competencies Addressed in This Section:**

- **Supporting The Relationship Between Children And Their Families.**
- **Connecting Children to Safe, Nurturing Relationships Intended to Last for Lifetime.**

**In-Session Learning Goals:**

**As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.**

<b>Yes</b>	<b>No</b>	<b>Would like to discuss more</b>	
			1. Identify the circumstances that would contribute to the selection of each permanency goal.
			2. Describe how children, their parents, and foster families may experience the reunification process.
			3. Identify ways the professional team can aid the reunification process.
			4. Identify the two ways parents may have their legal rights to their children severed.
			5. Describe how birth parents and their children might react to the termination of parental rights.
			6. Describe circumstances that indicate when a foster family adoption, or an adoption by a new family is indicated.
			7. Identify ways the child welfare team can support a positive transition for children and adoptive families.
			8. Explain the reactions foster parents might have when a child placed in their care is adopted by another family.
			Other questions: List here

Resource Sheet 8-A  
(page 2)

**At Home Learning Goals:**

Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			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.

## Resource Sheet 8-B

### Agenda

**Part I: Welcome and Connecting with PRIDE (15 minutes)**

- A. Welcome and Review of Competencies and Goals, 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 (20 minutes)**

- A. Rationale for Teamwork toward Lifetime Relationships
- B. The Range of Lifetime Connections to be Assessed, Planned, and Supported

**Part III: Teamwork toward Reunification with Parents (1 hour, including a 15-minute break)**

- A. How Children, Their Parents, and Foster Families May Experience the Reunification Process
- B. Ways the Team Can Aid Reunification

**Part IV: Teamwork toward Connecting Children to Other Lifetime Connections (55 minutes)**

- A. Adoption
- B. Planned, Long Term Family Foster Care
- C. Preparing for Young Adult Life

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**Part V: Teamwork with Unplanned Changes (15 minutes)**

- A. Defining Unplanned Changes
- B. The Stages of Disruption
- C. The Importance of Teamwork in Preventing and Managing Unplanned Changes

**Part VI: Closing Remarks (15 minutes)**

- A. Key Points and You Need to Know!
- B. A Birth Parent's Perspective
- C. PRIDE Connections
- D. Preview of Session Eight
- E. Making a Difference!
- F. End Session



Resource Sheet 8-D

**Continuum of Openness in Adoption**

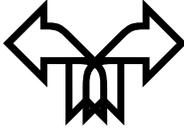
<b>Secreacy, no contact</b>	<b>Limited and interrupted contact</b>	<b>Some control – cards, letters, calls</b>	<b>Occassional face-to-face contact</b>	<b>Open frequent contact</b>	
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>No know- ledge by child</b>	<b>Child remembers some things about origins</b>	<b>Some know- ledge as child asks for it – review Lifebook</b>	<b>Child knows parents still exist, knows some things about his or her life</b>	<b>Child maintains relation- ship</b>	

Where would I want to be on this continuum if I were the birth parent?

Where would I want to be on this continuum as an adoptive parent?

Resource Sheet 8-E

**Stages of Disruption**

 <p>Diminishing Pleasures</p>	 <p>Problem is the Child</p>	 <p>Going Public</p>
 <p>Turning Point</p>	 <p>Ultimatum and Time Frame</p>	 <p>Decision to Disrupt</p>

## Resource Sheet 8-F

### Key Points

#### Rationale for Teamwork toward Lifetime Relationships

Being connected to lifetime relationships is important:

- To provide a sense of history, roots, and culture;
- To provide a feeling of belonging, of caring, and being cared for;
- To provide a sense of identity and self-esteem; and
- To provide some security for the future, knowing that there are "significant others" (loved ones) who intend to care for us and be there for us no matter what.

Children in care can be at risk for connecting with lifetime relationships because:

- The reasons why their parents could not care for them may be so severe that the parents cannot overcome the problems and regain custody;
- The reasons why children were separated from their parents, (typically neglect, physical abuse, sexual abuse, and/or emotional abuse), may have affected their ability to care for and be cared for by others; and
- The services that children and their parents need, or the supports that foster parents and adoptive parents need, may not be available. Thus, children may be moved among different families or residential care facilities without forming connections to family and friends.

Achieving permanence and lifetime connections for children requires many people with many different skills working together toward an identified goal. One of the biggest advantages of teamwork is that it uses complementary roles to help achieve something that one person couldn't achieve alone. Foster parents and adoptive parents, as members of a professional team, have a critical role in helping to achieve permanence for children. Working together is important because:

- Everyone concerned with the child has a different perspective;
- No one person has sole responsibility for decisions when children are in family foster care;
- A child can be hurt, and permanence can be delayed when adults disagree about what is best for the child. Children need to know the adults are working together; and

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- Planning and implementing lifetime connections plans can be emotionally draining—it helps to have support!

When children and parents are separated, the agency is responsible for making a plan to reunite them, or to connect the child with another family that intends to provide a lifetime relationship. Here are the possible outcomes:

Reunification with parents is selected when:

- The child and parents are attached to each other; and
- The parents are willing and able to protect and nurture the child, and meet the child's developmental needs, according to community standards.

Kinship care is selected when:

- The child and other family members are attached to each other;
- Relatives are willing and able to protect and nurture the child, and meet the child's developmental needs according to community standards; and
- The child's perception of permanence is with kinfolk, and adoption is not appropriate (it can be confusing when "Aunt" or "Grandma" become "Mama").

Adoption by the child's foster family is selected when:

- Parents and relatives are not willing or able to parent the child;
- The child's needs for protection, development, and permanency can best be met by the foster parents; and
- The child and foster parents/family have established an attachment intended to last a lifetime.

Adoption by a new family is selected when:

- Parents and relatives are not willing or able to parent the child; and
- The child needs an attachment to a new family that can meet the child's protection, developmental, cultural, and permanency needs.

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Long term family foster care is selected when:

- Parents and relatives are not willing or able to parent the child, but it is not in the best interests of the child and family for parental rights to be terminated; and
- The child's needs could be met by a foster family with whom the child is attached.

Preparation for young adult life is selected when:

- Parents and relatives are not willing or able to parent the young person;
- The protection, developmental, cultural, and permanency needs can best be met by the foster parents until the youth can manage daily life on his or her own; and
- The agency can coordinate services and supports with parents, relatives, foster parents, and others to ensure that the young person will leave care with a place to live, an income, social skills, and a helpful network of friends or family.

### **Family Reunification**

Most children in care are reunited with their families. Some possible reactions of children toward reunification are:

- Happy, excited, eager;
- Fear that parents will let them down *again*;
- Loss of familiar people and things *again*;
- Guilt about being attached to the foster family and not wanting to leave; and
- Anger about the original separation from the parent, or separation from the foster family;
- A roller coaster of feelings;
- Unsure of their role in both families.

Possible behaviors of children regarding reunification are:

- Clinging, whining, fretful;

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- Anxious and full of questions;
- Acting out to test the support of foster parents, or the reaction of birth parents;
- Daydreaming and inability to concentrate.
- Stealing, as in taking from the foster family to have “something to hold on to”;
- Ambivalent and feeling a competing loyalty; and
- Wondering about what will be different, what possessions can be taken, or what changes will have to be made, and whether they’ll be able to see and/or have contact with the foster family.

Some ways the team can help children regarding reunification are:

- Working on the child's Lifebook;
- Involving the parent in the tasks of parenting, such as participating in school activities, medical care;
- Helping the parent understand the child's behaviors and how to manage them;
- Connecting the parent with necessary resources;
- Reassuring the child and parent about the reactions that are appropriate and not appropriate;
- Having a farewell ritual to let children know that the transition is important. It is okay for children to know that the foster family and the social worker, too, may be sad that the child will be leaving, but happy that the child and family are being reconnected; and
- Providing services after the child has returned home.

## **Adoption**

Adoption is a serious and important step. Like marriage, it gives a permanent legal relationship with full family rights to a new arrangement of parents and children. It is never undertaken lightly, because it involves making a permanent commitment with many responsibilities. Adoption always involves severing legal ties to one family so that another family can be formed. As Vernon's adoptive mother said in the video, "At the same time I'm so happy about Vernon becoming part of our family, part of me is sad because another family had to come apart so this could happen."

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Some parents, often teen mothers who feel unprepared to parent, voluntarily release their parental rights so their babies can find permanent families through adoption. While the outcome may be a happy one for the adoptive family, there almost always is pain and grief involved for the birth mother, father, and their families, even when adoption is the right decision.

Birth mothers who have released children for adoption report depression and other problems on the child's birthday, at holidays, and even with the birth of other children. These feelings are normal, but they can last a lifetime. Counseling may be helpful.

Similarly, adults adopted as infants report a range of feelings from sadness to curiosity, and from anger to gratitude about the parents who released them. Some adults search for their birth families. As you can imagine, and as you probably have read, some of these searches have happy endings and some do not.

Adoption is a complicated matter. Even when parental rights are voluntarily released, it is important that the parent has had counseling to examine all the options and consider the lifetime impact of the decision. Again, adoption is not just a legal event.—it is a lifelong process.

When children are already in foster care, a parent may choose to release them for adoption, but this is complicated, both legally and emotionally. The agency must be certain this is a voluntary choice, and that the parents have not been pressured by anyone. Counseling is important.

Usually, adopting children in foster care is even more complex because parental rights may be terminated involuntarily. This is the legal process of severing all rights which connect parents and children. The agency must prove, in court, that parents have failed to rectify the conditions which brought their children into care, and that the parents are unable or unwilling to raise their children.

Termination of parental rights, however, does not mean terminating parental relationships, or emotional bonds. Recall that Vernon said, "I light this candle for Mom so somebody will take care of her, wherever she is."

Feelings children may experience when they are separated from their parents:

- Anger at the judge, social worker, and others in the agency or "system" ("My mom would take care of me but the judge won't let her.");
- Self-blame ("There must be something wrong with me that my parents didn't work harder to get me back.");
- Sadness ("I lost the most important people in the world.");

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- Blaming the foster parents ("It's a big plot...they never wanted me to be happy and just pretended to work with my family."); and/or
- Confusion ("What do they mean 'termination of parents' rights'? They're still my parents.")

In planning for adoption the professional team must consider the child's attachment needs, including attachment to the foster family.

Adoption by a child's foster family is indicated when:

- The foster family is deeply committed to the child, and there is a strong attachment both ways;
- The foster family cares deeply about the child, in spite of the child's behavior and other problems;
- The foster family can be expected to meet the child's needs over time; and
- The foster family recognizes the child's need for family continuity, and wants to meet that need.

Sometimes the best plan is to identify a new family for a child, and carefully support the transition to adoption.

Adoption by a new family is considered when:

- The child does not want to be adopted by the foster family;
- The child does not "fit" within the foster family for lifetime relationships;
- The foster family is concerned about ongoing contact with the child's birth family; despite agency assistance to consider how they might manage the contact, they feel unable or unwilling to do so;
- The foster family never intended to adopt, but rather to foster only; after serious consideration they cannot commit to adopting; or
- The foster family believes they may be able to help more children through fostering, and this is their preference.

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The principle of family continuity suggests that the adoptive family will have to work with the child to integrate all previous experiences of family living—with parents, relatives, and foster families. It is important to recognize that the child will come with a suitcase full of memories, experiences, fears, fantasies, and even fun. But the child's perception of the adoptive family will be heavily influenced by his or her experiences with previous families.

The professional team can support adoption in these ways:

- Allow the child and adoptive family time to meet and to begin to develop a relationship as they learn important things about each other;
- Plan activities that share parenting;
- Make a transition plan according to the child's developmental needs;
- Have a ceremony to mark the transition; and
- Allow for ongoing contact with the foster family, as appropriate.

In the past, adoption was a service generally for infertile couples, not a service for children. The process was surrounded by secrecy. Babies were matched to look as much like the adoptive couple as possible. Some parents never even told the children they were adopted, causing much emotional pain when this information unfolded in later years.

Today adoption is a service for children, to find them families that will provide safe, nurturing, lifetime relationships. Since many children needing adoptive families are older, they do have earlier family memories, and sometimes relationships, that come with them. This was evident in Vernon's case, where it was determined that the adoptive family was made aware of the importance of Vernon's keeping in touch with his birth father after the adoption was finalized.

It used to be that strict boundaries of confidentiality separated adoptive families and birth families. Even foster parents weren't allowed to know who the adoptive parents would be. That still happens in some places. However, there is a growing trend toward much more openness. Openness can range from anonymous contact by mail to regular, frequent contact. The degree of openness is determined by the needs of the child and the strengths of the families.

When there has been secrecy about adoption, or confidentiality preventing children from knowing about their origins, some adult adoptees have searched for their birth families. Generally, searching does not signal dissatisfaction or unhappiness with the adoptive family, but rather curiosity and a desire to fill in some missing pieces. Today there are adoption registries where birth parents and adult adoptees can register if they wish to be found. Also, there are laws and regulations in most states that permit degrees of searching through agency or state channels.

## Long Term Family Foster Care

Recognition of the need for lifetime connections has enhanced family foster care services nationwide. There are certain populations of children for whom adoption or reunification with parents or relatives, or adoption by a foster family or another family, just isn't possible. Yet these children still need that sense of permanence and family continuity. Therefore, many agencies now have programs known as planned, long term family foster care.

This special program requires foster parents, with strong agency support, to accept and respect children's history, family relationships, cultural identity, and continuing developmental needs. Commitment is essential. Foster parents involved in planned, long term care arrangements intend to protect, nurture, and guide children to prepare them for young adult life. Furthermore, this commitment does not end when youth turn 18, but continues as a lifetime relationship.

Populations of children best served by long term family foster care include:

- Older youths, for whom neither reunification nor adoption is an option, but who need a committed long term attachment with a family;
- Children who have strong ties to their birth families, but cannot live with them.

Children needing planned, long term care often have a history of previous placement experiences. They may have special needs. Therefore, agencies offering planned, long term care typically also offer services to the child, the birth family, and the foster family.

Agency service and support might include:

- Working with the birth family so they understand their role and responsibilities related to planned, long term care;
- Helping the foster family to:
  - understand the child's birth family and placement history;
  - understand and manage the child's current needs for protection, nurturing, growth, and development;
  - project and plan for all the child's anticipated needs.
- Helping the child with special needs related to medical care or further education.

## Preparing for Young Adult Life

Sometimes, it just isn't possible for children to have lifetime connections through reunification with parents or relatives, through adoption, or through planned, long term family foster care. These youths, most typically older youths, need preparation for life on their own, and they may need some special help to accomplish this because:

- They have developmental delays (remember the jigsaw puzzle in a previous session) so they are not willing or able to learn;
- All their energy may be directed to feeling sad, angry, or bad (remember the pathway through the grieving process), so they have difficulty concentrating on skill development;
- They may have changed families and schools so many times that they are confused about what they are learning; and
- Worries about the past and present prevent them from planning for the future.

Most agencies today have special programs targeted at independent living, or preparing for young adult life. The term "independent living" is a bit unusual, because none of us really lives independently—we all are dependent or interdependent upon so many others. However, with federal funding, most agencies now offer a range of services and supports to prepare youths in care for young adult life.

Independent living programs would provide:

- Counseling to help youths deal with the past to prepare for the future;
- Peer support groups for youths in care to get to know and help each other;
- Vocational training;
- Training in seeking a job and being interviewed;
- Life skills training regarding money management, sex education, housing, transportation, and health care; and
- Training for foster parents and casework staff to help prepare youths for independent living.

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Youths run enormous risks if they leave family foster care without lifetime connections, or without life skills to take care of themselves. They are at great risk for becoming homeless, getting involved in prostitution and drug addiction, and even contracting HIV/AIDS.

Agencies need foster families with a sincere interest and skill in working with young people so they do not end up alone on the streets. All of us need to work together to make every effort to keep children and youths connected, to give them family continuity, and to provide the skills and supports they need to be productive members of their communities.

Of course, we expect adoptive families to help their children—through the course of daily family living—to prepare for successful adult living.

### **Teamwork with Unplanned Changes**

Sometimes children and youths leave foster families under unusual circumstances, and advance planning just isn't possible.

Children or youths sometimes leave foster families because:

- 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; or
- 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; or
- The resources to get the child into another safe setting may be compromised.

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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 for how to inform and involve the birth family appropriately; and
- Planning for the ongoing working relationship between the agency and the foster family or the adoptive family.

**Resource 8-G**  
**You Need to Know!**  
**Permanency Planning Goals**

Purpose	Goal	Definition	Decision-making Criteria
I. Strengthen Families	<b>Remain Home</b>	Maintain and strengthen family life by providing services while the family remains together. Work with family focuses on reducing risk factors and building on family strengths, allowing children to remain at home.	Determine whether or not parents are meeting minimum parenting standards. If they are, or if they can with supports, this is the correct goal.  Assessing minimum parenting standards: <ul style="list-style-type: none"> <li>· Nature of the problem (review risk assessment, seriousness of situation, likelihood of recurrence)</li> <li>· Family capacity (strengths which can lessen risk, degree to which family is capable of growth)</li> <li>· Support systems (what is in place to help the family, what needs to be put in place)</li> <li>· Age/developmental/emotional status of child (what needs does this particular child have?)</li> </ul>
	<b>Return Home</b>	Strengthen family life so that a child can be reunified with his or her families. Services directed toward empowering the family to meet minimum parenting standards.	First goal to consider once a child has been placed. Family may display significant needs, yet there is a sense that the family can be enabled to provide for the basic safety and well-being of family members.

Purpose	Goal	Definition	Decision-making Criteria
			<p>Of key concern is the family's capacity for change:</p> <ul style="list-style-type: none"> <li>· Is family aware of what needs to change?</li> <li>· What family supports are available?</li> <li>· Are parents motivated toward change?</li> </ul> <p>A time frame of 12 months is considered reasonable before looking at other goals.</p>
<p>II. Transition Goal</p>	<p><b>Substitute Care Pending a Decision to Terminate Parental Rights</b></p>	<p>Transition goal selected when parents are not making sufficient progress. The child's need for permanence demands that the worker move toward building the legal case to terminate parental rights.</p> <p>Work continues toward strengthening the family until the termination of parental rights is granted, making this one of the most challenging phases of case management.</p> <p>The decision to proceed toward termination of parental rights is critical. The decision</p>	<p>Considered when parents have not been able to achieve reunification within one year or when it is clear that parents have an incapacity that will not respond to treatment.</p> <p>Consider the following:</p> <ul style="list-style-type: none"> <li>· minimum parenting standards not met;</li> <li>· efforts to ensure that parents understood the changes necessary;</li> <li>· degree strengths identified and maximized;</li> <li>· efforts to connect family with services;</li> </ul>

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Purpose	Goal	Definition	Decision-making Criteria
		<p>is always made through a variety of collaborative processes, including weekly supervision, administrative reviews, consultation with legal and adoption staff, and group case conferencing.</p>	<ul style="list-style-type: none"> <li>· efforts providers made to connect with family;</li> <li>· if parents were confronted with lack of progress;</li> <li>· ages and needs of children;</li> <li>· how parents are unable to meet these needs;</li> <li>· parents' visits and response of children; and</li> <li>· attachment between children and parents, and impact on children (child age 14 or over must agree to adoption).</li> </ul>
<p>III. Building New Families</p>	<p><b>Permanent Placement With Relatives</b></p>	<p>This goal indicates that extended family have agreed to a permanent arrangement with a child.</p> <p>Permanent Kinship Care recognizes connections that a child may already have with his or her family and the need to support these connections.</p>	<p>First permanency planning option to be assessed when it is determined child cannot return home.</p> <p>Consider first if there is a viable kinship family willing to commit to the child on a permanent basis.</p> <p>Also consider the following:</p> <ul style="list-style-type: none"> <li>· age and stated wishes of child;</li> <li>· commitment of family and child to permanency;</li> <li>· connection with kinship family;</li> <li>· degree child will be safe and protected in family;</li> <li>· role of birth family in supporting/interfering with placement;</li> <li>· how birth family relationship will be handled over time.</li> </ul>

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Purpose	Goal	Definition	Decision-making Criteria
	<p><b>Adoption</b> (by foster family or by a new family)</p>	<p>Adoptive parents assume the same legal rights, responsibilities, and role as birth parents. They commit to the child on a permanent basis. Adoption, supported by a legal process, grants the greatest degree of permanence.</p> <p>When parental rights have been terminated, adoption has traditionally been viewed as the best permanency plan for the child. It is now considered immediately after kinship care.</p>	<p>Every child unable to return home or enter a kinship placement must be assessed for adoption.</p> <p>Adoption might NOT be selected in specific situations, such as:</p> <ul style="list-style-type: none"> <li>· child age 14 or over does not wish to be adopted;</li> <li>· older child, under age 14, continues to oppose adoption despite counseling;</li> <li>· child's impairments require residential care; and</li> <li>· child has attachment problems and a history of unsuccessful adoption attempts.</li> </ul>
	<p><b>Permanent Placement with an Unrelated Foster Home Family</b> (i.e., long term foster care, by plan)</p>	<p>Seeks to provide a child with a foster family who will commit to keeping the child until he or she achieves independence.</p> <p>The most important aspect of achieving permanence through this goal is to intentionally promote connectedness and belonging. It is hoped that the relationships developed will continue even after the child becomes an adult.</p>	<p>First, determine that all other permanency goals have been considered and found inappropriate. Then identify a foster family with a commitment to permanent family care. This might be the child's current foster family or a new foster family.</p> <p>Children for whom this goal might be appropriate include:</p> <ul style="list-style-type: none"> <li>· child, over age 14, who does not agree to adoption;</li> </ul>

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(page 5)

Purpose	Goal	Definition	Decision-making Criteria
			<ul style="list-style-type: none"> <li>· older child with attachment problems and unable to adjust to a new adoptive family despite counseling; and</li> <li>· child for whom no adoptive placement has been found, even after extensive recruitment efforts.</li> </ul> <p>Do <i>not</i> select this goal if:</p> <ul style="list-style-type: none"> <li>· another permanency goal can be achieved;</li> <li>· a child wishes to be adopted;</li> <li>· the foster family cannot make commitment; or</li> <li>· child is over age 16 (independence would be goal).</li> </ul>
	<p><b>Independence</b></p>	<p>This goal recognizes and seeks to meet the needs of those youths who remain in permanent family placement until the age of emancipation.</p> <p>The goal seeks to help youths acquire the skills necessary for young adulthood, and to help them make family and community connections to sustain them through adulthood.</p>	<p>Goal is always identified for youths in permanent family placement (either kinship or foster home) when they reach age 16. The only exception would be if a youth chose to pursue adoption, or if reunification could be pursued.</p> <p>(Independent living services can be provided to youths regardless of the family's permanent goal. The use of independence as a permanent goal, however, should be limited to those youths remaining in permanent kinship or family care until emancipation.)</p>

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Purpose	Goal	Definition	Decision-making Criteria
	<p><b>Long Term Care in a Residential Facility</b></p>	<p>The most permanent situation possible for a child with medical, emotional, and basic care needs that can only be met through a residential setting. The work focuses on helping facilities to ensure the greatest stability, connectedness, and permanence possible for the child.</p>	<p>Child must be unable to have basic needs met outside of the residential setting, and it must also be unlikely for the child's situation or condition to progress significantly over time.</p> <p>This goal is NOT appropriate:</p> <ul style="list-style-type: none"> <li>· when the child's needs are short term or can be addressed through intense services; and</li> <li>· when the child's needs are long term, but can be met outside a residential setting with appropriate support services.</li> </ul> <p>Obtain extensive assessment material including evaluations by appropriate professionals.</p>

Adapted from the Illinois Department of Social Services, Specialized Core Curriculum for Intact and Family Workers, developed by the Child Welfare League of America (1994).

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**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; and
- 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 firmly to their adoptive parents;
- Allow adoptive parents more freedom to raise children they adopt as their own; and
- 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; and
- 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 parent(s);
- Guilt by adoptee about feeling disloyal to the adoptive family; and
- 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; and
- Less than 2% are sorry that they searched.

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\* Gonyo, B. & Watson, K.W. (1988). Searching in adoption. Public Welfare, 14-22.

## You Need to Know!

### Simple Gifts and Talismans: Collecting Memories

Youths 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, youths may feel they are avoiding pain. Yet youths 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 hodgepodge 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 youths 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.

In helping youths who are leaving home again, we need to develop new rituals and to give them objects which we endow with our hope, our caring and our wishes of good fortune for their future. These rituals and objects need not be elaborate or expensive.

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\*McFadden, Emily Jean, *Leaving Home Again*, PUSH for Youths GOALS curriculum, Ypsilanti, MI 1988. Used with permission.

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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 who stays behind.

It is helpful to reflect on the messages we want to give youths, 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 youths leave, we should be aware that the gift or talisman conveys a lasting meaning. What memories do we want youths to carry with them?

## Resource Sheet 8-H

### **A Birth Parent's Perspective "Letter to a Child"**

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, cuz 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 twelve, maybe thirteen 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 cuz 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 cuz 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's 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

Resource Sheet 8-I

**PRIDE Connections**

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

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

**Family Development Specialist:**

\_\_\_\_\_

1. Please answer the following questions if you want to become a foster parent.
  - a. Imagine that a child in your care is going to be reunited with his or her birth family. As a member of the professional team, what strengths and skills do you have to help with the reunification?
  
  
  
  
  
  
  
  
  
  
  - b. What supports would you need from the rest of the team?
  
  
  
  
  
  
  
  
  
  
2. Please answer the following questions if you want to become an adoptive parent.
  - a. What strengths and skills do you have to make a lifetime commitment to a child?
  
  
  
  
  
  
  
  
  
  
  - b. What supports would you need, and from whom?

## Resource Sheet 8-J

### **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 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

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(page 2)

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

# **PRIDEbook**

## **Session Nine**

### **Planning for Change**

## Resource Sheet 9-A

### Competencies and Goals

#### Competencies addressed in this section:

- Supporting relationships between children and their families.
- Connecting children to a safe, nurturing relationship intended to last a lifetime.

#### In-Session Learning Goals:

As a result of this meeting, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	No	Would like to discuss more	
			1. Know health, hygiene, and nutrition practices which prevent or reduce the likelihood of illness.
			2. Know the impact of placement disruption on all members of the foster or adoptive family
			3. Identify the types of questions to ask regarding the possible placement of a child, youth, or sibling group.
			4. Describe the importance of teamwork to plan and manage changes in routines, traditions, and patterns of behavior as a foster family or adoptive family.
			5. Explain the importance of teamwork to plan and support the transition of children from one family to another.
			6. Describe the importance of teamwork to help children and youths manage feelings and behaviors toward their "fantasy" families.
			7. Other questions: List here.

**At Home Learning Goals:**

Through reading the information in your PRIDEbook at home, you should be able to do the following tasks. Based on your understanding, put a check under the appropriate response.

Yes	NO	Would like to discuss more	
			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. Other questions: List here.

## Resource Sheet 9-B

### Agenda

**Part I: Welcome and Connecting with Pride (15 minutes)**

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

**Part II: Recognizing Risks in Fostering and Adopting (30 minutes)**

- A. Understanding Risks in the Community
- B. Working as a Team to Prevent Abuse Allegations

**Part III: Supporting Children and Families in Transition (2 hours, including a 15-minute break)**

- A. Getting Ready
- B. Managing Changes in Daily Life
- C. Recognizing Feelings and Behaviors Connected to Family Changes

**Part IV: Closing Remarks (15 minutes)**

- A. Key Points and You Need to Know!
- B. Preview of Session Nine
- C. Making a Difference!
- D. End Session

## Resource Sheet 9-C

### Family Routines, Traditions, Patterns

1. What daily routines does your family follow regarding:

- Mealtime?
- Chores?
- Schoolwork?
- Playtime?
- Television?
- Bedtime?

2. What traditions does your family have regarding:

- Holidays?
- Vacations?
- Birthdays?
- Other special occasions?

3. Think about your family during the past week. What patterns of behavior does your family have regarding:

- Discipline?
- Praise?
- Expressing feelings?
- Asking for help or support?



Resource Sheet 9-E

**Agency Abuse Allegations Policy**

(to be added by agency)

## Resource Sheet 9-F

### **Tips for Foster Parents and Adoptive Parents To Avoid Misinterpretations<sup>1</sup>**

1. Be clear about rules; tell children specifically what is appropriate and inappropriate behavior.
2. Make rules understandable and logical given the child's age. Rules should include privacy, touching, clothing, bathrooms, bedrooms, language, secrets, and safety.
3. Describe child and adult roles in the family. Give specific messages like, "Grownups don't touch children's private parts." Relate the messages to the child's past if possible.
4. Discuss safety and prevention information, such as "No, Go, Tell." (Say "no," get away, and tell someone.)
5. Do not punish children physically.
6. Knock before entering bedrooms.
7. School-aged children should be responsible for washing, dressing, and using the toilet by themselves.
8. In some situations you may want to avoid having just one adult alone with a child or two children alone without an adult.
9. Provide consistent supervision, check on activities frequently.
10. Avoid aggressive horseplay, and teasing or tickling.
11. Demonstrate healthy and non-aggressive ways of showing affection and caring.
12. Communicate frequently with your social worker or therapist about behaviors that may trigger feelings for your specific child.

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<sup>1</sup>Adapted from J. McNamara and B. H. McNamara. Adoption and the Sexually Abused Child. University of Southern Maine, Human Services Development Institute, 1990.

## Resource Sheet 9-G

### 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;
- Education;
- Abuse/neglect history;
- Parental/sibling situation; and
- Legal status.

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.

#### Understanding Family Routines, Traditions, and Patterns<sup>2</sup>

Change is difficult: it disrupts our normal, regular ways of doing things. Change is irritating because it alters patterns of behavior that in the past, you did not even think about.

People reduce much of life to **routines**. Routines are neither bad nor good, but different people have different routines.

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<sup>2</sup>Adapted from W. W. Blome, E. M. Pasztor, and M. Leighton. "Helping Children and Youths Manage the Impact of Placement," HOMEWORKS #3: At-Home Training Resources for Foster Parents and Adoptive Parents. Washington, D.C.: Child Welfare League of America (CWLA), 1993, pp. 7-16. Copyright CWLA.

Resource Sheet 9-G  
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Families also establish routines. Routines become accepted and save families from endless negotiations about daily life.

- Routines vary among families;
- It is easy to come to believe that a certain routine is "right," and to forget that routines are behavior choices;
- Children will bring routines with them, and these could be routines that were established from all or any of the previous families with whom the children have lived; and
- Routines can be changed.

Families also rally around **traditions**. Families build traditions from religious, ethnic, cultural, and personal experience, and pass them from generation to generation. Traditions connect people to the past, and help them know what to expect from the future.

Families also develop **patterns** of behavior—things that all family members just know. Patterns focus on communication, problem solving, and decision making.

- If it is hard for you to specify your family's patterns and traditions, it may be difficult for a new child to figure out your "unspoken" rules.
- Traditions represent your heritage and may differ substantially from the background of the child.
- Children have become used to the way their family behaved, even if that behavior was harmful.

### **Managing Change within a Foster Family or Adoptive Family<sup>3</sup>**

It is highly likely a child placed in your household will have a very different set of routines, traditions, and patterns of behavior.

- When new children join your family, it is important to discover what routines, traditions, and behavior patterns they have experienced and find comfortable.

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<sup>3</sup>Adapted from W. W. Blome, E. M. Pasztor, and M. Leighton. "Helping Children and Youths Manage the Impact of Placement," HOMWORKS #3: At-Home Training Resources for Foster Parents and Adoptive Parents. Washington, D.C.: Child Welfare League of America (CWLA), 1993, pp. 21, 27. Copyright CWLA.

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- As part of a team, foster parents and adoptive parents can ask the social worker to help manage the child's routines, traditions, and behavior patterns.
- Children placed with foster families and adoptive families cannot be expected to make all, or even most, of these changes. It may be "easier" for the family to adapt to the child, at least temporarily, than for the child to change to suit the family. The past lives of fragile children may have lacked stable routines, traditions, and behavior patterns.

Sometimes the child's ways of expressing routines, traditions, and behavior patterns will be uncomfortable for you. When faced with a difficult situation, ask several questions:

- Does the child's routine, tradition, or behavior pattern comfort the child?
- Does the child's routine, tradition, or behavior pattern harm or endanger anyone?
- Does the child's routine, tradition, or behavior pattern have to change now, or can I give the child some time to adjust?

Adoptive families and foster families should not "force" children to continue to "accommodate" to adults. Too much change all at once can lead to disruption, because the child cannot meet the expectations. If you expect the child to join your family, and the child cannot incorporate your routines, traditions, and patterns, you will become frustrated and possibly blame the child. Reduce the risk of disruption in these ways:

- Respect the child's history;
- Learn the child's routines, traditions, and patterns;
- 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; and
- Understand that routines, traditions, and patterns bring comfort. Don't expect the child to give up a comfortable or familiar routine until he or she trusts that a new one will take its place.

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The child placed with you may not think of "home" as a comfortable, safe place where the people support one another. When confronted with becoming part of your family, the child may become confused, fearful, or even want to run away.

Children separated from their families of origin experience a barrage of mixed and often conflicting feelings, including:

- Fear and hope;
- Sadness and happiness;
- Anger and excitement;
- Helplessness and enthusiasm; and
- Guilt and relief.

Even children who have not been abused or neglected, or separated from their families can act in unpredictable ways. Parents do well to remember that children operate according to a more immediate sense of time. They show their feelings directly through their behavior. Remember also that feelings and resulting behaviors will surface for months and years into the placement. A child may seem adjusted to the adoption, and then become depressed when a school teacher asks her to say who in her family she looks like. A foster child may adapt well in your family and then accuse you of being harder on him because you're not his real father.

Being a foster parent or adoptive parent will call on existing strengths, skills, and supports, and require you to develop new ones.

- Strengths are parts of a person's character that surface in hard times. Strengths that will serve new foster parents and adoptive parents are:
  - patience and humor
  - honesty and hope
  - commitment and warmth
  - common sense and optimism
- Skills are things you have learned to do and use in certain situations. Maybe you have learned them through experience, or more formal training programs, like this one. Skills can include:
  - understanding the history and purpose of a child's behavior
  - knowing when to ask for help
  - using help
  - knowing how to accept children as unique individuals
  - knowing how to be happy about small gains
  - understanding the importance of teamwork

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- Supports are the individuals or organizations that you can rely on to generate new ideas and share the burden. Your supports might include:
  - the child's social worker
  - foster parent associations or adoptive parent associations
  - professional counselors
  - family friends
  - religious organizations

### **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;”  
and
- “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; and
- The fantasy of the perfect family, e.g., if I just hope/wait long enough my dream family will find me.

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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.

Strategies tailored to the individual child, using strengths, skills, and supports, might help a child manage feelings. These strategies would include:

- **Patience**—recognizing that it will take time for the child to realize that daily life with your family is good, not as ideal as fantasy, but good, and real.
- **Knowledge**—recognizing that time and development will help a child. Most children outgrow their fantasies, and some fantasy life is normal and related to creativity and intelligence. The social worker and other members of the team can help determine when the fantasy is a problem.
- **Counseling**—older children who still harbor fantasies may need professional counseling to help them put the phantoms to rest.

### **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; and
- 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.

## Resource Sheet 9-H

### **You Need to Know!**

#### **How to Plan 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.

#### **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; and
- 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; and
- Refer to appropriate associations and support groups.

**You Need to Know!**  
**How to Recognize a Medical Emergency<sup>4</sup>**

- An infant under four months of age who has an axially temperature of 100 degrees F or higher, or a rectal temperature of 101 degrees F or higher.
- A child over four months of age who has a temperature of 105 degrees F or higher.
- An infant under four months of age who has forceful vomiting (more than once) after eating.
- A child who looks or acts very ill, or seems to be getting worse quickly.
- A child who has neck pain when the head is moved or touched.
- A child who has a stiff neck or severe headache.
- A child who has a seizure for the first time.
- A child who acts unusually confused.
- A child who has unequal pupils (black centers of the eyes).
- A child who has a blood-red or purple rash, made up of pinhead-sized spots, or bruises that are not due to injury.
- A child who has a rash of hives or welts that appears quickly.
- A child who breathes so fast or so hard that he or she cannot play, talk, cry, or drink.
- A child who has a severe stomachache, causing him or her to double up and scream.
- A child who has a stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- A child who has stools that are black, or have blood mixed through them.
- A child who has not urinated in more than eight hours and whose mouth and tongue look dry.
- A child who has continuous clear drainage from the nose after a hard blow to the head.

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<sup>4</sup>Courtesy of the American Red Cross Child Care Course, 1990.

## You Need to Know!

### How to Recognize Behaviors That Indicate a Need for Professional Attention<sup>5</sup>

- Extreme withdrawal from interactions; behaving as though others are not present.
- Inappropriate actions or reactions, i.e., laughing, crying, or showing rage for no apparent reason.
- Fantasies that are so marked that they interfere with day-to-day functioning.
- Total lack of interest in interacting with peers; no normal peer interactions.
- Extreme lack of responsiveness to other people.
- Lack of appropriate fears, and/or abnormal fears that interfere with day-to-day functioning.
- Seeing or hearing things that aren't real (hallucinations).
- Failure to develop speech or disappearance of speech after it has developed.
- Non-communicating speech.
- Persistent abnormal rhythm to speech.
- Abnormal reactions to stimulation; may be hypersensitive or hypersensitive to sound, touch, and so on.
- Peculiar posturing or persistent walking on tiptoe.
- Stereotypical finger and hand movements.
- Self-mutilation.
- Developmental delays combined with areas of normal or above normal functioning.
- Marked insistence on sameness, such as routines or object placement.

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<sup>5</sup>Fahlberg, V. A Child's Journey Through Placement. Indianapolis, IN: Perspectives Press, 1991.

**You Need to Know!**

**Universal Precautions in the Care of Children**

- Wash hands regularly and thoroughly with soap and warm water.
- Teach children to wash hands.
- Clean and cover open cuts with bandages.
- Wash toys, stuffed animals, and things children put in their mouths.
- Use latex disposable gloves when in direct contact with blood/body fluids.
- Wash surface areas, clothing, bed linen, and laundry exposed to body fluids with mild bleach solution—1 cup bleach to 9 cups water.
- Dispose of diapers, gloves, bandages, and paper products used to clean up body fluids in tightly sealed plastic bags.
- Notify your physician if anyone in your household has been exposed to chicken pox, small pox, tuberculosis, or measles.
- Keep all immunizations up to date.
- Eat well, exercise regularly, and get a good night's sleep.

## You Need to Know!

### Preventing Disruptions<sup>6</sup>

"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 pre-service and in-service 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 pre-service 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, in-service 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.

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<sup>6</sup>Festinger, T. Necessary Risk: A Study of Adoptions and Disrupted Adoptive Placements. Washington, DC: Child Welfare League of America, 1986; and Barth, R. and Berry, M. Adoption and Disruption: Rates, Risks and Responses. Hawthorne, NY: Aldine DeGruyter, 1988.

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- **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 the same experience in a marriage, 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!

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<sup>7</sup>Partridge, S., Hornby, H., McDonald, T. Learning from Adoption Disruption: Insights for Practice. Portland, ME: Human Services Development Institute, University of Southern Maine, 1986.

## Resource Sheet 9-I

### **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

This meeting addresses changes you may expect in your family when fostering or adopting. In order to better prepare for your role please take a moment to respond to the following questions:

1. What types of child behaviors do you feel will be most challenging for your family? How will you decide if you can or can not cope with the behaviors foster and adoptive children will bring?

2. What particular skills and strengths does your family have to help a child such as Robert? (We discussed Robert in during meeting 9)

3. What two actions might you take to support a child emotionally during a time of transition?

4. What two actions will be most important to supporting you own family emotionally during a time of transition?

5. Please think of a time in the past when your family has undergone a considerable amount of stress. What were the circumstances? What particular skills and resources did your family use to cope with the situation? What did your family learn from that experience?

# **PRIDEBook**

## **Session Ten**

### **Taking PRIDE:**

### **Making an Informed Decision**

Resource Sheet 10-A

**Competencies and Goals**

**Competencies Addressed in This Section:**

- **Working as a member of a professional team**

**In- Session Learning Goals:**

As a result of this meeting, you should be able to: (check under the appropriate response)

Yes	No	Would like to discuss more	
			1. Know the roles, rights, and responsibilities of foster parents and adoptive parents.
			2. Know the agency's policy regarding confidentiality for children and families.
			3. Know the importance of being informed of changes in child welfare policies and practices.
			4. Know the importance of advocating for children to obtain needed services.
			5. Know the value of affiliating with other foster parents and adoptive parents, and with foster parent and adoptive parent associations.
			6. Know own strengths and needs in fulfilling the foster parent or adoptive parent role.
			7. List the range of agency and community services for children, their families, foster and adoptive families.
			8. Identify the potential risks involved in fostering or adopting.
			9. Explain the importance of being fully informed to assess how fostering or adopting will affect you and your family.
			10. Know the foster parent's responsibility to collaborate with agency staff to assess own learning needs, and to implement a Family Development Plan to meet those needs.

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	11. 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.
	12. Explain the rationale for the Family Development Plan, and the value of ongoing training and support organizations and groups for foster parents.
	13. Describe the value of ongoing training and/or support organizations for adoptive parents.
	Other Questions: List here

**At-Home Learning Objectives:**

**Note: There are no At-Home Learning Objectives as this is the final session.**

## Resource Sheet 10-B

### Agenda

**Part I: Welcome and Connecting with PRIDE (15 minutes)**

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

**Part II: The PRIDE Panel (1 hour, 45 minutes, including a 15-minute break)**

- A. Welcome and Introduction of Panel
- B. Panel Presentations/Group Discussion

**Part III: Transitions (1 hour)**

- A. Key Points and You Need to Know!
- B. Saying Good-bye
- C. Certificate of Accomplishment
- D. Program Evaluation
- E. End Session

## Resource Sheet 10-C

### **You Need to Know!**

#### **Special Attention for Foster Parents**

##### **Appendix G Core Requirements for Foster Families\***

3. c. For agency homes that do not provide therapeutic foster care, the foster family unit must complete at least 20 clock hours of training annually. Agency home child-care staff assigned to such homes must each complete at least 20 clock hours of training.
- d. Annual training hour requirements are in addition to initial first aid and CPR training. First aid and CPR updates may be included in the annual training requirements.
4. At least 75% of the required training for foster parents or agency home child care staff must consist of course work from an accredited educational institution; workshops, seminars, other direct training provided by qualified agencies, organizations, and individuals; in-service training; or self-instructional programs. To qualify, in-service training and self-instruction programs must include stated learning objectives, curriculum and learning activities, and an evaluation component.

All training must be documented - including date, subject, number of hours, and training provider.

5. When foster parents complete training in excess of the minimum requirements, up to ½ of the following years training requirement may be carried over from the previous year.

Please review the attached Foster PRIDE/Adopt PRIDE (In service) Training Description Modules. After reviewing the core in-service PRIDE modules, discuss with your foster/adopt worker the modules you feel will meet your development needs with in the first and second year. Indicate which modules you wish to attend within the first and second year, by checking the appropriate boxes on the next page. Remember to indicate the appropriate number of hours for your home license type. All training modules may not be available in every area during the year.

\* Adapted from Appendix G of the *Minimum Standards & Guidelines for Child-Placing Agencies*, April 1 1998.

**FOSTER PRIDE**

**FOSTER/ADOPT PARENT CORE TRAINING**

**Foster/Adopt Family Name** \_\_\_\_\_

**Address, City, State and zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Date** \_\_\_\_\_

**1ST      2ND**  
**YR.      YR.**

		<b>MODULE ONE (12 Hours)</b>	<b><i>The Foundation For Meeting The Developmental Needs of Children At Risk</i></b>
		<b>MODULE TWO (6 Hours)</b>	<b><i>Using Discipline To Protect, Nurture, And Meet Developmental Needs</i></b>
		<b>MODULE THREE (3 Hours)</b>	<b><i>Addressing Developmental Issues Related To Sexuality</i></b>
		<b>MODULE FOUR (6 Hours)</b>	<b><i>Responding To The Signs and Symptoms of Sexual Abuse</i></b>
		<b>MODULE FIVE (9 Hours)</b>	<b><i>Supporting Relationships Between Children and Their Families</i></b>
		<b>MODULE SIX (9 Hours)</b>	<b><i>Working As A Professional Team Member</i></b>
		<b>MODULE SEVEN (6 Hours)</b>	<b><i>Promoting Children's Personal and Cultural Identity</i></b>
		<b>MODULE EIGHT (9 Hours)</b>	<b><i>Promoting Permanency Outcomes</i></b>
		<b>MODULE NINE (6 Hours)</b>	<b><i>Managing The Fostering Experience</i></b>
		<b>MODULE TEN (15 Hours)</b>	<b><i>Understanding The Effects Of Chemical Dependency On Children and Their Families</i></b>

**You Need to Know!**

**Special Attention for Foster Parents**

**FOSTER PRIDE  
FOSTER PARENT CORE CURRICULUM  
(In-service training)**

Foster PRIDE includes ten modules, totaling 84 hours of in service training. These modules range in duration from three hours to 12 hours; and the modules over three hours in length are divided into different sessions. Below is a list of the ten modules and examples of the content to be covered.

**MODULE 1: THE FOUNDATION OF MEETING THE DEVELOPMENTAL NEEDS OF CHILDREN AT RISK (12 hours)**

- understanding how self-esteem is developed
- creating a supporting environment
- anticipating and responding to separation, parental conduct and conditions that affect self-esteem
- understanding the meaning of behavior and communication
- listening with understanding
- reflecting, clarifying and using questions to understand and meet needs
- interpreting and using nonverbal communication
- defining nurturing and communications support
- fostering uniqueness and providing equitable care
- recognizing and accepting feelings, and helping children express themselves
- providing opportunities for growth
- giving unconditional praise

**MODULE 2: USING DISCIPLINE TO PROTECT AND NURTURE (6 hours)**

- recognizing the importance of discipline in meeting developmental needs
- revisiting the goals of discipline and agency policy
- using planned ignoring
- building success into a child's daily life
- changing behavior by sharing, requesting and directing
- using time out

**MODULE 3: ADDRESSING DEVELOPMENTAL ISSUES RELATED TO SEXUALITY (3 hours)**

- identifying normal patterns of sexual development
- examining own attitudes and issues
- communicating about sexuality

**MODULE 4: RESPONDING TO THE SIGNS AND SYMPTOMS OF SEXUAL ABUSE (6 hours)**

- understanding effects on children
- recognizing forms of sexual abuse
- managing feelings and attitudes when working with children and parents involved in sexual abuse

**MODULE 5: SUPPORTING RELATIONSHIPS BETWEEN CHILDREN AND THEIR FAMILIES (9 hours)**

- respecting and supporting children’s family ties
- preparing children for visits and other contacts
- providing support during and after contacts
- defining roles

**MODULE 6: WORKING AS A PROFESSIONAL TEAM MEMBER**

- recognizing the importance
- understanding the criteria for effective teamwork
- addressing barriers to teamwork

**MODULE 7: PROMOTING CHILDREN’S PERSONAL AND CULTURAL IDENTITY (6 hours)**

- recognizing the importance
- maintaining and supporting
- developing life books

**MODULE 8: PROMOTING PERMANENCY OUTCOMES (6 hours)**

- connecting children and youths to safe, nurturing lifetime relationships
- understanding the process and impact of transition from foster family to birth family
- preparing and supporting for, during and after transition

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- participating in service planning
- understanding and maintaining confidentiality
- preparing for and participating in case reviews
- participating in helping children transition to other relationships intended to last a lifetime, i.e. adoption, long term care, guardianship

**MODULE 9: MANAGING THE FOSTERING EXPERIENCE (6 hours)**

- managing the effects of fostering on own family
- identifying and using agency and community supports
- managing abuse allegations
- working with appeal policy

**MODULE 10: UNDERSTANDING THE EFFECTS OF CHEMICAL DEPENDENCY ON CHILDREN AND FAMILIES (9 hours)**

- understanding the effects of chemical dependency on a child's growth and development
- recognizing the signs and symptoms of chemical dependency, and exposure to alcohol and other drugs
- caring for and working with children exposed to alcohol and other drugs

**You Need to Know!**

**Special Attention for Adoptive Parents**

**The Adoption Certification Process**

7274 Approval of Adoptive Homes

TDPRS Child Protective Services / CPS 98-1

Rule

Approval of Adoptive Home Study. [TDPRS] evaluates applicants based on the applicants' ability to care for specific children needing placement. TDPRS approves adoptive home studies based on an evaluation of the applicants' total situation [including]:

[the applicant's] flexibility in all areas of life; their sensitivity and understanding of children's needs; and their ability to meet the developmental, maintenance, and protection needs of children in TDPRS's managing conservatorship.

The written assessment or home study of the family must be completed within four months beginning on the date all information and documentation is returned by the family or on the date of the last pre-service training session. If these two dates are different, staff may use the later date to determine the time frame for completion of the home study. Staff must submit the home study to the supervisor for approval. Supervisors must approve the home study within 30 days. Staff must inform the family that they need to return all information and necessary documents within two weeks after pre-service training has ended or their case will be closed. Staff need to inform the family that they may re-open their application to become adoptive parents at a later time, if their case was closed for failure to return all necessary documents. Families who reapply within one year of completing pre-service may need to complete an overview training. This decision must be made by the supervisor. Reasons for this decision must be documented in the family's record. Families who reapply after one year of pre-service will need to attend pre-service training again.

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Families who reapply within one year of completing pre-service are only required to complete an overview training.

Families who reapply after one year of pre-service must attend pre-service training again.

Source: PRS Rules, 40 TAC §700.1504 (Brackets added.)

Management Policy

If the approving supervisor does not have a Masters Degree in Social Work and at least two years experience in child-placing or a variance from the deputy director of CPS, another staff member who has those qualifications must also review and approve the home study.

Notification. The worker must tell the recruits/applicants whether their home study is approved and the reasons for the decision. If the study is not approved, the worker must inform the recruits/applicants of the reasons for the decision in a personal interview. The worker must also inform recruits/applicants whose home study is not approved that they have a right to an administrative review in writing.

**You Need to Know!**

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.

**Child Welfare League of America**

440 First Street, NW - Suite 310  
Washington, DC 20001  
(202) 638-2952

**National Foster Parent Association**

Information and Services Office  
(address to be added in May)  
(815) 455-2527

**National Resource Center for Special Needs Adoptions**

Spaulding for Children  
16250 Northland Drive, Suite 120  
Southfield, MI 48075  
(810) 443-0300

**North American Council on Adoptable Children**

1821 University Avenue  
Suite N-498  
St. Paul, MN 55104  
(612) 644-3036

Resource Sheet 10-C  
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**You Need to Know!**

(to be added by the region)

***List local agency and community services for children and their families.***

Resource Sheet 10-C  
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**You Need to Know!**

(to be added by the region)

***List local agency and community supports for foster families and adoptive families.***

# Foster PRIDE/Adopt PRIDE

*Pre-service training for  
foster parents and adoptive parents*

---

Participant's Name

## CERTIFICATE OF ACCOMPLISHMENT

---

Co-Trainer

---

Co-Trainer

---

Date

---

Sponsoring Agency

Resource Sheet 10-D

**Foster PRIDE/Adopt PRIDE**

**Thanks For Your Opinion!**

**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.

STRONGLY DISAGREE		STRONGLY AGREE		<b>The following statements are about the content of the training.</b>	
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, flip charts, videos) helped me learn.
1	2	3	4	5	
<b>Comments on Training Content:</b> _____					
_____					
_____					
_____					

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STRONGLY DISAGREE				STRONGLY AGREE	
1	2	3	4	5	<b>The following statements are about the organization and "atmosphere" of the training.</b>
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.
<b>Comments on Training Atmosphere:</b> _____					
_____					
_____					
_____					
_____					
STRONGLY DISAGREE				STRONGLY AGREE	
<b>The following questions are about the trainers.</b>					
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.
<b>Comments on Training Trainer:</b> _____					
_____					
_____					
_____					
_____					

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(page 3)

STRONGLY DISAGREE			STRONGLY AGREE		11. _____ (please fill in the name of the other 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.
<b>Comments on Training Trainer:</b> _____ _____ _____ _____					
STRONGLY DISAGREE			STRONGLY AGREE		<b>The following questions are about your overall training experience</b>
1	2	3	4	5	12. This training program has helped me strengthen my knowledge and skills.
1	2	3	4	5	13. This training program met my expectations.
1	2	3	4	5	14. This training program helped me feel proud about my role with the agency as an essential and effective member of a professional team.
1	2	3	4	5	15. Overall, this training program was excellent.
<b>Comments on Overall Training:</b> _____ _____ _____ _____					
<b>On behalf of the children and families we are working together to serve, thank you for your participation and support!</b>					