Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 1 Agenda
2. Partnership Building and Teamwork in Foster Care
3. Criteria for Mutual Selection: Twelve Skills for Successful Fostering and Adopting
4. Description of the GPSII/MAPP Program Meetings and Steps
5. Strengths/Needs Assessment
6. Robert Case Study
7. Partnership Development Plan
8. A Brief Summary of Child Welfare Laws Important to Foster and Adoptive Parents
9. Important Definitions for Foster and Adoptive Parents
10. Strengths/Needs and Permanency for Children
11. Roles and Responsibilities of Foster Parents
12. Resource Guide for Foster, Adoptive and Foster/Adoptive Parents*

Supplemental Handouts: Family Profile (reproduce specific sections depending upon the family compositions in your group)

Overhead Transparencies

1. Matching Activity
2. Sucessful Teams
3. Ways Information is Shared in the GPSII/MAPP Program
4. Important Definitions
5. Partnering for Safety and Permanency
   Children, Youth, and Parents Talk About Foster Care and Adoption
6. Roadwork

* *Handout needs to be developed by agency.*

Meeting 1:
Welcome to the GPSII/MAPP Program

Agenda

Time	Topic
(40 Minutes)	**A. Welcome and Get Acquainted**

- Group leader introductions
- Purpose of the meetings
- Meeting 1 agenda
- Participant introductions/matching activity
- "Rules of the Road"

(50 Minutes) **B. Introduction to The GPSII/MAPP Program**

- Partnership and teamwork as foundations for the foster care/adoption program
- The GPSII/MAPP Program
- Criteria for Mutual Selection: Twelve Skills for Successful Fostering and Adopting
- The strengths/needs approach
- Information sharing
- Partnership Development Plan

(10 Minutes) **BREAK**

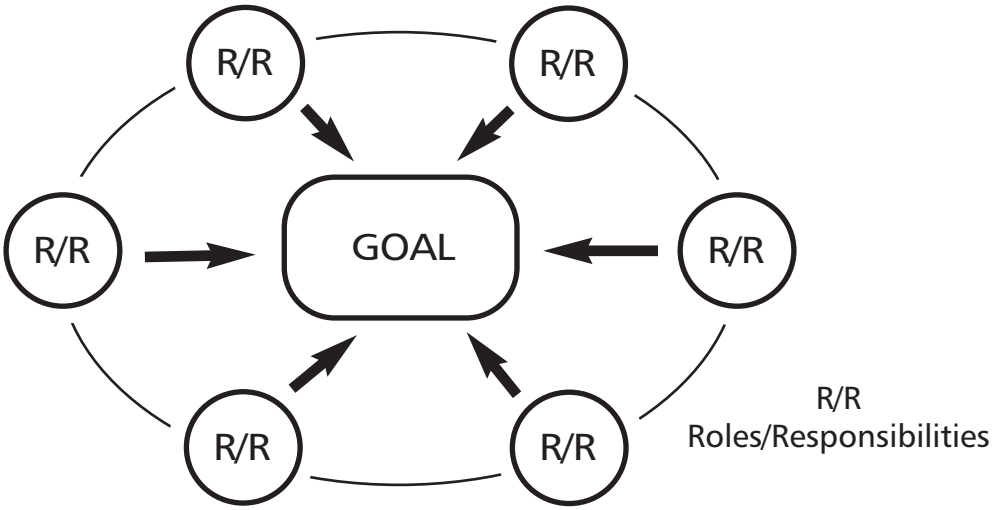
Time	Topic
(30 Minutes)	**C. Adoption and Foster Care Today** ◆ Important definitions ◆ Review of reasons for entering care, feelings and behaviors of children and youth in care
(40 Minutes)	**D. The Roles and Responsibilities of Foster and Adoptive Parents** ◆ Video clip: "Children, Youth and Parents Talk About Foster Care and Adoption."
(10 Minutes)	**E. Summary of Meeting 1and Preview of Meeting 2** ◆ Summary of Meeting 1 ◆ Preview of Meeting 2 ◆ Next step in the mutual selection process ◆ A Partnership in Parenting Experience

ROADWORK

- Read the handouts and bring any questions you have to the next meeting.
- Talk with someone about foster or adoptive parenting and the importance of partnership this week.
- Complete your Family Profile. If you have any questions, feel free to call during the week.

Partnership Building and Teamwork in Foster Care

Teamwork – *Teamwork* involves two or more people working together according to a coordinated plan, in a relationship where team members assume different roles and responsibilities, all designed to reach the same goal. Team members can be relied upon to assume their specific jobs or responsibilities.



Partnership – A *partnership* is a relationship where two or more parties each contribute something of value in order to receive benefits. The nature of the contribution and the distribution of benefits are defined by the social contract between the parties.

Partnership implies that there is a "give and take." Partners exchange "wants" and "offers" of real value to each other.

Within the Alliance Model, child welfare staff and foster and adoptive parents work as a team.

As in any effective team, players have different roles, responsibilities and tasks, but each team member has the same goal, in this case, to preserve, or rebuild, the family around the long-term welfare of the child.

This requires that the team members form a partnership or positive alliance with the birth parents, always seeking to keep parents focused on the well-being of the child.

Criteria for Mutual Selection: Twelve Skills for Successful Fostering and Adopting

The GOAL of the **GPSII/MAPP Program** is to prepare individuals and families to make an informed decision about becoming foster and/or adoptive families. The decision is made with the child welfare agency and is based on the capability and willingness to take on the "role" and develop the skills needed to foster and/or adopt. Foster and/or adoptive families who make good decisions and grow in their new roles work best with the agency, birth families and others. These partnerships help children and youth have stability and permanence with a family.

As successful foster and/or adoptive parents you must be able to:

1. Know your own family.
   Assess your individual and family strengths and needs; build on strengths and meet needs.

2. Communicate effectively.
   Use and develop communication skills needed to foster or adopt.

3. Know the children.
   Identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated.

4. Build strengths; meet needs.
   Build on strengths and meet needs of children and youth who are placed with you.

5. Work in partnership.
   Develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency.

6. Be loss and attachment experts.
   Help children and youth develop skills to manage loss and attachment.

7. Manage behaviors.
   Help children and youth manage behaviors.

8. Build connections.
   Help children and youth maintain and develop relationships that keep them connected to their pasts.

9. Build self-esteem.
   Help children and youth build on positive self-concept and positive family, cultural and racial identity.

10. Assure health and safety.

    Provide a healthy and safe environment for children and youth and keep them free from harm.

11. Assess impact.

    Assess the ways fostering and/or adopting will affect your family.

12. Make an informed decision.

    Make an informed decision to foster or adopt.

Description of the GPSII/MAPP Program Meetings and Steps

In the Group Preparation and Selection II/Model Approach to Partnerships in Parenting (GPSII/MAPP) program, prospective foster and adoptive parents are led through a series of experiential activities and guided discussions that enable them to make decisions about their ability, willingness and readiness to foster and/or adopt. Making an informed decision requires that families assess their current skills as parents and their ability to develop the skills needed for successful fostering and adopting. The activities in each meeting promote risk taking and sharing of thoughts and feelings by participants to both help them become more self aware and to help the GPSII/MAPP leaders make better assessments. All activities and content incorporate the principles of adult learning theory; specifically that adults are self-directed, need immediately useful information that is relevant to their life experiences and that they must take responsibility for their own learning. Individuals have different learning styles so the exercises incorporate hearing, seeing and touching or experiencing methodologies in their design.

1. Welcome to the GPSII/MAPP Program

Meeting One of the GPSII/MAPP Program begins with the process of building relationships, examining the role and responsibilities of foster and adoptive parenting, and exploring one's strengths, motivations and concerns. This meeting, and the nine that follow, are designed to be highly experiential and to promote a mutual selection process. The experiential design of each meeting enables foster and adoptive parents to build relationships with each other, to assess their own abilities to foster and/or adopt, and to determine if the agency can meet their needs. In turn, the experiential design enables GPSII/MAPP leaders to assess the prospective foster and adoptive parents' abilities and attitudes. Equally important, the design builds trust between the prospective foster and adoptive parents and the GPSII/MAPP leaders which promotes honest sharing of attitudes, beliefs, and experiences.

In Meeting One, the legal and practice foundation for child welfare is explored through several activities. In one activity, volunteers from the group share a photo of their child. The group is asked to imagine who would care for the child if the parents were gone, and to identify the qualities they want in a substitute caregiver. The exercise is intended to help participants to appreciate the need for an intensive and comprehensive preparation and selection program.

Through a video, the group meets several children and parents who have been involved with foster care and adoption and, with a guided discussion, begins to build empathy for parents and children and to identify their strengths and needs.

During Meeting One, every family receives a copy of a **Profile** as Roadwork, to be completed at home. The Profile gives prospective foster and adoptive families an opportunity to describe themselves in their own words. The Profile is used by the homefinder to inform the decision about certification. It also becomes part of the information kept by the agency to help children, birth families and child welfare workers get to know the foster or adoptive family better and to understand their needs.

The Profiles are returned by Meeting 2, if possible. If absolutely necessary, the family may work on it for an extra week and return it by Meeting 3.

2. Where the MAPP Leads: A Foster Care and Adoption Experience

The purpose of Meeting Two is to provide participants with an opportunity to see foster care and adoption from a variety of perspectives. Nearly the entire meeting is comprised of a sculpting activity in which participants experience how losses and stresses can lead to placement of children into care. This demonstration is one of the most powerful learning activities because it allows participants to experience the trauma that accompanies placement and to appreciate the importance of teamwork and partnership among foster and adoptive parents, parents, and child welfare workers. By participating in this exercise, foster and adoptive parents learn how families can be preserved while children are in care.

Participants are introduced to Erikson's Stages of Development and discuss the impact of abuse and neglect on children's development. In a large group activity participants practice identifying the well-being and permanency needs of children who have been abused, neglected or maltreated using information from four case examples. They discuss their abilities to meet the needs of children and the challenges they might encounter. Leaders closely manage the discussions, identify resources and begin to assess the participant's strengths and needs.

Family Consultations are scheduled after Meeting 2, once the family's profile has been returned. The consultations are meetings in the homes of prospective foster and adoptive families. They are designed to help the families and the leaders jointly assess strengths and needs in a family setting. All family members participate and every family has at least two family consultations during the decision-making and learning process.

During the family consultation, the family and the leader will agree upon a Partnership Development Plan which states who will do specific tasks and when the tasks will be done, in order to meet one or more needs in the preparation, decision making, and mutual selection process.

3. Losses and Gains: The Need to Be a Loss Expert

An activity involving a lost object allows participants to explore the impact of separation and loss on the growth and development of children, and the impact of foster care and adoptive placement on the emotions and behaviors of children and parents. Participants share personal losses (death, divorce, infertility, children leaving home) with each other in pairs or triads and discuss how difficult life experiences may affect their success as foster and adoptive parents. Leaders monitor the small groups in this potentially emotional activity to provide support and intervention when necessary. The meeting emphasizes the teamwork roles of foster and adoptive parents and child welfare workers in turning losses into gains. The GPSII/MAPP leaders share positive and negative effects of their own maturational and situational losses. This promotes trust and encourages personal reflection by participants. This also makes the GPSII leaders "real" to the participants and is specifically placed here so to make discussions easier when GPSII leaders complete the family consultation at the prospective foster and adoptive parent's home.

4. Helping Children with Attachments

Through a visual demonstration using yarn and three volunteers, participants explore the impact of attachment on child development. The meeting uses supervised small and large group discussions to enable participants to recognize how attachments are formed and the special needs of children in foster care and adoption (especially in the areas of building self-concept and using appropriate behavior). Through an imaginary journey exercise, participants experience loss and the feelings that accompany grief. This experiential activity enables participants to apply the information concerning loss and grieving from Meeting Three and the information about attachment from this meeting. Participants practice identifying ways to build positive attachments with children in their care through case examples.

5. Helping Children and Youth Learn to Manage Their Behaviors

Using a group sharing activity, participants discuss techniques for managing behavior, with an emphasis on alternatives to physical punishment. In small groups participants discuss special issues related to discipline for children and youth who have been physically or sexually abused or neglected. This meeting can often be difficult because it includes discussion of physical punishment. The issue of spanking versus not spanking almost always creates controversy and tension and requires group management skills to keep the group on task and to manage conflict.

The meeting emphasizes the need for teamwork and partnership among foster parents, adoptive parents and child welfare workers by identifying alternatives to physical punishment. Once the discussion about physical punishment is finished, fifteen positive discipline techniques are discussed with the group. Prospective parents work in small groups with familiar case examples in order to try to meet children's needs and identify positive discipline techniques that can be used to keep children safe and teach them healthy behaviors to meet their needs.

False allegations of abuse in the foster home are discussed. The leader distinguishes between naïve and manipulative false allegations. The large group discusses the emotional impact of being falsely accused and learns what to expect during the investigation process.

6. Helping Children with Birth Family Connections

Through a forced choice activity, participants explore the importance of helping children in care maintain and build upon their identity, self-concept, and connections. This emotional exercise forces participants to give up crucial connections to family, culture, and/or community, etc.. After processing the emotional impact of losing connections, participants discuss how, in their role as foster and adoptive parents, they can maintain those connections for children in care. Through large group discussions and role plays, the group considers issues such as how children's cultural and ethnic backgrounds help shape their identity; the connections children risk losing when they enter care, and why visits and contacts with birth families and previous foster families are important. Participants take part in a sculpture activity that demonstrates the importance of the Positive Parental Alliance to the well-being of a child in care. Participants engage in a group competition activity that challenges them to identify ways to keep children connected to their families between visits.

7. Gains and Losses: Helping Children Leave Foster Care

Through supervised large and small group activities, participants appreciate the importance of trying to give children messages about moving that they can understand. Children are like sponges; they take in everything around them, but they don't always know how it all fits together. We want to make sure that children understand what is happening around them especially as it has to do with moving; either back home to their parent's home, to another foster home, to an adoptive placement, etc.

Participants also examine concurrent planning, adoption, and independent living. In a carefully planned and monitored discussion, participants share their own extended family's experiences with unwanted separations, and then discuss disruption and its impact on children, families, and agency staff. Through a problem solving exercise

participants focus on the partnership and teamwork role of child welfare workers, foster parents, and adoptive parents in helping children move home, into an adoptive home or into interdependent living. The meeting features a discussion of a video of a mother, foster mother and worker planning the return of the mother's children to her home.

8. Understanding the Impact of Fostering or Adopting

In Meeting 8, prospective parents explore the impact of fostering and adopting on their own families. Using a role play, participants assess their own strengths and needs in managing conflicts about confidentiality and privacy in the foster or adoptive home. In a second role play they practice managing a conflict between their birth child and a child in care. Through a large group discussion, participants define the five characteristics of a family system and how each part will be affected by fostering and/or adopting. Participants use an Eco-Map, a visual tool, to identify their own family's strengths and needs. In what are often emotional discussions, participants examine how fostering and adopting can affect prospective parents' marriages, own children and relationships with extended family.

9. Teamwork and Partnerships in Foster Care and Adoption

This meeting reviews what the participants have learned so far about building a teamwork relationship with the agency and identifying challenges to teamwork. A simulated case review and large group discussion provides a rationale for the importance of working as part of a team with child welfare staff, other service providers and court personnel, as well as the parents of children and youth in care.

10. Endings and Beginnings

This meeting features a panel composed of experienced foster or adoptive parents, birth parents, children in care, and individuals who can respond to questions from the participants. The important tasks of this meeting will be to assess group members' strengths and needs as foster parents or adoptive parents. There also will be some time to say good-bye...the ending. As the preparation/mutual selection process is coming to an end, so begins the transition into becoming a foster or adoptive family...the beginning.

After the last meeting there is a final Family Consultation during which the leader and the parents agree about the family's future role as a foster family, as an adoptive family, or as another kind of child welfare advocate. A Professional Development Plan, developed by the leader and the parents, provides direction for support of the family during the next six months in the child welfare program.

Strengths/Needs Assessment

What is a strengths/needs assessment?

The strengths/needs assessment is a tool to help prospective foster and adoptive families look at those qualities and skills that are important to successful foster and adoptive parenting. No two families are alike. Every family has or can develop many skills that will be helpful in their new roles. Likewise, every family has a set of needs that must be fulfilled to take on their new roles.

What do we do with the strengths/needs assessments?

At the end of several of the meetings you will be asked to assess your strengths and your needs in each of the skill areas that have been developed in the program. Come prepared to talk about your strengths and needs at the following meeting, as well as to hand in your written suggestions to the leaders about improving the meetings. The written statements will help your leaders plan the group meetings as well as the family consultation for your family.

Robert Case Study

Robert is a 12-year-old black child who was placed in a white foster home two weeks ago, when his mother began serving a three-month sentence for passing bad checks. His father's last known address, a few years ago, was a homeless shelter. Robert has no brothers or sisters and no extended family members have yet been identified who are able to provide a temporary home for Robert. It is expected that Robert and his mother will be reunified when she completes her sentence but right now, Robert really misses his mom, his friends, and his neighborhood.

Robert has been extremely quiet since he entered the foster home. He tends to stay in his room, listening to his music. He seems uncomfortable with eye contact and doesn't perform the chores he has been asked to do, such as making his own bed or picking up his bath towels. Robert is capable of taking care of his own personal needs. He had to change schools when he entered foster care and doesn't like his new 6th grade teacher, although he has received passing grades on his tests and homework. He says everything is too hard in this new school and the other kids aren't as friendly as in his old neighborhood. He hit another student in school when the boy asked him rude questions about his family and why he had moved into this school.

Partnership Development Plan

As part of partnership building in the preparation and the mutual selection process, it is important to have a clear understanding of all the strengths and needs involved in your becoming a foster and/or adoptive parent. Throughout the process you will discover things you may want to work on as an individual or as a family. Professional development as a foster family begins now and continues throughout the time you care for children who have been abused and neglected. It is important for you to assess your own strengths and needs.

Your program co-leaders will also openly share with you any concerns they have regarding your ability to become foster or adoptive parents. It is hoped that, together, needs can be identified and met so you can make the best decision for your family. Every time you talk about your progress in making a decision about fostering and/or adopting and in developing new skills it will be helpful to write out what you plan to do next. The following steps are designed to help you document your discussions:

Steps

1. Describe the need clearly.

   _____

   _____

   _____

2. Explain why this is a need.

   _____

   _____

   _____

3. Develop an action plan including:

   A. What tasks will be done to meet the need?

   _____

   _____

   _____

B. Who will do each task?

_____

_____

_____

C. When will we evaluate progress?

_____

_____

_____

D. How we will know whether the need is met?

_____

_____

_____

E. What will happen if the need is met; if the need is not met?

_____

_____

_____

A Brief Summary of Child Welfare Laws Important to Foster and Adoptive Parents

Hailed as the most important piece of child welfare legislation enacted in three decades, the **Adoption Assistance and Child Welfare Act, P.L. 96-272**, required states to establish programs and make procedural reforms to serve children in their own homes, prevent out-of-home placement, and facilitate family reunification following placement. The Act also transferred federal foster care funding from IV-A to a new Title IV-E of the Social Security Act and provided funds to help states pay adoption expenses for children whose special needs make adoption difficult. A major provision of P.L. 96-272 was that judges determine whether "reasonable efforts" had been made to enable children to remain safety at home before they were placed in foster care.

Title XX of the Social Security Act was amended to include the Social Services Block Grant to provide child protective services funding to states. This became the major source of state social service funding.

The New York State Child Abuse Prevention Act of 1985 was enacted, establishing: standards, training, and qualifications for persons responsible for the care of children, including mandatory training for all new CPS caseworkers within the first three months of employment; access to certain records of the State Central Register of Child Abuse and Maltreatment; the procedure for establishing relationships between law enforcement officials and child protective agencies; and the investigation, prevention, and treatment of child abuse and maltreatment in residential care.

The Family Preservation and Support Initiative, Public Law 103-66, gave funding to states for family preservation and family support planning and services. The legislation provided funding for:

community-based family support programs that work with families before a crisis occurs to enhance child development and increase family stability;

family preservation programs that serve families in crisis or at risk of having their children placed in foster care as well as other follow-up services, including family reunification; and

evaluation, research, training, and technical assistance in the area of family support and family preservation.

The Multiethnic Placement Act (MEPA) P.L. 103-382 of 1994, outlawed discriminatory practices, and the Interethnic Placement Provisions (IEP), P.L. 104-188 of 1996, clarified the original legislation and created sanctions for state and agencies which fail to comply with the act. MEPA forbids the delay or denial of a foster or adoptive placement solely on the basis of the race, color, or national origin of the prospective foster parent, adoptive parent, or the child involved. It also compels states to make diligent efforts to recruit and retain foster and adoptive families that reflect the racial and ethnic diversity of the children for whom homes are needed, and requires the federal government to impose fiscal penalties for states not in compliance with the antidiscrimination provisions.

The Adoptive and Safe Families Act (ASFA), Public Law 105-89, represents the most significant change in federal child welfare law since the Adoption Assistance and Child Welfare Act of 1980. ASFA reauthorized and increased funding for the Family Preservation and Support program, renaming it the Promoting Safety and Stable Families program. In general, ASFA is intended to promote the primacy of child safety and timely decisions for permanency while clarifying "reasonable efforts" and continuing family preservation.

Important Definitions for Foster and Adoptive Parents

Note: Certain terms are defined in this Glossary by statutory or regulatory language. Citations for the statute or regulation appear in parentheses. Abbreviations are as follows: FCA – Family Court Act, SSL – Social Services Law, NYCRR – New York State Code of Rules and Regulations.

Abandonment – A child is "abandoned" by his or her parent if such parent evinces (shows) intent to forego his or her parental rights and obligations. Such intent is manifested by his or her failure to visit the child and communicate with the child or agency, although able to do so and not prevented or discouraged from doing so by the agency. [FCA §1012; SSL § 384-b (5)].

Abused Child – A child less than eighteen years of age whose parent or other person legally responsible for his or her care: (i) inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or (ii) creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or (iii) commits, or allows to be committed, an act of sexual abuse against such child as defined in the penal law. [SSL § 371 (4-b).

Adoption – A legal procedure that transfers responsibilities for a child from the birth parents to the adoptive parents. The adoptive parent has full parental legal rights and responsibilities.

Adoption Planning – A procedure begun by an agency, once guardianship and custody of a child has been transferred from the birth parents to the agency. It includes identifying the child's needs, selecting a potential adoptive family, completing a home study, beginning the placement process, supervising the placement, and finalizing the adoption.

Adoption Subsidy (Recurring) – A monthly payment made to adoptive parents who have adopted a child who meets New York State eligibility standards. Based on the special medical, developmental, or social needs of the child or sibling group, this financial assistance begins after the finalization of the adoption and lasts until the child reaches the age of 21. The amount can vary from case to case. (See SSL Article 6 title 9.)

Allegations – Statements in a child abuse/maltreatment report that have not been proven.

Another Planned Living Arrangement – Formerly known as Independent Living, APLA is a permanency planning goal to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills, and, upon discharge, connecting the youth with any needed community and/or specialized services. [18 NYCRR 430.12 (f)]

Approved Foster Home – A home in which temporary or long-term care is provided to a child whose care and custody or guardianship and custody have been transferred to an authorized agency pursuant to the provisions of section 384 or 384-a of the Social Services

Law or who has been placed with a social services official pursuant to article 3, 7 or 10 of the Family Court Act and who is cared for 24 hours a day in a family home with a foster parent who is a relative within the second or third degree to the parent(s) or stepparent(s) of the child and who is duly approved by an authorized agency as required by this Part. [18 NYCRR 443.1(f)]

Assessment – The process through which the agency gathers the information it needs to form a case plan to help preserve the family. See Case Plan.

Best Interests of the Child – The best possible decision from the available options regarding the child - taking into account his or her physical, psychological, cognitive, and emotional needs. This term, undefined in statute, is used by Family Court.

Birth Family – The family to whom the child was born. The birth family is the child's biological family.

Case Plan – A description of the specific steps that will be carried out to address the reasons for the child's placement, based on the information the agency has gathered about a family. The case plan describes: 1) what the birth parents will do to develop strengths and meet needs; 2) what the caseworker will do to help the birth parents and child; 3) what others, including foster parents, will do to help the birth parents and child; and 4) when the case plan's goals will be met.

Case Review – A regular review of how each case of a child in foster care is progressing. The purpose of the case review is to make sure that the family and others are taking the steps they agreed to in the case plan. The case review is also meant to make sure that a child does not drift for a long time in foster care and that the child will be able to live in a safe, permanent home by returning home, living with relatives, or being freed for adoption. Procedures may differ from agency to agency, but the review must occur every six months. Each review must include at least one representative who is not involved with the case (third party reviewer).

Certified Foster Home – A home that has received a New York State certificate to provide foster care after an agency home study finds that the family meets the certification requirements. The certificate limits the number of children to be placed in the home and states any restrictions on child characteristics. (See SSL § 433.3.)

Child Protection Services (CPS) Worker – A local social services district worker who conducts investigations to determine if a child has been abused or neglected and if there is risk of future abuse or neglect in the household where the child is living or may go to live. If the CPS worker determines that the child's safety is at risk, he or she will devise a plan to provide for the child's safety which may include removing the child from the home.

Concurrent Planning – Planning that works toward returning the child home while simultaneously developing an alternative plan for the child. Concurrent planning recognizes that the parent(s) may be unable or unwilling to establish a safe environment for the child and pursues another permanent goal for the child. It focuses on achieving a permanent goal for a

child within one year of placement by highlighting certain aspects of casework practice.

Confidentiality – A basic principle and agency requirement for foster parents to not discuss a child's family background, personal history, problems, or special needs with anyone other than those clearly assigned professional responsibility for some aspect of a foster child's care and supervision. These matters cannot be discussed with the family's friends, neighbors, or other relatives who are not part of the foster parent's household unless for health and safety reasons. Confidential information includes information furnished by foster parents, the agency, the caseworker, the child, or the child's birth family. It may concern the family background of the child, the child and family's medical history and condition, and/or the services being provided to the child.

Court Hearing – Formal legal proceeding at which the court hears evidence and oral argument by the parties.

- **Initial appearance hearing** – First hearing in Family Court after the filing of a petition that allows the respondent to admit or deny the allegations contained in the petition.
- **Fact-finding hearing** – A formal legal proceeding at which the court hears evidence and oral argument by the parties regarding allegations in a petition.
- **Dispositional hearing** – The hearing to determine what should be done for the child. This usually follows a fact-finding hearing.

Court Order – A written or oral directive of the court requiring a party to take a particular action or refrain from taking an action. **Note:** An oral order of the court is only effective if given to the party, to do or not do an act, in open court and on the record.

Custody – Physical and legal responsibility for a child and authority to act in place of the parent, granted by the court. Examples of physical responsibility are food, shelter, and necessary transportation.

Diligent Efforts – Attempts by an agency to assist, develop, and encourage a meaningful relationship between the child and his or her parents. Examples are assessing what services the family needs, providing or arranging for those services, and making arrangements for child/parent visits.

Diligent Search – The attempt to locate a missing mother, legal or alleged father, legal guardian, or responsible relative of a child placed in foster care. The purpose is to locate and involve missing parents in the planning process and to satisfy the court that adequate efforts were made to locate the parents and help the court decide how to handle notifying the parents about an upcoming court proceeding.

Disruption – When foster parents decide they are unable to continue caring for a particular child (for a variety of reasons) and that child must leave their home. The term "disruption" is also used when a child's behavior or circumstances lead to the child being moved from his or

her placement.

Emergency Placement – Placement of a child who has been removed from his or her home on an emergency basis. An emergency placement may be made with no prior notice and is temporary until a regular foster home can be identified. In some counties, foster parents who are willing to take emergency placements are designated as emergency foster homes.

Extension of Placement – Continuation of the original placement order after review by the court.

Family Court – A court designated to hear matters related to family members. This court handles abuse and neglect proceedings and reviews voluntary placements, juvenile delinquents and PINS (persons in need of supervision) cases, termination of parental rights, child support, paternity, adoption, guardianship, custody, and family offenses.

Finalization – The final step of the adoption process. The attorney, on behalf of the adoptive parents, files the appropriate legal documents to finalize the adoption. A court hearing is set. After the court hearing, the custody of the child is legally transferred to the adoptive parents. The family receives a new birth certificate for the child with his or her last name changed to that of the adoptive family.

Finding – What the court determines the facts of the case to be, based on the evidence presented.

Foster Care – Foster care of children means all activities and functions provided relative to the care of a child away from his or her home 24 hours per day in a foster family home or a duly certified or approved foster family boarding home or a duly certified group home, agency boarding home, childcare institution, health care facility, or any combination thereof. [See 18 NYCRR 427.2(a).]

Freed for Adoption – Child freed for adoption means a foster child whose custody and guardianship were committed to an authorized agency pursuant to section 384 of the Social Services Law. A foster child who has been freed for adoption includes a child whose care and custody have been transferred to an authorized agency, pursuant to section 384-a of the Social Services Law. Children who have been placed with a social services official pursuant to articles 3, 7, and 10 of the Family Court Act are excluded from the definition of child freed for adoption. [See 18 NYCRR 441.20(a) (3).] OR Legally freed child means a person under the age of 18 years: (1) whose custody and guardianship have been transferred to an authorized agency as a result of either a surrender instrument executed pursuant to section 383-c or 384 of the Social Services Law or an order of the Family Court or the Surrogate's Court made pursuant to section 384-b of the Social Services Law; or (2) whose care and custody have been transferred to an authorized agency pursuant to section 1055 of the Family Court Act or section 384-a of the Social Services Law and where such child's parents are both deceased, or where one parent is deceased and the other parent is not a person entitled to notice

pursuant to sections 111and 111-a of the Domestic Relations Law. [18NYCRR 420.1(a)]

Guardianship – Physical and legal responsibility of a child granted to a person or authorized agency to act as parents. Guardianship may be granted by the court when parental rights have been suspended or terminated. Generally, a person can be designated a guardian of the person, of the property, or both. A guardian of the person has the right to make decisions concerning the individual. The care, custody and control of the individual is also usually (although not necessarily) granted to the person as well. A guardian of the property is a person who can make decisions concerning the property of the individual. Guardians either petition the court to be appointed or are designated by the parent either in a will or by a written document with approval by a court to act for the child.

Home Study – The process of gathering information to determine if a prospective foster home can be certified or approved. Agency workers (usually called home finders) visit the home and collect detailed information about the applicants as well as other household members and potential caregivers for the child. The worker submits a report to the court or agency, describing the home environment, background, social history, and current makeup of the family situation. A similar home study is conducted for a prospective adoptive home.

Independent Living – Older youth in foster care generally are to be provided with information and training to help prepare them to live independently. Agency staff and foster parents prepare these youth to assume the rights and responsibilities of adults in society.

Indicated – A child abuse/neglect report that has "a fair preponderance of the evidence" to support the allegations. [See SSL § 412(12) and 18 NYCRR 433.2(c).]

Investigation (of a CPS report) – Gathering of facts by a Child Protective Services (CPS) worker based on the State's requirements for home visits, interviews, etc., to determine whether there is a fair preponderance of the evidence that the subject of the report abused or maltreated the child.

Law Guardian – An independent attorney appointed by Family Court and paid by the county to solely represent the child's interests. Each child in care is appointed his or her own law guardian by the court.

Life Book – A combination of a story, diary, and scrapbook that has information about a child's life experiences, with such items as pictures of birth family and foster families, report cards, souvenirs of special events, and medical history. A Life Book should be started when children first come into care. Life Books are best developed in partnership by the foster parents, birth parents, caseworker, and child. Children take their Life Books with them when they return home, are adopted, or go into independent living.

Neglected (or Maltreated) Child – A child less than eighteen years of age: (i) whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible

for his or her care to exercise a minimum degree of care:(a) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or(b) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; by misusing a drug or drugs; by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he or she loses self-control of his or her actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph (i) of this subdivision; or (ii) who has been abandoned by his parents or other person legally responsible for his care. [SSL §371(4-a)]

No Reasonable Efforts – A finding by the court that no reasonable efforts should be made to prevent or eliminate the need for placement or to return the child home after being placed in foster care due to certain circumstances, which are spelled out in the law. (See FCA § 1039-b.) See also Reasonable Efforts.

Notification Letter – A letter required by state law that informs the parents or caregivers that they have been named as a subject or other person in a report of suspected child abuse or maltreatment made to the State Central Register (Child Abuse Hotline).

The letter must contain the Register number, report I.D. number, and date of the report. A different notification letter informs the subject or other person named in a report of the determination.

Parental Rights – The right to make major decisions for a child, such as deciding a child's religion or giving permission to marry or serve in the military. Also includes the legal right to be in contact with the child.

Permanence – Permanence is the assurance of a family for a child intended to last a lifetime. Permanence assures a child of a family where he or she will be safe and nurtured. Foster parents work in teamwork with the caseworker and others to assure that a child returns to his or her home or has a timely plan for adoption or placement with extended family.

Permanency Hearing – A hearing held in accordance with section 1039-b, 1052, 1055, or1055-a of this article (Family Court Act Article 10) for the purpose of reviewing the foster care status of the child and the appropriateness of the permanency plan developed by the Social Services official. [FCA§ 1012(k)] For the purposes of calculating the initial period of placement, such placement shall be deemed to have commenced the earlier of the date of the fact-finding of abuse or neglect of the child pursuant to section 1051 of this Part or 60 days after the date the child was removed from his or her home in accordance with the provisions

of this article. The initial permanency hearing shall be held no later than 12 months following placement. Each subsequent permanency hearing shall be held as directed by the court but no later than 12 months following the preceding permanency hearing. [FCA § 1055-a(3(c)]

Permanency Planning – Planning by agencies to protect a child's right to grow up within a permanent family. Agencies develop plans to place children in living situations that will meet their needs and give them stability for the longest period of time.

Person In Need of Supervision (PINS) – A person less than 18 years of age who is habitually truant or who is incorrigible, ungovernable or habitually disobedient, and beyond the lawful control of a parent or other person legally responsible for such child's care, or other lawful authority (effective July 1, 2002). [SSL § 371(6)].

Person Legally Responsible – Child's custodian, guardian, or any other person responsible for a child's care.

Petition – Formal written application to the court requesting action by the court.

Physical Abuse – Physical abuse is defined by state law and is usually indicated by unexplained bruises, welts, burns, fractures/dislocations and lacerations or abrasions. Other behavioral indicators include a child who feels deserving of punishment, is wary of adult contact, is apprehensive when other children cry, is aggressive, withdraws, is frightened of his or her parent(s), is afraid to go home, reports injury by parent(s), often has vacant or frozen stares, lies very still while surveying surrounding (infant), responds to questions in monosyllables, demonstrates inappropriate or precocious maturity or indiscriminately seeks affection.[1]

Placement Order – An order made by a court granting the custody of a child to an agency for a specific amount of time.

Preventive Services – Those supportive and rehabilitative services provided to children and their families in accordance with the provisions of this Part for the purpose of: averting a disruption of a family which will or could result in placement of a child in foster care; enabling a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care. [See 18 NYCRR 423.2(b).]

Reasonable Efforts – A finding by the court that reasonable efforts should be made to prevent or eliminate the need for placement or to return a child home after being placed in foster care. Health and safety of the child are the paramount concern in determining reasonable efforts. (See FCA § 1039-b.) See also No Reasonable Efforts.

[1] Adapted from Drews, K., Salus, M., and Dodge, D. 1979. Child Protective Services In-Service Training for Supervisors and Workers. Washington, D.C. U.S. DHEW, ACYF, Children's Bureau, National Center on Child Abuse and Neglect, HEW Contract No. 105-79-1103, pp. III 6, 1-4.

Relatives Within the Third Degree – Relatives within the third degree are those who are related to the parent(s) or legal step-parent(s) through blood or marriage in the first, second, or third degree in the kinship line. In relation to the child, they are: grandparents and great-grandparents; aunts and uncles and their spouse; siblings and their spouse; first cousins and their spouse; great-aunts and great-uncles and their spouse; and great-great grandparents. In addition, a person who is unrelated to a child may be approved to be a relative foster parent to that child if the person is related to the child's half-sibling(s) and such approval will allow the half-siblings to remain together. [See 18 NYCRR 443.1(i).]

Report (Child Abuse/Maltreatment) – Written allegation from the State Central Register (SCR) of "reasonable cause" to suspect child abuse/maltreatment giving the agency legal authority to begin an investigation.

Respite Care – The provision of brief and temporary care and supervision of children for the purpose of relieving parents or foster parents of the care of such children or foster children when the family or foster family needs immediate relief in order to be able to maintain or restore family functioning or to provide relief for foster parents from the stress of providing care for a severely handicapped or emotionally disturbed foster child or for a foster child with a chronic or recurring illness. [See 18 NYCRR 435.2(d).]

Recertification and Reapproval – The annual process of reviewing the certified or approved status of a foster home when the family wishes to remain eligible to care for foster children.

Reunification – When a child returns from foster care to live with his or her birth family.

Risk – Risk is the likelihood of any degree of long-term harm or maltreatment. It does not predict when the future harm might occur but rather the likelihood of the harm happening at all. Foster parents can help caseworkers assess risk and likelihood of future harm.

Safety – A child is safe when there is no immediate or impending danger of serious harm to a child's life or health as a result of acts of commission or omission (actions or inactions) by the child's parents and/or caretakers.

Self-Concept – How an individual feels about who he or she is. Self-concept includes the qualities of being lovable, capable, worthwhile, and responsible. Children who have been sexually or physically abused or neglected often blame themselves for their families' problems. Sometimes it is hard for children who have been treated badly to feel good about who they are. Their self-concept is poor. Foster parents should help children and youth understand and feel good about who they are, including their cultural, racial, and religious identities.

Service Plan Review (SPR) – A formal meeting scheduled at set periods to assess and reassess the service plan for the family and child and to review the permanency planning goal set for the child. Participants discuss progress toward the service plan and revise the plan if necessary. At a minimum, participants should include the caseworker, supervisor, birth parents,

foster parents, child (age 10 and up, or younger if able to participate), and third party reviewer (an agency staff member who is not involved with the case). (See 18 NYCRR Part 428.)

Sexual Abuse – Child sexual abuse involves any interaction, contact or non-contact, between a child and any person–child or adult–in a power position in which the child is being used for the sexual stimulation of another person. Sexual abuse is defined by state law and is usually indicated by a child's disclosure and a combination of physical indicators including difficulty in walking or sitting; torn, stained, or bloody underclothing; pain, swelling, or itching in genital area; pain on urination; bruises, bleeding or laceration in external genitalia, vaginal, or anal areas; vaginal/penile discharge; venereal disease, especially in pre-teens; poor sphincter tone; pregnancy; bizarre, sophisticated or unusual sexual behavior or knowledge; poor peer relationships; delinquency; running away; change in school performance; withdrawal, fantasy or infantile behavior.

Source – Person who suspects child abuse or maltreatment is occurring and calls the Hotline to take a report.

State Central Register of Child Abuse and Maltreatment (SCR) (Hotline) – A file (register) maintained in Albany containing records of all indicated reports and reports under investigation. The Hotline receives and screens phone calls of suspected abuse and maltreatment statewide and distributes the information to the appropriate county.

Subject – Subject of the report means any of the following persons who are allegedly responsible for causing injury, abuse, or maltreatment to, or allowing injury, abuse, or maltreatment to be inflicted on, a child named in a report to the State Central Register of Child Abuse and Maltreatment: (i) a child's parent or guardian; (ii) a director, operator, employee, or volunteer of a home or facility operated or supervised by an authorized agency, the Division for Youth, or an office of the Department of Mental Hygiene or a family day-care home, a day-care center, a group family day-care home or a day services program; (iii) a consultant or any person who is an employee or volunteer of a corporation, partnership, organization or any governmental entity which provides goods and services pursuant to contractor other arrangement which provides for such consultant or person to have regular and substantial contact with children; or (iv) any other person 18 years of age or older legally responsible for a child, including the child's custodian, guardian, and any person responsible for the child's care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such person causes or contributes to the abuse or maltreatment of the child. [18 NYCRR432.1 (d)]

Substantiated (Indicated) – Found to have a fair preponderance of the evidence.

Summons – A document issued by the court, usually handed in person, notifying the person to appear in court at a day specified to answer a petition.

Special Needs – A child with special needs means a child who: (i) the State has determined cannot or shall not be returned to the home of his or her parents; (ii) is handicapped or is hard-to-place; and (iii) a reasonable but unsuccessful effort has been made to place the child with appropriate adoptive parents without adoption assistance, except where such an effort would not be in the best interest of the child. "Handicapped child" means a child who possesses a specific physical, mental, or emotional condition or disability of such severity or kind which, in the opinion of the department, would constitute a significant obstacle to the child's adoption. Such conditions include, but are not limited to: (i) any medical or dental condition which will require repeated or frequent hospitalization, treatment or follow-up care; (ii) any physical handicap, by reason of physical defect or deformity, whether congenital or acquired by accident, injury, or disease, which makes or may be expected to make a child totally or partially incapacitated for education or for remunerative occupation, as described in sections 1002 and 4001of the Education Law; or makes or may be expected to make a child handicapped, as described in section 2581 of the Public Health Law; (iii) any substantial disfigurement, such as the loss or deformation of facial features, torso, or extremities; or (iv) a diagnosed personality or behavioral problem, psychiatric disorder, serious intellectual incapacity or brain damage which seriously affects the child's ability to relate to his peers and/or authority figures, including mental retardation or developmental disability. "Hard-to-place child" means a child, other than a handicapped child: (i) who has not been placed for adoption within six months from the date his or her guardianship and custody were committed to the social services official or the voluntary authorized agency; or (ii) who has not been placed for adoption within six months from the date a previous adoption placement terminated and the child was returned to the care of the social services official or the voluntary authorized agency; or (iii) who meets any of the conditions listed in clauses (a) through (f) of this subparagraph, which the department has identified as constituting a significant obstacle to a child's adoption, notwithstanding that the child has been in the guardianship and custody of the social services official or the voluntary authorized agency for less than six months: (a) the child is one of a group of two siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to sections 421.2 (e) and 421.18 (d) of this Part; and (1) at least one of the children is five-years-old or older; or (2) at least one of the children is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or (3) at least one of the children is otherwise eligible for subsidy in accordance with the provisions of this subdivision(b) the child is the sibling or half-sibling of a child already adopted and it is considered necessary that such children be placed together pursuant to sections 421.2 (e) and421.18 (d) of this Part; and (1) the child to be adopted is five-years-old or older; or (2) the child is a member of a minority group which is substantially over represented in New York State foster care in relation to the percentage of that group to the State's total population; or (3) the sibling or half-sibling already adopted is eligible for subsidy or would have been eligible for subsidy if application had been made at the time of or prior to the adoption; (c) the child is one of a group of three or more siblings (including half-siblings) who are free for adoption and

it is considered necessary that the group be placed together pursuant to sections 421.2 (e) and 421.18 (d) of this Part; or (d) the child is eight-years-old or older and is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or (e) the child is 10-years-old or older; or (f) the child is hard to place with parent(s) other than his/her present foster parent(s) because he/she has been in care with the same foster parent(s) for 18 months or more prior to the signing of the adoption placement agreement by such foster parent(s) and has developed a strong attachment to his/her foster parent(s) while in such care and separation from the foster parent(s) would adversely affect the child's development. (18 NYCRR 421.24)

Strengths – The skills, resources, qualities, and experiences that are part of each person. Foster parents should look for and recognize strengths in themselves, children, and birth parents. Identifying strengths helps in understanding and appreciating others and in gaining insight into a person's life and behaviors. Part of seeing a person's strengths lies in seeing that person in a positive light.

Termination of Parental Rights (TPR) – Commitment of the guardianship and custody of a child to an authorized agency to prepare for adoption planning. Involuntary TPR occurs when a court determines that the parents have failed for a period of more than one year following the date such child came into the care of an authorized agency substantially and continuously or repeatedly to maintain contact with or plan for the future of the child, although physically and financially able to do so, notwithstanding the agency's diligent efforts to encourage and strengthen the parental relationship when such efforts will not be detrimental to the best interests of the child. (See SSL §384-b). TPR can also be voluntary, when birth parents decide on their own to surrender their parental rights. (See SSL §384.)

Unfounded (Unsubstantiated) – A report that has been determined by CPS where CPS has not found that a fair preponderance of the evidence of the alleged abuse or maltreatment exists.[See 18 NYCRR 432.1(f).]

Uniform Case Record (UCR) – A means of documenting case assessment and service planning through its various forms (e.g., progress notes, service plans, and plan amendments). The UCR provides a structure to help guide agency efforts at permanency planning and to record such efforts, thereby giving caseworkers a useful tool in working with families and children. (See 18 NYCRR Part 428.) (NYS FP Manual)

Well-being

Well-being is not defined in federal law, but in the GPSII/MAPP program well-being includes the physical, emotional, social, mental and moral/spiritual healthy development of a child. Well-being is assessed based on the following questions:

- Is the child or youth **physically healthy**? If not, does the child have the medical attention required to restore or optimize health, given the condition?
- Is the child or youth **emotionally healthy**? Does the child experience being lovable, capable and worthwhile?
- Is the child or youth **socially healthy**? Does the child interact in work and play activities at a level appropriate for age and abilities?
- Is the child or youth **intellectually** or **mentally** on target? If not, does the child have the educational resources required to optimize intellectual growth?
- Is the child or youth **morally/spiritually healthy**? Does the child have a sense of right and wrong and an ability to understand the feelings of others? Does the child have hope in the future?

Strengths/Needs and Permanency for Children

1. What possible strengths did you see in the children?

_____

_____

_____

2. What possible strengths did you see in the parents of the children?

_____

_____

_____

3. What are some possible needs of the children, especially related to permanency?

_____

_____

_____

4. What possible needs did you see in the birth parents?

_____

_____

_____

5. What did the foster and adoptive parents specifically do to meet the needs of children and parents?

_____

_____

_____

Roles and Responsibilities of Foster Parents

As a foster parent, you are responsible for the temporary care and nurturing of a child who has been placed outside his or her own home. During a time of disruption and change, you are giving a child a home. At the same time, your role includes working with the caseworker and the child's family so that the child can return home safely, when appropriate.

The role of the foster parent is to:

- Provide temporary care for children, giving them a safe, stable, nurturing environment.
- Cooperate with the caseworker and the child's parents in carrying out a permanency plan, including participating in that plan.
- Understand the need for, and goals of, family visits and help out with those visits.
- Help the child cope with the separation from his or her home.
- Provide guidance, discipline, a good example, and as many positive experiences as possible.
- Encourage and supervise school attendance, participate in teacher conferences, and keep the child's caseworker informed about any special educational needs.
- Work with the agency in arranging for the child's regular and/or special medical and dental care.
- Work with the child on creating a Life Book – a combination of a story, diary, and scrapbook that can help children understand their past experiences so they can feel better about themselves and be better prepared for the future.
- Inform the caseworker promptly about any problems or concerns so that needs can be met through available services.

Foster parents have the right to:

- Accept or reject a child for placement in a foster home.
- Define and limit the number of children that can be placed in the foster home, within legal capacity.
- Receive information on each child who is to be placed in the foster home.
- Expect regular visits from the child's caseworker to exchange information, plan together, and discuss any concerns about the child.
- Participate in regular conferences in the foster home to discuss the child's plan every 90 days or less as required (whenever necessary in times of crisis or emergency).
- Receive notice of, and participate in Service Plan Reviews and Family Court permanency hearings on a child placed in their home.
- Receive training on meeting the needs of children in care.
- Have their personal privacy respected.

Resource Guide for Foster, Adoptive and Foster/Adoptive Parents

Do Not Copy!

Instructions:

Following are suggested handouts for prospective foster and adoptive parents. Your agency staff, foster parents and adoptive parents will need to develop them to reflect your policy and practices:

- A list of the rights, responsibilities and licensing/approval requirements of all foster parents in your agency.
- A list of the rights and responsibilities of children and youth in foster care in your community.
- A list of the rights and responsibilities of parents of children in foster care in your community.
- Your agency's organizational chart and important contact information for managers, supervisors and staff.
- Your agency's non-discrimination statement, including information about the requirements of MEPA/IEP (The Multiethnic Placement Act of 1994 and amendment of 1996).
- Description of your local and state foster and adoptive parent associations, including phone numbers and addresses of officers, regular meeting dates, etc.
- Description of foster and adoptive parent support groups.
- Description of your local judicial system including important names, addresses and phone numbers.
- A list of the names of judges involved with child welfare cases.
- Description of universities, colleges, agencies, etc., which provide in-service training opportunities. Include contact names and numbers.
- Descriptions of mental health agencies used by your agency, including addresses and phone numbers.
- A description of the policies and procedures required when a foster family is accused of abuse or neglect in the foster home.
- Grievance procedures.

Supplemental Handouts

Following are copies of each part of the Family Profile to be completed by family members of prospective foster or adoptive families. Copy the appropriate parts of the Profile, depending upon the composition of each family in your group.

GPSII/MAPP Family Profile

Part I - General Information

	Prospective Parent #1	Prospective Parent #2
Name		
Social Security #		
Date of Birth/Age		
Race/Ethnicity		
Sex		
Occupation		
Employed By		
Employer's Address		
Phone		
Hours of Work		
Highest Grade Completed		
Marital Status		
If Married, Date and Place of Marriage		

Home Address: _____

Home Telephone: _____

Directions to Your Home: _____

_____

My Family Now – Others in the Home

(Use additional paper if necessary)

Name	Date of Birth	Sex	Race/ Ethnicity	Occupation/ School Grade	Relationship to Prospective Parent #1 (birth, foster, adoptive, in-law)	Relationship to Prospective Parent #2 (birth, foster, adoptive, in-law)

My Family Now – Our Adult Children Living Away from Home

(Please write names, date of birth and addresses for each. Use additional paper if necessary. If other than biological, specify who are adoptive parents, stepparents, etc.)

(1)	(3)
(2)	(4)

Sensitive Subjects

As a partner in the foster care or adoption team, you may find that the special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects." These sensitive subjects concern things about which people don't often talk. In foster care and adoption work, these sensitive subjects may be about separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, financial matters, and the use of alcohol or drugs.

Because we are making a very important decision together about your family's fostering and possibly adopting, we will be discussing subjects that often are not discussed outside the family. We don't want to offend you or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the questions in the Profile as openly and as honestly as you can. Thank you.

Medical and Personal Information on Household Members:

1. Is any family member currently under the regular care of a doctor?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

   _____

   _____

   _____

   _____

   _____

2. Is anyone in your family taking medicine prescribed by a doctor?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

3. Is any family member currently under the care of a psychologist, psychiatrist or other therapist?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

4. Does any family member have any serious or chronic medical condition?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

5. Does any family member now have, or previously had, nervous or emotional difficulties?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

6. Does any family member use drugs (other than prescribed by a doctor)?

   ❑ Yes ❑ No

   Has any family member been treated for drug abuse?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

7. Does any family member frequently drink alcohol?

   ❑ Yes ❑ No

   Has any family member received treatment for alcoholism?

   ❑ Yes ❑ No If yes, please explain: _____

   _____

8. Has any family member experienced sexual abuse or attack?

❑ Yes ❑ No If yes, please explain: _____

_____

9. Has any family member ever been sexually involved with a child?

❑ Yes ❑ No If yes, please explain: _____

_____

10. Is any family member planning to be admitted to the hospital soon?

❑ Yes ❑ No If yes, please explain: _____

_____

11. Name, address and phone of family physician

_____

_____

Legal Information on Household Members

Has anyone in your family ever been convicted of a felony?

❑ Yes ❑ No If yes, please give details: _____

_____

_____

_____

_____

_____

Financial Information on Household Members

1. Who is the money manager and how are financial decisions made?

   _____

   _____

2. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits?

   ❑ Yes ❑ No If yes, please describe how this is affecting you and your family.

   _____

   _____

   _____

3. Will you be financially able to provide for your family as well as one or more additional children for six to eight weeks until the first reimbursement check arrives?

   ❑ Yes ❑ No Comments: _____

   _____

   _____

   _____

4. Employment income each month:

   $ _____ (before taxes) earned by _____

   $ _____ (before taxes) earned by _____

5. Any other income: $ _____

6. Source of other income: _____

7. Total monthly income (before taxes): $ _____

8. Does your family have medical insurance coverage?

❑ Yes ❑ No Comments: _____

_____

_____

_____

References

Please give three references who have known you for three years or more. Relatives may be given, but only one reference should be a relative. Please include at least one reference from school personnel if you have school-age children, as well as one employer reference.

Employer Reference:

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

School Reference:

Child's Name/Grade Level _____

Teacher's Name _____

Name of School _____

School Address _____

City/State/Zip _____

Relative Reference:

Name _____

Relationship _____

Address _____

City/State/Zip _____

Telephone _____

Personal Reference:

Name _____

Address _____

City/State/Zip _____

Telephone _____

Special Projects

There are several things we need you to attach to the back of your Profile.

1. Please give us a picture of you and all members of your household (pets, too, if possible). We would like a picture of your house too, so you may want your picture to be in front of your house, or give us a second photo of the house itself. These photos may be used to prepare a child who would come to your family.
2. Please write a short letter to a child who might be coming to live with you, telling the child some things that you think they might want to know about your family. The picture and letter would be used by a child welfare worker who places a child in your home to help prepare the child and the child's birth family for your family. You will have an opportunity to make any changes to this letter at the end of the meetings, if you wish.
3. Please also write a short letter or note to the parents of a child who may be placed with you. In this note, please tell the parents some things about yourself that would help them trust you to take care of their child.
4. Scrapbook. Many foster and adoptive families have found another fun way to help prepare a child to move into their homes. The family makes a scrapbook or album with pictures of where family members and the child would sleep, eat, play, etc. Notes here and there might tell what the family does for fun or where the child will go to school. This album can really help you and the child welfare worker make the placement less scary for the child. Why not start yours today?

All information in this Profile is true and complete to the best of my knowledge.

_____ _____

Date Signature

_____

Signature

All adults who will share parenting responsibilities must sign the Profile.

Personal Profile
Prospective Foster/Adoptive Parent #1

My Family History

(To be completed by the prospective foster/adoptive parent #1)

Name of person completing this section: _____

1. Who were all the people who lived with you (birth date and relationship) when you were between the ages of:

   A. Birth through five years old:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   B. Six through eleven, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   C. Twelve through fifteen, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   D. Sixteen until you left home, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

2. Was there anyone not in your home or immediate family with whom you were especially close, and why?

_____

_____

_____

3. Of all the people you listed in Questions 1 and 2, where are these people now and how often are you in contact with them?

_____

_____

_____

4. Of all the people listed above, to whom were you the closest and why?

_____

_____

5. What ages of your childhood did you like most, and why?

_____

_____

6. What ages of your childhood did you not like, and why?

_____

_____

7. With whom did you have the most difficulty getting along, and why?

_____

_____

8. When you were growing up, what were ways for members of your family to show the following feelings:

   A. Happiness _____

   _____

   B. Love/Affection _____

   _____

   C. Anger _____

   _____

   D. Disappointment _____

   _____

   E. Frustration _____

   _____

   F. Sadness/Depression _____

   _____

   G. Stress _____

   _____

9. Compared to other families you have known, both as a child and as an adult, would you say your family was happier or less happy than most families?

   _____

   _____

10. What family traditions with which you grew up do you still keep today, and why? Are there new traditions, and why?

    _____

    _____

    _____

11. Are there family traditions with which you grew up that you do not keep, and why?

_____

_____

_____

12. Think back to the time when you left home to be on your own.

A. How old were you? _____

_____

B. Why did you leave? _____

_____

C. How did you and your family feel about your leaving? _____

_____

13. If you have been previously married or lived together in an intimate relationship, please complete questions 13-17. If not, go to question 18.

	Marriage or Relationship #1	**Marriage or Relationship #2**
Name of Spouse or Significant Person		
Date of Marriage or Beginning of Relationship		
Place of Marriage		

	Marriage or Relationship #1	**Marriage or Relationship #2**
Reason Marriage or Relationship Ended (e.g., divorce, death)		
Date Marriage or Relationship Ended		

List other marriages or significant relationships here:

_____

14. Please list any children you have, from previous marriages or relationships, who do not currently live with you.

Name	**Date of Birth**	**Where they live, with whom**	**Relationship to you (birth child, stepchild, adopted, not legally related)**

15. What contact do you have with the persons listed in Questions 13 and 14? How do they feel about your desire to become a foster or adoptive parent?

_____

_____

16. Identify your emotions about the ending of your marriage/relationship. Describe how you handled those emotions.

_____

_____

17. If you have remarried, or entered into a new relationship with someone other than your children's parent, how did your children adjust to the new person?

_____

_____

18. How did you meet your spouse or the person with whom you are living?

_____

_____

19. How long have you:

    A. Known each other? _____

    B. Been married? _____

    C. Been living together? _____

20. What do you think was the main reason you married or entered into a relationship with this person and the main reason you have stayed together?

_____

_____

21. What do you like most about your spouse or partner? What do you think your spouse or partner likes most about you?

_____

_____

_____

22. What would you most like to change about your spouse or partner? What do you think your spouse or partner would like to have you change?

_____

_____

23. What do you most like about being married and/or living with someone?

_____

_____

_____

24. What do you least like about being married and/or living with someone?

_____

_____

25. What would make you want or consider a divorce or an ending of the relationship?

_____

_____

26. How much time during the week do you and your spouse or partner have alone together, and do you think this is enough time?

_____

_____

27. What was the biggest disappointment or loss you have had in your life and how did you cope with it?

_____

_____

_____

28. How and by whom were you disciplined as a child under the age of six?

_____

_____

29. How and by whom were you disciplined as a child when you were between six and twelve?

_____

_____

30. How and by whom were you disciplined as an adolescent?

_____

_____

My School and Work History

1. How many grades did you complete in school (junior high, high school, college, graduate school)?

   _____

   _____

2. If you did not complete high school, what were the reasons?

   _____

   _____

3. If you have attended college, what was your field of study and what degree did you receive?

   _____

   _____

4. As you think back over all your school experiences, were they primarily good experiences or bad experiences? Please explain.

   _____

   _____

   _____

5. What kinds of school experiences did you like most (for example, what subjects, what activities)? Please explain.

   _____

   _____

6. What parts of school were most difficult for you (what classes, what activities)? Please explain.

_____

_____

7. How important will grades and school performance be for the child placed in your home?

_____

_____

8. What are your school expectations for a child placed in your home?

_____

_____

9. Since leaving school, please list (from first to current job):

Places You Have Worked	Job Title	Length of Stay	Reason for Leaving

10. Of all the jobs listed, which did you like best and why?

_____

_____

11. Of all the jobs listed, which did you like least and why?

_____

_____

12. If you are currently employed, please describe your job.

A. What do you do at work?

_____

_____

B. How long would you like to keep this job? What are your plans to look for another job within the next few years?

_____

_____

C. How do you think becoming a foster or an adoptive parent might affect your work?

_____

_____

My Interests in and Expectations of Foster Parenting or Adopting

1. What made you think about becoming a foster or adoptive parent at this time?

   _____

   _____

2. Have you ever been in foster care? _____ Were you adopted? _____

   Do you know anyone who has been in foster care or adopted? _____

   If yes to any of these questions, please explain. _____

   _____

   _____

3. If yes, how did your own experience or contact with these people affect your interest in foster care or adoption?

   _____

   _____

4. What do you believe to be the major differences between foster care and adoption?

   _____

   _____

   _____

5. If you are interested in only foster care, what helped you decide to provide only foster care?

_____

_____

6. If you are interested in possibly adopting through the foster care program, what are your concerns?

_____

_____

_____

7. If you are interested in only adopting, why do you prefer to adopt rather than foster?

_____

_____

_____

8. If you are interested in becoming a foster parent, under what circumstance (if any) might you later consider adopting a child?

_____

_____

_____

9. If you are interested in becoming an adoptive parent, under what circumstance (if any) might you later want to foster?

_____

_____

10. Are you physically able to have a child by birth? ❑ Yes ❑ No

    If yes, are you planning to have a child or children by birth in the future? ❑ Yes ❑ No

    If no to either question, please explain. _____

    _____

11. As you think about becoming a foster or adoptive parent:

    A. What do you think you will like most? _____

    _____

    B. What do you think you will like least? _____

    _____

    C. What do you think others in your family will like best and least about having a new child in your home? _____

    _____

12. If you have parenting experience, what have you enjoyed most about being a parent?

    _____

    _____

13. What have you disliked most about being a parent?

    _____

    _____

14. What childhood ages do you or would you most enjoy parenting?

    _____

    _____

15. What childhood ages do you or would you least enjoy parenting?

_____

_____

16. What forms of discipline do you find to be most effective?

_____

_____

17. Under what circumstances do you think it is OK to spank or physically discipline a child?

_____

_____

_____

18. Please list any agencies which you have previously contacted to become a foster or adoptive parent.

Agency/location	**Outcome of contact**

19. Imagine that today is the day you are going to meet the child or children who will be placed in your home. Please describe this child: age, sex, personality, appearance, family background, siblings, etc.

_____

_____

_____

20. Have you ever been a parent to someone else's child?

_____

_____

Personal Profile
Prospective Foster/Adoptive Parent #2

My Family History

(To be completed by the prospective foster/adoptive parent #2)

Name of person completing this section: _____

1. Who were all the people who lived with you (birth date and relationship) when you were between the ages of:

   A. Birth through five years old:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   B. Six through eleven, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   C. Twelve through fifteen, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

   D. Sixteen until you left home, if different:

Name	Birth Date	Relationship	Name	Birth Date	Relationship

2. Was there anyone not in your home or immediate family with whom you were especially close, and why?

_____

_____

_____

3. Of all the people you listed in Questions 1 and 2, where are these people now and how often are you in contact with them?

_____

_____

_____

4. Of all the people listed above, to whom were you the closest and why?

_____

_____

5. What ages of your childhood did you like most, and why?

_____

_____

6. What ages of your childhood did you not like, and why?

_____

_____

7. With whom did you have the most difficulty getting along, and why?

_____

_____

8. When you were growing up, what were ways for members of your family to show the following feelings:

   A. Happiness _____

   _____

   B. Love/Affection _____

   _____

   C. Anger _____

   _____

   D. Disappointment _____

   _____

   E. Frustration _____

   _____

   F. Sadness/Depression _____

   _____

   G. Stress _____

   _____

9. Compared to other families you have known, both as a child and as an adult, would you say your family was happier or less happy than most families?

   _____

   _____

10. What family traditions with which you grew up do you still keep today, and why? Are there new traditions, and why?

    _____

    _____

    _____

11. Are there family traditions with which you grew up that you do not keep, and why?

_____

_____

_____

12. Think back to the time when you left home to be on your own.

A. How old were you? _____

_____

B. Why did you leave? _____

_____

C. How did you and your family feel about your leaving? _____

_____

13. If you have been previously married or lived together in an intimate relationship, please complete questions 13-17. If not, go to question 18.

	Marriage or Relationship #1	**Marriage or Relationship #2**
Name of Spouse or Significant Person		
Date of Marriage or Beginning of Relationship		
Place of Marriage		

	Marriage or Relationship #1	**Marriage or Relationship #2**
Reason Marriage or Relationship Ended (e.g., divorce, death)		
Date Marriage or Relationship Ended		

List other marriages or significant relationships here:

_____

14. Please list any children you have, from previous marriages or relationships, who do not currently live with you.

Name	**Date of Birth**	**Where they live, with whom**	**Relationship to you (birth child, stepchild, adopted, not legally related)**

15. What contact do you have with the persons listed in Questions 13 and 14? How do they feel about your desire to become a foster or adoptive parent?

_____

_____

16. Identify your emotions about the ending of your marriage. Describe how you handled those emotions.

_____

_____

17. If you have remarried, or entered into a new relationship with someone other than your children's parent, how did your children adjust to the new person?

_____

_____

18. How did you meet your spouse or the person with whom you are living?

_____

_____

19. How long have you:

    A. Known each other? _____

    B. Been married? _____

    C. Been living together? _____

20. What do you think was the main reason you married or entered into a relationship with this person and the main reason you have stayed together?

_____

_____

21. What do you like most about your spouse or partner? What do you think your spouse or partner likes most about you?

_____

_____

_____

22. What would you most like to change about your spouse or partner? What do you think your spouse or partner would like to have you change?

_____

_____

23. What do you most like about being married and/or living with someone?

_____

_____

_____

24. What do you least like about being married and/or living with someone?

_____

_____

25. What would make you want or consider a divorce or an ending of the relationship?

_____

_____

26. How much time during the week do you and your spouse or partner have alone together, and do you think this is enough time?

_____

_____

27. What was the biggest disappointment or loss you have had in your life and how did you cope with it?

_____

_____

_____

28. How and by whom were you disciplined as a child under the age of six?

_____

_____

29. How and by whom were you disciplined as a child when you were between six and twelve?

_____

_____

30. How and by whom were you disciplined as an adolescent?

_____

_____

My School and Work History

1. How many grades did you complete in school (junior high, high school, college, graduate school)?

   _____

   _____

2. If you did not complete high school, what were the reasons?

   _____

   _____

3. If you have attended college, what was your field of study and what degree did you receive?

   _____

   _____

4. As you think back over all your school experiences, were they primarily good experiences or bad experiences? Please explain.

   _____

   _____

   _____

5. What kinds of school experiences did you like most (for example, what subjects, what activities)? Please explain.

   _____

   _____

6. What parts of school were most difficult for you (what classes, what activities)? Please explain.

_____

_____

7. How important will grades and school performance be for the child placed in your home?

_____

_____

8. What are your school expectations for a child placed in your home?

_____

_____

9. Since leaving school, please list (from first to current job):

Places You Have Worked	Job Title	Length of Stay	Reason for Leaving

10. Of all the jobs listed, which did you like best and why?

_____

_____

11. Of all the jobs listed, which did you like least and why?

_____

_____

12. If you are currently employed, please describe your job.

    A. What do you do at work?

_____

_____

    B. How long would you like to keep this job? What are your plans to look for another job within the next few years?

_____

_____

    C. How do you think becoming a foster or an adoptive parent might affect your work?

_____

_____

My Interests in and Expectations of Foster Parenting or Adopting

1. What made you think about becoming a foster or adoptive parent at this time?

   _____

   _____

2. Have you ever been in foster care? _____ Were you adopted? _____

   Do you know anyone who has been in foster care or adopted? _____

   If yes to any of these questions, please explain. _____

   _____

   _____

3. If yes, how did your own experience or contact with these people affect your interest in foster care or adoption?

   _____

   _____

4. What do you believe to be the major differences between foster care and adoption?

   _____

   _____

   _____

5. If you are interested in only foster care, what helped you decide to provide only foster care?

_____

_____

6. If you are interested in possibly adopting through the foster care program, what are your concerns?

_____

_____

_____

7. If you are interested in only adopting, why do you prefer to adopt rather than foster?

_____

_____

_____

8. If you are interested in becoming a foster parent, under what circumstance (if any) might you later consider adopting a child?

_____

_____

_____

9. If you are interested in becoming an adoptive parent, under what circumstance (if any) might you later want to foster?

_____

_____

10. Are you physically able to have a child by birth? ❑ Yes ❑ No

    If yes, are you planning to have a child or children by birth in the future? ❑ Yes ❑ No

    If no to either question, please explain. _____

    _____

11. As you think about becoming a foster or adoptive parent:

    A. What do you think you will like most? _____

    _____

    B. What do you think you will like least? _____

    _____

    C. What do you think others in your family will like best and least about having a new child in your home? _____

    _____

12. If you have parenting experience, what have you enjoyed most about being a parent?

    _____

    _____

13. What have you disliked most about being a parent?

    _____

    _____

14. What childhood ages do you or would you most enjoy parenting?

    _____

    _____

15. What childhood ages do you or would you least enjoy parenting?

_____

_____

16. What forms of discipline do you find to be most effective?

_____

_____

17. Under what circumstances do you think it is OK to spank or physically discipline a child?

_____

_____

_____

18. Please list any agencies which you have previously contacted to become a foster or adoptive parent.

Agency/location	**Outcome of contact**

19. Imagine that today is the day you are going to meet the child or children who will be placed in your home. Please describe this child: age, sex, personality, appearance, family background, siblings, etc.

_____

_____

_____

20. Have you ever been a parent to someone else's child?

_____

_____

Family Profile
for a Couple with Children: Part II

My Family Now – About Family Relationships

(The following information should be filled out together by all the adults in the family.)

1. How do you think having a child in your home will change your family's lifestyle?

_____

_____

_____

2. In your family, what are ways you show the following emotions?

A. Happiness _____

_____

B. Love/Affection _____

_____

C. Anger _____

_____

D. Disappointment _____

_____

E. Frustration _____

_____

F. Sadness/Depression _____

_____

G. Stress _____

_____

3. How are decisions made in your family?

_____

_____

_____

4. What causes the most arguments, and how are arguments ended?

_____

_____

_____

5. How is work in your family divided up, and what happens when someone doesn't want to do their part?

_____

_____

6. If you have children now in your home:

   A. Who takes care of your child(ren) when you are not at home? _____

   _____

   B. How will this plan change after a child is placed in your home? _____

   _____

   C. If you and/or your spouse or partner had a serious illness or injury, or you died, what arrangements have you made for the care of your birth child(ren), children you are fostering or adopting? Are these plans in the form of a written or verbal agreement?

_____

_____

_____

7. If your family had some kind of financial, emotional, or health problem whom could you turn to for help?

_____

_____

8. What reaction does this person have to your desire to become a foster or adoptive family?

_____

_____

9. How do you think becoming a foster or adoptive family will affect the following situations:

   A. The amount of time you and your spouse or partner have alone together?

_____

_____

   B. The ways chores are divided in your family?

_____

_____

   C. The way your family expresses happiness, love, affection, anger, disappointment, stress, frustration and sadness?

_____

_____

   D. The amount of money you have?

_____

_____

10. What do you think will be the most positive change foster care or adoption will have on your family?

_____

_____

_____

11. What parts of foster care or adoption do you think might be most difficult for you?

_____

_____

_____

12. What role does spirituality or religion play in your life?

_____

_____

13. How difficult would it be for you to help a child continue in a religion other than your own? What if the child has no formal religious experience?

_____

_____

14. Our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. Please describe the child that you feel would best fit into your family. Be as specific as possible. Consider the following in responding to this question:

    What would the child look like?

_____

_____

_____

What would you do to help the child feel comfortable in your home and neighborhood?

_____

_____

_____

15. Would the child you described be accepted by your relatives, friends and neighbors? Why or why not?

_____

_____

How would you help the child fit into your family while feeling good about who he or she is?

_____

_____

_____

What are your experiences with people who are different from you or your family? What experiences have you had with other races and cultures?

_____

_____

_____

16. How can you help a child maintain connections with a culture that is different from your own?

_____

_____

_____

My Family – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

   _____

   _____

   _____

   _____

2. Every family has rules (for example: no swearing, no walking around the house barefoot). Regarding the rules in your home:

   A. What rules can sometimes be broken? _____

   _____

   B. What rules can never be broken? _____

   _____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

   _____

   _____

4. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

   _____

   _____

5. How do you handle privacy and nudity in your home?

_____

_____

_____

6. What is your relationship with your neighbors?

_____

_____

7. Have you mentioned your interest in becoming a foster or adoptive parent to your neighbors? ❑ Yes ❑ No

   If yes, how do your neighbors feel about your becoming a foster or adoptive family?

_____

_____

8. Who are the people who most regularly visit your home or whose homes you regularly visit?

_____

_____

9. How have these people reacted to your desire to become a foster or adoptive family?

_____

_____

10. Type of home (check one):

    ❑ Apartment ❑ Duplex ❑ Single-Family House ❑ Mobile Home

    Other: _____

11. How long have you lived in your present home? _____

12. Please draw a floor plan of your home and identify the room where a new child would sleep. (This floor plan may be used by a child welfare worker to help the child get ready to move into your home.)

13. Is your house free of lead paint? ❑ Yes ❑ No

    Comments: _____

    _____

14. Where are smoke alarms located?

    _____

    _____

15. Do you have private well water? ❑ Yes ❑ No

    If yes, how often is it tested? _____

16. How do you get to the following places?

    A. Grocery store _____

    B. Doctors' offices _____

    C. Hospital _____

    D. Department Store _____

    E. Place of worship _____

17. Do you have a car seat for infants and toddlers? ❑ Yes ❑ No

    If you do not have one and you are interested in fostering or adopting infants and toddlers, how will you arrange to have and use one for them?

    _____

    _____

18. How many more children can your car hold? _____

19. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

    _____

    _____

20. Have you discussed your desire to foster or adopt with close relatives? ❑ Yes ❑ No

    If yes, how did they react? If no, what are your plans?

    _____

    _____

    _____

    _____

    _____

Family Profile
for a Couple with No Children: Part II

My Family Now – About Family Relationships

(The following information should be filled out together by all the adults in the family.)

1. How do you think having a child in your home will affect your lifestyle?

_____

_____

_____

2. As a couple, what are ways you show the following emotions?

A. Happiness _____

_____

B. Love/Affection _____

_____

C. Anger _____

_____

D. Disappointment _____

_____

E. Frustration _____

_____

F. Sadness/Depression _____

_____

G. Stress _____

_____

3. How do you think becoming a foster or adoptive family will affect the following situations:

   A. The amount of free time you have? _____

   _____

   B. The condition of your home? _____

   _____

   C. The amount of money you have? _____

   _____

   D. Your relationships with friends? _____

   _____

   E. The way you express feelings of anger, disappointment, stress, and sadness/ depression? _____

   _____

   F. The way chores are divided up in your family? _____

   _____

4. What do you imagine will be the most positive thing fostering or adopting will do for the two of you?

   _____

   _____

5. What do you think will be the least positive or the most difficult part of foster care or adoption?

   _____

   _____

6. If you were in some kind of crisis (financial, health, emotional , etc.), to whom would you turn for help?

_____

_____

7. What reaction does the person or persons mentioned above have to your desire to become a foster or adoptive parent?

_____

_____

8. What will your plan be for childcare after a child is placed with you?

_____

_____

9. What role does religion or spirituality play in your life?

_____

_____

10. How difficult would it be for you to help a child participate in a religion other than your own? What if the child has no formal religious experience?

_____

_____

11. Our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. Please describe the child that you feel would best fit into your family. Be as specific as possible. Consider the following in responding to this question:

    What would the child look like?

    _____

    _____

    What would you do to help the child feel comfortable in your home and neighborhood?

    _____

    _____

12. Would the child you described be accepted by your relatives, friends and neighbors? Why or why not?

    _____

    _____

    How would you help the child fit into your family while feeling good about who he or she is?

    _____

    _____

    What are your experiences with people who are different from you or your family? What experiences have you had with other races and cultures?

    _____

    _____

13. How can you help a child maintain connections with a culture that is different from your own?

    _____

    _____

My Family Now – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

   _____

   _____

2. Every family has rules (for example: no swearing, no walking around the house barefoot). Regarding the rules in your home:

   A. What rules can sometimes be broken? _____

   _____

   B. What rules can never be broken? _____

   _____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

   _____

   _____

4. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

   _____

   _____

5. How do you handle privacy and nudity in your home?

_____

_____

6. What is your relationship with your neighbors?

_____

_____

7. How do your neighbors feel about your becoming a foster or adoptive family?

_____

_____

8. Who are the people who most regularly visit your home or whose homes you regularly visit?

_____

_____

9. How have these people reacted to your desire to become a foster or adoptive family?

_____

_____

10. Type of home (check one):

❑ Apartment ❑ Duplex ❑ Single-Family House ❑ Mobile Home

Other: _____

11. How long have you lived in your present home? _____

12. Please draw a floor plan of your home and identify the room where a new child would sleep. (This floor plan may be used by a child welfare worker to help the child get ready to move into your home.)

13. Is your house free of lead paint? ❑ Yes ❑ No

    Comments: _____

    _____

14. Where are smoke alarms located?

    _____

    _____

15. Do you have private well water? ❑ Yes ❑ No

    If yes, how often is it tested? _____

16. How do you get to the following places?

    A. Grocery store _____

    B. Doctors' offices _____

    C. Hospital _____

    D. Department Store _____

    E. Place of worship _____

17. Do you have a car seat for infants and toddlers? ❑ Yes ❑ No

    If you do not have one and you are interested in fostering or adopting infants and toddlers, how will you arrange to have and use one for them?

    _____

    _____

18. How many more children can your car hold? _____

19. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

    _____

    _____

20. Have you discussed your desire to foster or adopt with close relatives? ❑ Yes ❑ No

    If yes, how did they react? If no, what are your plans?

    _____

    _____

    _____

    _____

    _____

Family Profile
for a Single Person with Children: Part II

My Family Now – About Family Relationships

1. How long have you been a single parent?

_____

_____

2. What were the circumstances that caused you to be a single parent?

_____

_____

3. In your family, what are ways you show the following emotions?

A. Happiness _____

_____

B. Love/Affection _____

_____

C. Anger _____

_____

D. Disappointment _____

_____

E. Frustration _____

_____

F. Sadness/Depression _____

_____

G. Stress _____

_____

4. How do you think becoming a foster or adoptive family will affect the following situations:

   A. The amount of free time you have? _____

   _____

   B. The amount of time you have with the children already in your home? _____

   _____

   C. The way chores are divided up in your family? _____

   _____

   D. The way you express feelings of happiness, anger, disappointment, stress, and sadness/depression? _____

   _____

   E. The amount of money you have? _____

   _____

5. What do you imagine will be the most positive thing that will happen to you and your family should you become a foster or adoptive parent?

   _____

   _____

6. What do you think will be the least positive or the most difficult part of foster care or adoption for you and your family?

   _____

   _____

7. To whom do you go for help when you are feeling lonely or worried?

   _____

   _____

8. What reaction does the person or persons mentioned above have to your desire to become a foster or adoptive parent?

_____

_____

9. If you were in some kind of crisis (financial, emotional, medical, etc.), to whom would you go for help?

_____

_____

10. Regarding your children:

A. What is your current childcare plan when you are not at home? _____

_____

B. What will this plan be after a child is placed in your home? _____

_____

11. What role does religion or spirituality play in your life?

_____

_____

12. How difficult would it be for you to help a child participate in a religion other than your own? What if the child has no formal religious experience?

_____

_____

_____

13. Our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. Please describe the child that you feel would best fit into your family. Be as specific as possible. Consider the following in responding to this question:

    What would the child look like?

    _____

    _____

    What would you do to help the child feel comfortable in your home and neighborhood?

    _____

    _____

14. Would the child you described be accepted by your relatives, friends and neighbors? Why or why not?

    _____

    _____

    How would you help the child fit into your family while feeling good about who he or she is?

    _____

    _____

    What are your experiences with people who are different from you or your family? What experiences have you had with other races and cultures?

    _____

    _____

15. How can you help a child maintain connections with a culture that is different from your own?

    _____

    _____

My Family Now – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

   _____

   _____

2. Every family has rules (for example: no swearing, no walking around the house barefoot). Regarding the rules in your home:

   A. What rules can sometimes be broken? _____

   _____

   B. What rules can never be broken? _____

   _____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

   _____

   _____

4. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

   _____

   _____

5. How do you handle privacy and nudity in your home?

_____

_____

6. What is your relationship with your neighbors?

_____

_____

7. How do your neighbors feel about your becoming a foster or adoptive family?

_____

_____

8. Who are the people who most regularly visit your home or whose homes you regularly visit?

_____

_____

9. How have these people reacted to your desire to become a foster or adoptive family?

_____

_____

10. Type of home (check one):

❑ Apartment ❑ Duplex ❑ Single-Family House ❑ Mobile Home

Other: _____

11. How long have you lived in your present home? _____

12. Please draw a floor plan of your home and identify the room where a new child would sleep. (This floor plan may be used by a child welfare worker to help the child get ready to move into your home.)

13. Is your house free of lead paint? ❑ Yes ❑ No

    Comments: _____

    _____

14. Where are smoke alarms located?

    _____

    _____

15. Do you have private well water? ❑ Yes ❑ No

    If yes, how often is it tested? _____

16. How do you get to the following places?

    A. Grocery store _____

    B. Doctors' offices _____

    C. Hospital _____

    D. Department Store _____

    E. Place of worship _____

17. Do you have a car seat for infants and toddlers? ❑ Yes ❑ No

    If you do not have one and you are interested in fostering or adopting infants and toddlers, how will you arrange to have and use one for them?

    _____

    _____

18. How many more children can your car hold? _____

19. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

    _____

    _____

20. Have you discussed your desire to foster or adopt with close relatives? ❑ Yes ❑ No

    If yes, how did they react? If no, what are your plans?

    _____

    _____

    _____

    _____

    _____

Family Profile
for a Single Person with No Children: Part II

My Family Now – About Family Relationships

1. How do you think having a child in your home will affect your lifestyle as a single person with no children?

_____

_____

2. In your family, what are ways you show the following emotions?

A. Happiness _____

_____

B. Love/Affection _____

_____

C. Anger _____

_____

D. Disappointment _____

_____

E. Frustration _____

_____

F. Sadness/Depression _____

_____

G. Stress _____

_____

3. How do you think becoming a foster or adoptive family will affect the following situations:

   A. The amount of free time you have? _____

   _____

   B. The way chores are divided up in your family? _____

   _____

   C. The way you express feelings of happiness, anger, disappointment, stress, and sadness/depression? _____

   _____

   D. The amount of money you have?_____

   _____

4. What do you imagine will be the most positive impact of fostering or adopting for you?

   _____

   _____

5. What do you think will be the least positive or the most difficult part of foster care or adoption?

   _____

   _____

6. If you were in some kind of crisis (financial, health, emotional , etc.), to whom would you turn for help?

   _____

   _____

7. What reaction does the person or the persons mentioned above have to your desire to become a foster or adoptive parent?

_____

_____

8. What will your plan be for childcare after a child is placed with you?

_____

_____

9. If you were to get married or live with someone, what impact would being a foster or adoptive parent have on your plans?

_____

_____

10. What role does religion or spirituality play in your life?

_____

_____

11. How difficult would it be for you to help a child participate in a religion other than your own? What if the child has no formal religious experience?

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12. Our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. Please describe the child that you feel would best fit into your family. Be as specific as possible. Consider the following in responding to this question:

    What would the child look like?

    _____

    _____

    What would you do to help the child feel comfortable in your home and neighborhood?

    _____

    _____

13. Would the child you described be accepted by your relatives, friends and neighbors? Why or why not?

    _____

    _____

    How would you help the child fit into your family while feeling good about who he or she is?

    _____

    _____

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    _____

    _____

14. How can you help a child maintain connections with a culture that is different from your own?

    _____

    _____

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1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

   _____

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   A. What rules can sometimes be broken? _____

   _____

   B. What rules can never be broken? _____

   _____

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   _____

   _____

4. If a child placed with you were afraid of your pet(s), or became allergic to the pet, what would you do?

   _____

   _____

5. How do you handle privacy and nudity in your home?

_____

_____

6. What is your relationship with your neighbors?

_____

_____

7. How do your neighbors feel about your becoming a foster or adoptive family?

_____

_____

8. Who are the people who most regularly visit your home or whose homes you regularly visit?

_____

_____

9. How have these people reacted to your desire to become a foster or adoptive family?

_____

_____

10. Type of home (check one):

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Other: _____

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13. Is your house free of lead paint? ❑ Yes ❑ No

    Comments: _____

    _____

14. Where are smoke alarms located?

    _____

    _____

15. Do you have private well water? ❑ Yes ❑ No

    If yes, how often is it tested? _____

16. How do you get to the following places?

    A. Grocery store _____

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    C. Hospital _____

    D. Department Store _____

    E. Place of worship _____

17. Do you have a car seat for infants and toddlers? ❑ Yes ❑ No

    If you do not have one and you are interested in fostering or adopting infants and toddlers, how will you arrange to have and use one for them?

    _____

    _____

18. How many more children can your car hold? _____

19. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

    _____

    _____

20. Have you discussed your desire to foster or adopt with close relatives? ❑ Yes ❑ No

    If yes, how did they react? If no, what are your plans?

    _____

    _____

    _____

    _____

    _____

Personal Profile

My Child Now – About the Child

(To be completed by the prospective foster or adoptive mother or father for each child in the home.)

Name of person writing this section: _____

Name of child: _____

1. Please give five words that best describe this child: _____

   _____

2. How does this child show:

   A. Happiness? _____

   _____

   B. Love/Affection? _____

   _____

   C. Sadness/Depression? _____

   _____

   D. Frustration? _____

   _____

   E. Anger? _____

   _____

3. What does this child most like to do?

   _____

   _____

4. How would your child's teachers describe the child?

   _____

   _____

5. What do you do most with this child?

_____

_____

6. What does this child think of foster care or adoption?

_____

_____

7. In what ways will your foster care or adoption experience be good for this child?

_____

_____

8. What are some of the concerns you may have about how foster care or adoption will affect this child?

_____

_____

_____

9. What is the biggest disappointment or loss this child has ever experienced, and who or what helped this child with it?

_____

_____

_____

Personal Profile
Young Person 12 and Older

My Opinion

(For a young person 12 years of age and older)

Dear _____ :

Hello. I am a child welfare worker from a Department of Social Services, a place that helps children and families. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself. Would you please answer the questions on this next page so that I can learn more about you?

Thank you for helping me.

Sincerely,

Name: _____ Age: _____

1. Please give five words that describe your personality.

_____

_____

2. Please give five words that describe how you look.

_____

_____

3. In what ways are you like your parents?

_____

_____

_____

4. In what ways are you different from your parents?

_____

_____

_____

5. What do you like best about school?

_____

_____

6. What do you like least about school?

_____

_____

7. Do you like to spend your time with lots of friends, a few friends or mostly by yourself?

_____

_____

8. If a new child comes to live with your family, what will you tell your friends about who the new child is?

_____

_____

9. Imagine that today I am bringing the new child to live at your house. What do you hope this new person will be like? A boy or girl? How old? What will they like to do? What will they look like?

   Boy or Girl: _____

   How old: _____

   Likes to do: _____

   _____

   Looks like: _____

   _____

10. Imagine that today I am bringing the new child to live at your house. As I am driving over, what would you like for me to tell this child about you and your family?

_____

_____

11. What would you like to know about the child or children?

_____

_____

Personal Profile
Young Person Under 12

My Opinion

(For a young person under 12 years of age)

Dear _____ :

Hello. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child or children come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself and your family. You can tell me in one of two ways.

> You can draw a picture of you, your house, and your family. In this picture, would you please draw in the new child or children who would be coming to live with you?
>
> ***or***
>
> You can write a story about you, your home, and your family. Would you please include the new child in your story?

Please write your story or draw your picture on the back of this page. Thanks!

Sincerely,

Name: _____

Age: _____

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 2 Agenda
2. Family Genogram and Background
3. Safety Considerations and the Permanency Planning Process*
4. Erikson's Stages of Development
5. An Overview of Brain Development
6. Understanding Child Traumatic Stress
7. Lillie's Stages of Development
8. Components of Well-being of Children and Youth in Foster Care
9. Assessing the Well-being Needs of Children and Youth in Foster Care – Worksheet
10. Helping the Premature Infant or Prenatally Drug-exposed Baby Attach and Develop
11. Important Information about Parenting Children Who Have Been Exposed to the HIV Virus
12. Important Information for Foster and Adoptive Parents about Parenting Youth Who Are Lesbian, Gay, Bisexual, Transgender, or Questioning
13. Important Information about Parenting Children with Fetal Alcohol Syndrome or Fetal Alcohol Effect (FAS/FAE)
14. Important Definitions for Foster and Adoptive Parents of Children Who Learn and Grow Differently
15. Strengths/Needs Worksheet – Meetings 1 and 2

Supplemental Handout: Feedback Form (make sufficient copies for all the participants to provide feedback to each leader)

Overhead Transparencies

1. Erikson's Stages of Development
2. Assessing Well-being Needs of Children and Youth – Small Group Directions
3. Roadwork

** Handout Section D needs to be developed by agency.*

Meeting 2: Where the MAPP Leads: A Foster Care and Adoption Experience

Agenda

Time	Topic
(45 Minutes)	**A. Introduction to Meeting 2**
	◆ Welcome back
	◆ Meeting 2 agenda
	◆ Reintroduction
	◆ Mutual selection issues
	◆ Bridge from Meeting 1
(60 Minutes)	**B. Where the MAPP Leads: A Foster Care Experience**
	◆ How a family becomes a client
	◆ The first foster family
	◆ The second foster family
	◆ The visit
	◆ Family reunification
(10 Minutes)	**BREAK**

Time	**Topic**

(50 Minutes) **C. Children and Youth in Foster Care – Assessing Their Needs**

- The role of foster parents in assessing the needs of children and youth in foster care
- The impact of abuse and neglect on child development
- Assessing the needs of four children and youth in foster care

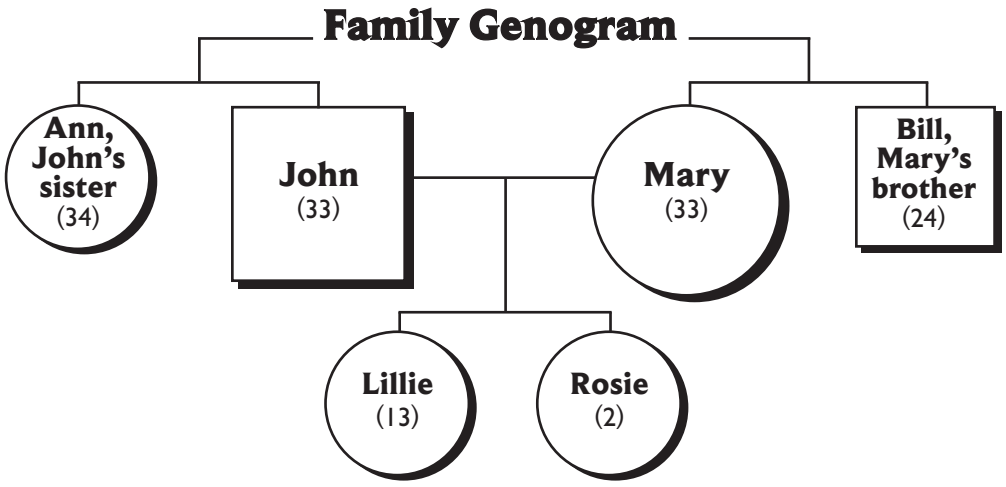
(15 Minutes) **D. Meeting 2 Summary and Preview of Meeting 3**

- Summary of Meeting 2
- Strengths/Needs Assessment
- Preview of Meeting 3
- Next step in the mutual selection process
- A Partnership in Parenting Experience

ROADWORK

- Complete your Strengths/Needs Worksheet and Feedback to the Leader(s) - have ready to hand in at Meeting 3.
- Review all the handouts from Meeting 2.
- Read about Meeting 3 on Meeting 1, Handout 3, "Description of GPSII/MAPP Program Meetings and Steps."
- Complete the Profile or schedule your Family Consultation.

Family Genogram and Background



Background:

This is the story of one family's experience with foster care placement. The parents are John and Mary and their daughters are Lillie, age 13, and Rosie, age 2.

Ever since he was a teenager, much of John's socialization with his friends and male relatives has involved drinking. Unfortunately, John could become angry and has been violent when intoxicated. When he was fifteen, he threw a beer bottle and knocked out the front tooth of a neighbor who came to complain about a "loud party." Ashamed of his behavior, John successfully completed a Family Court-ordered alcohol awareness program. He worked after school to pay his neighbor's dental bills and his after-school job left no time for beer parties and "hanging out." Today, he drinks socially but he makes sure he stops before losing control.

John and Mary met their senior year in high school and fell in love. They married right after graduation and had Lillie ten months later. She was a colicky baby who shook their confidence as young parents, so they waited a long time before trying for a second child. They were thrilled and relaxed when Rosie was born, and she has been "a piece of cake" compared to Lillie.

Current Situation:

John is a hard worker and has done well to support his family. In fact, John had the opportunity for a better job within the company if he agreed to move the family. Their new apartment is some distance away from where they grew up. The move caused the family to become increasingly isolated from family and friends. Mary's brother, Bill, had lived with them, but he moved out abruptly and they don't know how to contact him. John's sister, Ann, lives nearby but Mary does not get along with her so there has been very little contact. There are no other relatives.

Mary has a part-time job on the 11:00 p.m. – 7:00 a.m. shift so she can be an "at home mom" during the day, and she loves that role. John is home at night, while the girls are

sleeping. John and Mary spank their kids as a last resort. They would both like to learn new ways since they realize Lillie is too old to spank. They have considered talking with her teacher about some suggestions that she may have.

Strengths:

- John takes responsibility for his own behavior (made restitution to neighbor).
- John and Mary's willingness to take risks to improve life for their family (moving to take a better job).
- John successfully completed an alcohol awareness program as a youth and drinks socially as an adult.
- Mary and John want to learn some parenting skills for disciplining their daughters, especially Lillie.
- John and Mary are committed to each other.
- The family has an average income, with both parents working.
- Both parents value free time together as a family.
- The family has stayed together as a family in good and bad times.

Needs:

- Both John and Mary have limited options for disciplining the girls and rely on spanking, especially when they are stressed.
- Both John and Mary have few personal coping strategies when stressed.
- John needs to spend more time with Mary, Lillie, and Rosie, rather than working long hours.
- John and Mary both need to manage stress differently when they're worried about the family.
- John and Mary need to develop supports in their new community.

Safety Considerations and the Permanency Planning Process

A. Definition of Safe (Protective)

A child is "Safe" when there is no immediate or impending danger of serious harm to a child's life or health as a result of acts of commission or omission (actions or inactions) by the child's parent(s) or caretaker(s).

B. Safety Factors

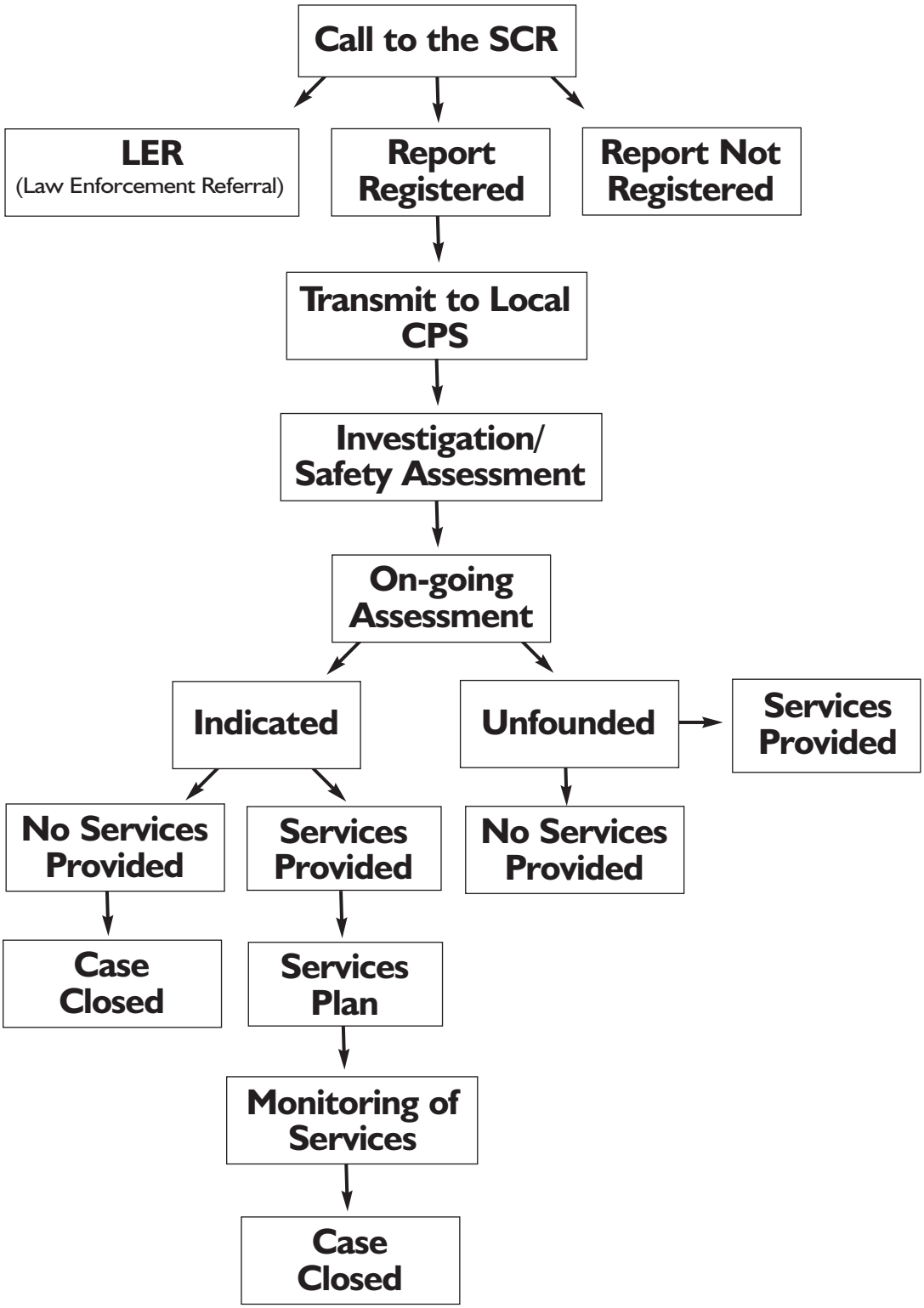
Safety Factor Definition: A Safety Factor is a behavior, condition, or circumstance that has the potential to place a child in immediate or impending danger of serious harm.

There are 18 Safety Factors:

1. Based on your present assessment and review of prior history of abuse or maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).
2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
4. Child(ren) has experienced or is likely to experience physical or psychological harm, as a result of domestic violence in the household.
5. Parent(s)/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.
7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.
8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the children.

10. Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).
11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).
12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
13. The physical living condition of the home is hazardous to the safety of the child(ren).
14. Child(ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker(s) or other persons living in, or frequenting the household.
15. Child(ren) has a positive toxicology for drugs and/or alcohol.
16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate care and/or protection of the child(ren).
17. Weapon noted in CPS report or found in the home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.
18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s)ability to supervise, protect and/or care for the child(ren).

C. Case Reporting Process Flow Chart



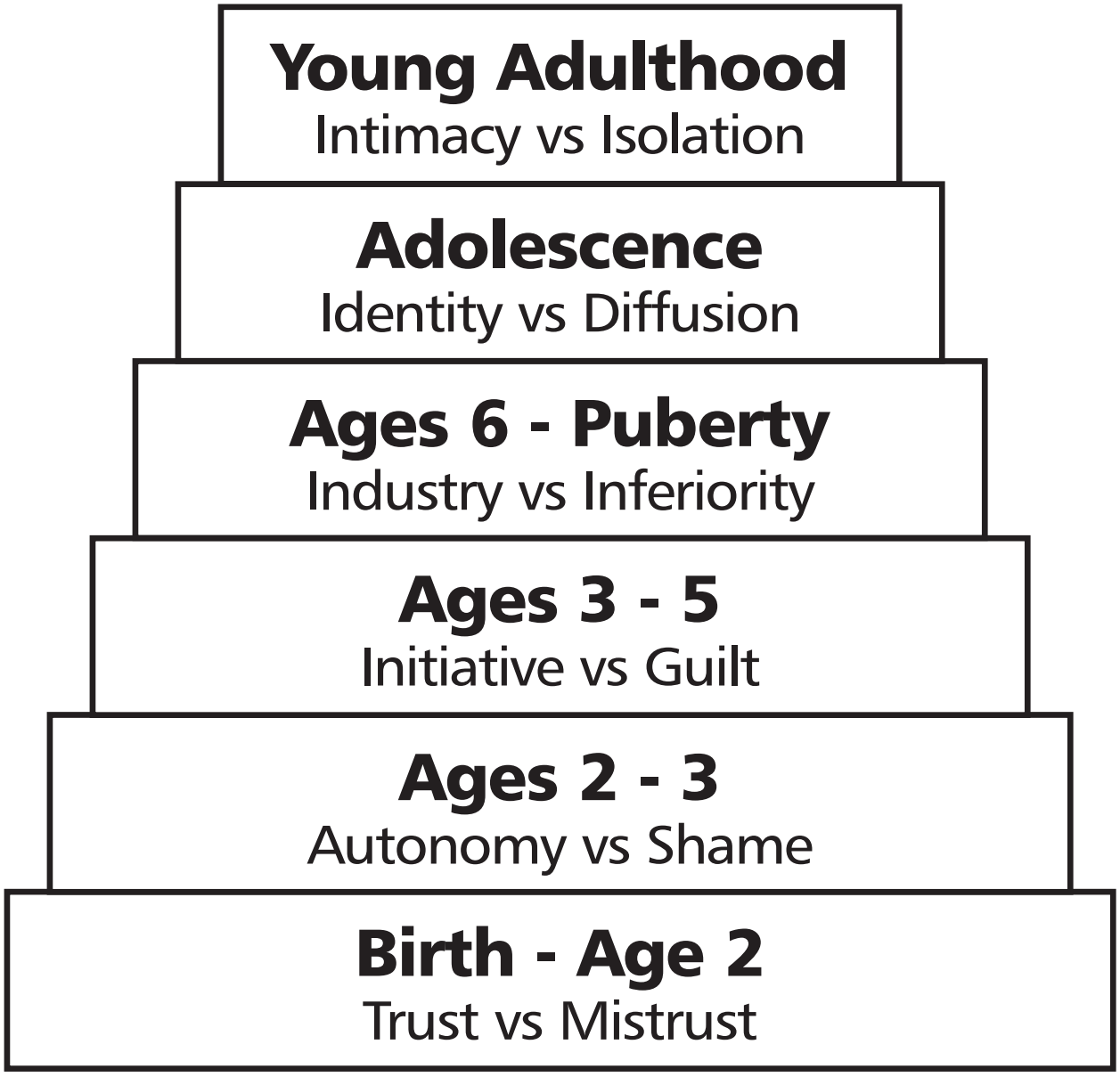
D. Supporting Permanency in Foster Care Cases

Do Not Copy!

The remainder of Handout 3 should be developed by the agency to describe the specific steps followed in foster care cases to support the permanency planning process. Include information such as:

- The investigation and intake process within the agency and judicial system
- The ways foster parents are involved in the assessment process
- The ways foster parents are involved in the planning process
- The ways foster parents are involved in the review process, both within the agency and within the court
- The ways foster parents are involved in outcomes:
    - Reunification
    - TPR (termination of parental rights)
    - Adoption by foster parent
    - Adoption by another family

Erikson's Stages of Development*



* Erickson, E.H. Childhood and Society, 2d ed. NY: WW Norton, 1963.

An Overview of Brain Development

Introduction

"Imagine that a baby's brain is like a house that has just been built. The walls are up, the doors are hung. Then you go to the store and buy electrical wiring, switches, a fuse box and other electrical supplies. You bring these supplies to the new house and set them on the floor. Will they work? Probably not. You first must string the wiring and hook up all of the connections. This is quite similar to the way our brains are formed. We are born with as many nerve cells as stars in the Milky Way galaxy. But these cells have not yet established a pattern of wiring between them—they haven't made their connections….

Now the sensory experiences must take this rough blueprint and progressively refine it…. This incredibly complex network of connections…is referred to as the brain's "circuitry" or "wiring."… As synapses in a child's brain are strengthened through repeated experiences, connections and pathways are formed that structure the way a child learns.... Early experiences have a decisive impact on the actual architecture of the brain" (Brotherson 2009, 2-4).

Nature, Nurture, and Early Brain Development

- Development results from the dynamic interplay of nature and nurture. From birth on, we grow and learn because our biology is programmed to do so and because our social and physical environment provides stimulation.
- At birth, the human brain is still under development. The brain's neurons exist mostly apart from one another. The brain's task for the first three years is to establish and reinforce connections between neurons. These connections form synapses.
- As the child develops, the synapses become more complex, like a tree growing ever more branches. Between birth and age 3, the brain creates more synapses than it needs. The synapses that are used a lot become a permanent part of the brain. The synapses that are not used frequently are eliminated. Experience plays an important role in wiring a young child's brain. For children to develop trust, secure attachments, and the "wiring" to succeed, they need many positive social and learning opportunities so that the synapses associated with these experiences become permanent.
- Research reveals that the brains of young children through adolescence have both fast-growing synapses and sections that remain unconnected. This leaves teens easily influenced by their environment and more prone to impulsive behavior, even without the impact of hormones and any genetic or family predispositions.
- The brain grows and changes continually in young people. It is only about 80 percent developed in adolescents. The largest part, the cortex, is divided into lobes that mature from back to front. The last section to connect is the frontal lobe, responsible for cognitive processes such as reasoning, planning, and judgment. Normally this mental merger is not completed until somewhere between ages 25 and 30.

Early Trauma and Brain Development: When Things Go Wrong

- For some children, early experiences are neither supportive nor predictable. Research indicates that early exposure to violence and other forms of unpredictable stress or trauma can affect the way the brain develops.
- If a child has been raised in an environment that is threatening or dangerous, the child's brain may develop a "sensitized" alarm response. The child readily interprets verbal and nonverbal cues as threatening, i.e., his or her threshold for feeling in danger is reached well before what's considered "normal." This increased reactivity may result in dramatic changes in behavior in the face of seemingly minor provocative cues.
- Trauma may affect communication or "cross-talk" between the brain's hemispheres, including parts of the brain governing emotions. In an environment that feels dangerous or unpredictable, the child may become too fearful to relax and trust his or her caregiver, which can result in the child not becoming attached.
- An adult caregiver's depression can also interfere with infant brain activity. When care givers suffer from depression, they may fail to respond sensitively to infant cries or smiles. Adult emotional unavailability is linked with poor infant emotional expression. Infants with depressed caregivers do not receive the type of cognitive and emotional stimulation that encourages positive early brain development.

Brain-Based Gender Differences

There are gender differences in brain development. The most profound difference between girls and boys is not in any brain structure per se, but rather in the sequence of development of the various brain regions. The different regions of the brain develop in a different sequence, and different tempo, in girls compared with boys.

These differences account for variations in all aspects of mental functioning, including social, emotional, physical, cognitive, and moral behaviors. Gender differences are especially pronounced during the school years when "typical" girl behavior is more adapted to the structure and expectations of the regular academic environment than is "typical" boy behavior.

- By adolescence, a girl's corpus callosum is 25 percent larger than a boy's. The corpus callosum is the bundle of nerves that sends signals across the two parts of the brain. This enables more cross-talk between hemispheres. Because of the greater cross-talk, girls are able to multitask better than boys.
- Girls' stronger neural connectors create better listening skills, more detailed memory storage, and better discrimination among the tones of voice.
- Boys have less serotonin and less oxytocin, which makes them more impulsive and less ikely to sit still to talk to someone.

- The more words a teacher uses, the greater chance a boy will quit listening.
- Boys' brains are better suited to symbols, abstractions, and pictures. Consequently, boys generally learn higher math and physics better than girls. Boys generally prefer video games for the physical movement and destruction. And boys generally get into more trouble for not listening, moving around, sleeping in class, and incomplete assignments.

Other gender-based differences include the following:

- Girls have more serotonin and make fewer impulsive decisions than boys. Many teenagers don't consider the consequences of their actions. They act on impulse. It is the serotonin and oxytocin that tell a teenager to slow down and think about what could happen.
- Boys are significantly more likely [than girls] to do something dangerous. Risky and dangerous activities trigger a "fight or flight" response that provides an excitement that many boys find irresistible. Boys systematically overestimate their own ability, while girls are more likely to underestimate their abilities."

Brain-Based Genetic Differences in Girls and Boys*

Girls tend to…	**Boys tend to…**
focus on faces and things. They like to draw objects using warm colors (e.g., a princess posing in a frilly pink gown).	focus on movement. They like to draw actions using cold colors (e.g., a boy reaching up to catch a brown football).
find it easy to explain and describe their feelings.	more easily verbalize what they are doing than what they are feeling.
be more verbal-emotive, which makes it more pleasurable for them to sit still, listen carefully, retrieve detailed memory, and master the complexities of reading and writing.	be more spatial-mechanical, which makes it more pleasurable for them to be active, catch and throw things, play video games, and understand math, physics, or engineering.
multitask well and make easy transitions.	focus on a task and transition more slowly.
focus on friendships with other girls to whom they feel equal. Social hierarchies destroy friendships.	focus on shared activities with other boys. Social hierarchies build camaraderie and organize relationships.
use conversation as the central activity of their friendships. Self-revelation and sharing are precious parts of their friendships.	find that conversation is often unnecessary. Self-revelation is to be avoided if possible.
ask a teacher for help and enjoy a close relationship with a teacher.	not ask for help to avoid being perceived as "sucking up" to a teacher.

*Source: Sax, Leonard. *Why Gender matters.* New york Broadway Books, 2005

Brain-Based Genetic Differences in Girls and Boys (continued)

Girls tend to…	Boys tend to…
like to be faced, looked in the eye, and smiled at.	avoid eye contact and prefer that a person with whom they are speaking (e.g., teacher, parent, coach) sit beside them while talking.
retain sensory memory details well and make good distinctions between colors.	not retain sensory details or make color distinctions well.
deal with moderate stress, such as timed tests, less successfully.	deal with moderate stress well and may actually do better because of it.
want to be with friends when under stress.	want to be alone when under stress.
feel "yucky" when faced with threat and confrontation.	feel excited when faced with threat and confrontation.
rarely employ aggression playfully.	often employ aggression playfully.
connect sex to other outcomes.	focus on the sexual activity itself.
use landmarks to give directions.	use compass points to give directions.
prefer to read fiction—short stories and novels.	prefer nonfiction—descriptions of real events, action, and how things work.
have many friends if they bully and they are more likely to bully someone they know.	have few friends if they bully and more likely don't know the person they attack.

Nurturing Brain Development: Tips for Caregivers*

- Even when children have had less-than-optimal experiences early in life, there is hope for the future because the brain continues to grow until about age 25. Secure and dependable relationships that provide love and nurturance, responsive interaction, and encouragement for exploration can help children's brains develop, make up for early adversity, and promote resiliency.
- During the first three years of life, the brain takes in the external world through its system of sight, hearing, smell, touch, and taste. Infants' and toddlers' social, emotional, cognitive, physical, and language development are stimulated by multisensory experiences. They need to participate in a world filled with stimulating sights and sounds and caring people.
- Before children talk, emotional expressions are the language of relationships. Research shows that infants' positive and negative emotions, and caregivers' sensitive responsiveness to them, can help early brain development. For example, laughing and smiling together engages brain activity in positive ways and promotes feelings of security.

*Adapted from: Sean Brotherson's, Sara Gable's, and Bruce Perr's publications. See source list for full citations.

- One method of supporting optimal brain development is to make daily routines and experiences as enjoyable and stimulating as possible. For example, encourage a young child to use all five senses during a meal by talking about the foods being eaten ("This is your orange. It is sweet and juicy. Feel its bumpy skin!").
- Once children can talk, it is important for them to have a loving, nonjudgmental audience to try out their new vocabulary and to learn the power of words. They also need opportunities to create, explore, imagine, build up, and tear down. Talking, singing, playing, and reading are key activities that build a child's brain.
- If the child has negative beliefs and expectations, and demonstrates these through challenging behaviors, it can be important to remember that the child is not consciously choosing to act in this way. The child's brain may be wired to expect abuse or rejection. To prevent a cycle of negative interactions, caregivers need to respond to the child with new, positive messages that tell the child that he or she is safe, wanted, and capable. Children can create new synapses in their brains by having repeated, positive experiences.
- With teenagers, it may be important to remember that although they can have the verbal ability of an adult, their brains are not as mature as their mouths. Boys especially under estimate risks and tend to be more impulsive. Providing positive, repetitious experiences will eventually overcome negative conditioning. Especially when teens are struggling to achieve autonomy (by taking risks), they need opportunities to feel worthwhile and capable and still be safe. Identify the types of things the teen would like to do and promote his or her opportunity to participate (e.g., by taking karate or guitar lessons). They need to channel their energy in positive, productive ways.

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Understanding Child Traumatic Stress

NCTSN The National Child Traumatic Stress Network

Understanding Child Traumatic Stress

What Is Child Traumatic Stress?

When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. Child traumatic stress (CTS) is a psychological reaction that some children have to a traumatic experience.

Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended. These children may experience:

"Children who suffer from child traumatic stress have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended."

There are numerous kinds of traumas, such as:

- Automobile accidents
- Serious injuries
- Acts of violence
- Terrorism
- Physical or sexual abuse
- Medical procedures
- The unexpected death of a loved one
- Life-threatening natural disasters

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children

Not every child experiences CTS after a trauma. All children are different, and many children are able to adapt to and overcome difficult events and situations. But one out of every four children will experience a traumatic event before the age of sixteen, and some of these children will develop CTS.

If left untreated, CTS can interfere with a child's healthy development and lead to long-term difficulties with school, relationships, jobs, and the ability to participate fully in a healthy life. Fortunately, there are proven and effective treatments for CTS, and it's the mission of the National Child Traumatic Stress Network (NCTSN) to bring awareness of CTS and effective treatments to a wide audience.

How Danger Becomes Trauma

Before understanding what is meant by a traumatic experience or traumatic stress, we must first think about how we recognize and deal with danger. Our minds, our brains, and our bodies are set up to make sure we make danger a priority.

Things that are dangerous change over the course of childhood, adolescence, and adulthood.

- For very young children, swimming pools, electric outlets, poisons, and sharp objects are dangerous.
- For school-age children, walking to school, riding a bike in the street, or climbing to high places present new dangers.
- For adolescents, access to automobiles, guns, drugs, and increased independence, especially at night, are new dimensions to danger.

We live with dangers every day. They can become traumatic when they threaten serious injury or death or when they include physical or sexual violation. The witnessing of violence, serious injury, or grotesque death can be equally traumatic.

"We live with dangers every day. They can become traumatic when they threaten serious injury or death or when they include physical or sexual violation. The witnessing of violence, serious injury, or grotesque death can be equally traumatic."

In traumatic situations, we experience an immediate threat to ourselves or to others, often followed by serious injury or harm. We feel terror, helplessness, or horror because of the extreme seriousness of what is happening and the failure of any way to protect against or reverse the harmful outcome. These powerful, distressing emotions go along with strong, even frightening physical reactions, such as rapid heartbeat, trembling, stomach dropping, and a sense of being in a dream. When our reactions persist, they can become CTS or sometimes the more well-known posttraumatic stress syndrome (PTSD). CTS and PTSD share many features, but PTSD is a formal psychiatric diagnosis that is made when specific criteria about the number, duration, and intensity of symptoms are met. CTS is not a formal diagnosis but describes a range of a child's or adolescent's distressing reactions to trauma.

Responding to Trauma After the Event

For reasons that are basic to survival, traumatic experiences, long after they are over, continue to take priority in the thoughts, emotions, and behavior of children, adolescents, and adults. Fears and other strong emotions, intense physical reactions, and the new way of looking at dangers in the world may recede into the background, but events and reminders may bring them to mind again.

> "For reasons that are basic to survival, traumatic experiences, long after they are over, continue to take priority in the thoughts, emotions, and behavior of children, adolescents, and adults."

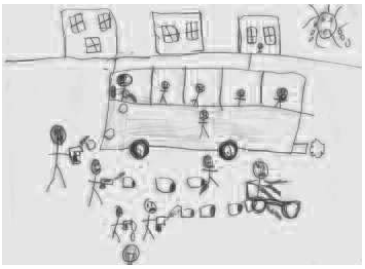
There are three core groups of posttraumatic stress reactions.

- First, there are the different ways these types of experiences stay on our minds. We continue to have upsetting images of what happened. We may keep having upsetting thoughts about our experience or the harm that resulted. We can also have nightmares. We have strong physical and emotional reactions to stress reminders that are often part of our daily life. We may have a hard time distinguishing new, safer situations from the traumatic situation we already went through. We may overreact to other things that happen, as if the danger were about to happen again.
- Second, we may try our best to avoid any situation, person, or place that reminds us of what happened, fighting hard to keep the thoughts, feelings, and images from coming back. We may even "forget" some of the worst parts of the experience, while continuing to react to reminders of those moments.
- Third, our bodies may continue to stay "on alert." We may have trouble sleeping, become irritable or easily angered, startle or jump at noises more than before, have trouble concentrating or paying attention, and have recurring physical symptoms, like headaches or stomachaches.

Child Development and Traumatic Stress

"More than twenty years of studies have confirmed that school-age children and adolescents can experience the full range of posttraumatic stress reactions that are seen in adults."

Age, developmental maturity, and experience can influence the way we react to stress after the traumatic experience is over. More than twenty years of studies have confirmed that school-age children and adolescents can experience the full range of posttraumatic stress reactions that are seen in adults. We might wish to believe that children under five years of age are too young to know what was happening during a traumatic event and that whatever impression was left would be forgotten soon. However, recent studies show that traumatic experiences affect the brains, minds, and behavior of even very young children, causing similar reactions to those seen in older children and adults.



Artwork provided courtesy of La Clinica del Pueblo, Inc.

Traumatic Stress and Young Children

Think of what it is like for young children to be in traumatic situations.

- Young children can feel totally helpless and passive.
- Young children can cry for help or desperately wish for someone to intervene.
- Young children can feel deeply threatened by separation from parents or caretakers.
- Young children become particularly upset when they hear cries of distress from a parent or caretaker.
- Young children can be the target of physical and sexual abuse by the very people they rely on for their protection and safety.
- Young children can witness violence within the family or be left helpless after a parent or caretaker is injured, as might occur in a serious automobile accident.

It is extremely difficult for very young children to experience the failure of being protected by adults when something traumatic happens.

"It is extremely difficult for very young children to experience the failure of being protected by adults when something traumatic happens."

Young children rely on a protective shield provided by adults and older siblings who can judge the seriousness of danger and ensure their safety and welfare.

- Young children often don't recognize a traumatic danger until it happens —for example, in a near drowning, an attack by a dog, or an accidental scalding.
- Young children may become passive and quiet, easily alarmed, and less secure about being provided with protection.
- Their minds may stay on a central action, like being hit or seeing someone fall to the floor.
- Young children may have simple thoughts about protection, for example, "Daddy hit mommy, mommy call police."
- Young children can become more generally fearful, especially in regard to separations and new situations.
- In circumstances of abuse by a parent or caretaker, the young child may act confused as to where to find protection and where there is threat.
- A child may respond to very general reminders of a trauma, like the color red or the sounds of another child crying.

The effects of fear can quickly get in the way of recent learning. For example, a child may start wetting the bed again or go back to baby-talk. Because a child's brain does not yet have the ability to quiet down fears, the preschool child may have very strong startle reactions, night terrors, and aggressive outbursts.

Traumatic Stress and School-age Children

School-age children start to face additional dangers, with more ability to judge the seriousness of a threat and to think about protective actions.

- School-age children usually do not see themselves as able to counter a serious danger directly, but they imagine actions they wish they could take, like those of their comic strip heroes.
- In traumatic situations when there is violence against family members, they can feel like failures for not having done something helpful.
- School-age children may also feel very ashamed or guilty.

They may be without their parents when something traumatic happens, either on their own or with friends at school or in the neighborhood. Sexual molestation occurs at the highest rate among this age group.

The reactions of school-age children after a trauma include a wide range of intrusive images and thoughts.

School-age children think about lots of frightening moments during their traumatic experiences. They also go over what could have stopped them from happening and what could have made them turn out differently.

- More than any other group, school-age children may go back and forth between shy or withdrawn behavior and unusually aggressive behavior.
- School-age children can have thoughts of revenge that they cannot resolve.

"The reactions of school-age children after a trauma include a wide range of intrusive images and thoughts."

School-age children respond to very concrete reminders about the trauma, such as:

- Someone with the same hairstyle as an abuser
- The monkey bars on a playground where a child got shot
- A feeling of being alone inside like they had when one parent attacked the other

They are likely to develop intense specific new fears that link back to the original danger. They can easily have fears of recurrence that result in their avoiding even enjoyable things they would like to do.

- Normal sleep patterns can be easily disturbed. They can move around restlessly in their sleep, vocalize, and wake up tired.
- Their lack of restful sleep can interfere with their daytime concentration and attention.
- It can then be more difficult for them to study because they remain on alert for things happening around them.

"During traumatic situations, adolescents make decisions about whether and how to intervene, and about using violence to counter violence."

Traumatic Stress and Adolescents

With the help of their friends, adolescents begin a shift toward more actively judging and addressing dangers on their own. This is a developing skill, and lots of things can go wrong along the way. With independence, adolescents can be in more situations that can turn from danger to trauma. They could:

- Be drivers or passengers in car accidents
- Be victims of rape, dating violence, and criminal assault
- Be present during school or community violence
- Experience the loss of friends under traumatic circumstances

During traumatic situations, adolescents make decisions about whether and how to intervene, and about using violence to counter violence.

They can feel guilty, sometimes thinking their actions made matters worse. Adolescents are learning to handle intense physical and emotional reactions in order to take action in the face of danger. They are also learning more about human motivation and intent and struggle over issues of irresponsibility, malevolence, and human accountability.

Adolescents are particularly challenged by reactions that persist after traumatic experiences.

- Adolescents can easily interpret many of these reactions as being regressive or childlike.
- Adolescents may interpret their reactions as signs of "going crazy," of being weak, or of being different from everyone else.
- Adolescents may be embarrassed by bouts of fear and exaggerated physiological responses.
- Adolescents may harbor the belief that they are unique in their pain and suffering.

These reactions may result in a sense of personal isolation. In their posttrauma thoughts, adolescents think about behavior and choices that go back to well before a traumatic situation. They are also very sensitive to the failure of family, school, or community to protect them or carry out justice. Afterward they may turn even more to peers to judge risks and to take protective action. They may be especially "grossed out" or fascinated by grotesque injury or death and remain very focused on their own scars that serve as daily trauma reminders.

While younger children may use play, adolescents may respond to their experience through dangerous reenactment behavior, that is, by reacting with too much "protective" aggression for a situation at hand. Their behavior in response to reminders can go to either of two extremes: reckless behavior that endangers themselves and others, or extreme avoidant behavior that can derail their adolescent years.

The avoidant life of an adolescent may go unnoticed.

- Adolescents try to get rid of posttrauma emotions and physical responses through the use of alcohol and drugs.
- Their sleep disturbance can remain hidden in late night studying, television watching, and partying.
- It is a dangerous mix when adolescent thoughts of revenge are added to their usual feelings of invulnerability.

Recovering from Traumatic Stress

How children or adolescents recover from trauma depends a lot on the different ways that their lives are changed by what happened.

Cognitive-behavioral therapies have been proven effective in helping children with CTS. These therapies generally include the following features:

"Foregoing help can have long-lasting consequences, and fortunately, entering treatment can have concrete beneficial results."

There may be a dramatic change because of the loss of a family member or friend during the traumatic situation. Dealing with both posttraumatic and grief reactions can make recovery much more difficult. If a child you know has experienced any of the symptoms or signs of ongoing difficulties following a traumatic experience, it's important to seek help for them. Foregoing help can have long-lasting consequences, and fortunately, entering treatment can have concrete beneficial results.

- Teaching children stress management and relaxation skills
- Creating a coherent narrative or story of what happened
- Correcting untrue or distorted ideas about what happened and why
- Changing unhealthy and wrong views that have resulted from the trauma
- Involving parents in creating optimal recovery environments

The National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) is working to advance effective interventions and services to address the impact of traumatic stress. Our nation is in a position to take advantage of the full range of scientific knowledge, clinical wisdom, and service sector expertise to preserve and restore the future of traumatized children across the United States.

Comprising over 50 centers from across the United States, the NCTSN integrates the strengths of academic institutions that are dedicated to developing research-supported interventions and training people to deliver them, and community-based treatment and service centers that are highly experienced in providing care to children and families.

As an outgrowth of bipartisan federal legislation, the Donald J. Cohen National Child Traumatic Stress Initiative was funded in October 2001. Under the leadership of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS), this Initiative has represented a unique opportunity to contribute to our national agenda to transform our mental health systems of care.

The NCTSN has developed a comprehensive website that provides a range of resources for professionals and the public about child traumatic stress, including informational guides, statistics, breaking information in the field, and access to the latest research and resources. For more information about child traumatic stress and the NCTSN, visit **www.NCTSN.org** or e-mail the National Resource Center at **info@NCTSN.org**.

National Center for Child Traumatic Stress—UCLA
11150 West Olympic Boulevard
Suite 650
Los Angeles, CA 90064
Phone: (310) 235-2633

National Center for Child Traumatic Stress—Duke University
905 West Main Street
Suite 24-E, Box 50
Durham, NC 27701
Phone: (919) 682-1552

www.NCTSN.org

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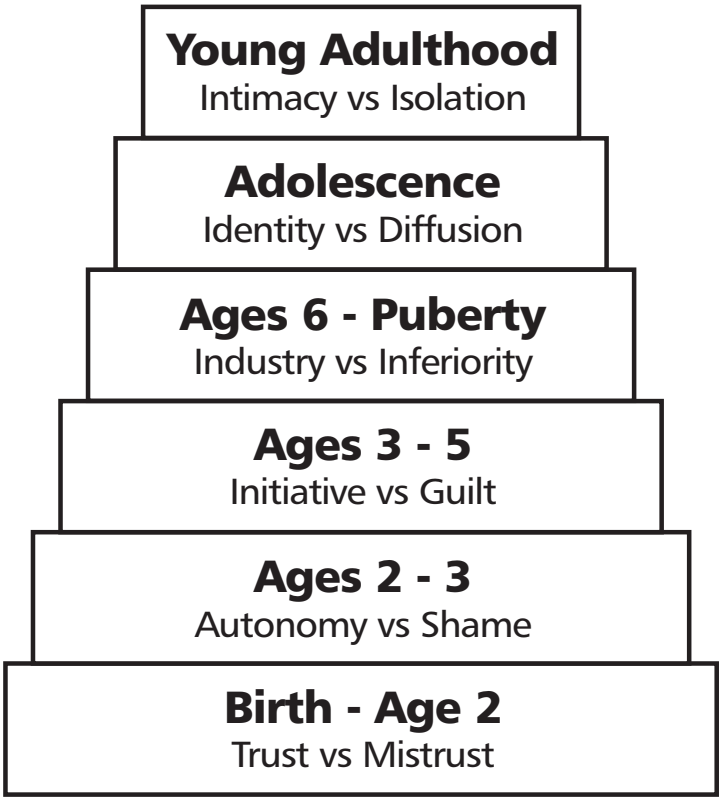
Lillie's Stages of Development



Lillie's Behaviors and Possible Corresponding Stage of Development

Components of Well-being of Children and Youth in Foster Care

Here are several questions to help foster parents assess the components of well-being of children in foster care:

- Is this child or youth **physically healthy**? If not, does this child have the medical attention required to restore or optimize health, given the condition?
- Is this child or youth **emotionally healthy**? Does this child experience being lovable, capable and worthwhile?
- Is this child or youth **socially healthy**? Does this child interact in work and play activities at a level appropriate for age and abilities?
- Is this child or youth **intellectually** on target? If not, does this child have the educational resources required to optimize intellectual growth?
- Is this child or youth **spiritually/morally healthy**? Does this child have a sense of right and wrong and an ability to understand the feelings of others? Does this child have hope for the future? Does this child have a belief in a positive power greater than himself or herself?
- Does this child or youth have **healthy attachments**, including **cultural and family connections?**
- Is this child or youth **grieving loss** in a healthy way through expressions of anger, sadness, fear and sorrow?
- Is this child or youth able to **manage his or her own behavior** in an age-appropriate way?

Assessing the Well-being Needs of Children and Youth in Foster Care – Worksheet

Reason for Placement/Stage of Development	Case Example	List ways this child is developmentally different from other children his/her age.	List child's specific needs related to well-being and permanence.
Neglect of an infant or Toddler (Infant prenatally exposed to drugs and/or alcohol)	**Joey**, age one, was born to a twenty-two-year-old mom dependent on crack cocaine. He tested positive for crack cocaine and the hospital made a report to the State Central Registry (SCR). Mom's drug use and its overall effect on her physical, emotional, and mental health directly affected her ability to meet Joey's or her own basic needs. Mom requested that Joey be placed with his great aunt. This aunt was a source of stability and support to mom in her own chaotic youth. His great aunt reports that Joey is not interested in anything or anyone, tends to look sad, is just learning to stand, cries often, and is not easily comforted. She loves him deeply and wants to adopt him but she doesn't know how to help him.		

Reason for Placement/Stage of Development	**Case Example**	**List ways this child is developmentally different from other children his/her age.**	**List child's specific needs related to well-being and permanence.**
Neglect of a School Age Child (Prenatal and perinatal exposure to the HIV virus)	**Beau** is eight-years-old. He is HIV positive and symptomatic. Beau entered foster care eight months ago because his mother could no longer care for him; she has AIDS. The local hospice is providing services to her and she is not expected to live long. His father died of an AIDS-related condition several years ago. Beau is close to his grandmother and uncle and they are unable to provide a home for him due to their own disabilities. Beau states that he is angry that his mother is sick. Beau takes medication daily and has had periodic hospitalizations. He cries before going to his medical appointments. Not only does he not like the shots he must receive, he also dislikes having his blood drawn for various tests. A third-grader, Beau attends public school half days. He has three close friends although sometimes he yells at them and says that he doesn't want to be friends anymore. He dreams of flying an airplane some day. He likes animals and wants to have a cat, but cats can carry a disease that can be dangerous to Beau, so he cannot have one.		

Reason for Placement/Stage of Development	**Case Example**	**List ways this child is developmentally different from other children his/her age.**	**List child's specific needs related to well-being and permanence.**
Neglect and Sexual Abuse of a School Age Child (Child in transracial placement)	**Jeryce** is an eleven-year-old girl who came into care two months ago as a result of neglect and lack of supervision. Jeryce's parents struggled from the beginning to feed, clothe, and give Jeryce those "little extras" they wanted their baby girl to have. Everything changed when a friend introduced the parents to crystal meth when Jeryce was nine. Jeryce's father and mother are separated and spend time together using drugs. For long periods of time Jeryce had to find her own food and shelter, because her parents were unable to provide for her most basic needs. Jeryce was sexually assaulted by neighbor adolescents while her parents were getting high and were unable to protect her. Her parents blame themselves, each other, and a neighborhood boy for Jeryce's placement. Once an average student, Jeryce's grades have slipped dramatically during the past two years. She has begun skipping school since she came into foster care. Jeryce is African American and is living in a white foster home in a working class, white neighborhood. Some of the neighborhood kids have yelled racial slurs at her. She has mentioned these incidents to her foster mother but has expressed no emotions about them.		

Reason for Placement/Stage of Development	**Case Example**	**List ways this child is developmentally different from other children his/her age.**	**List child's specific needs related to well-being and permanence.**
Physical Abuse of an Adolescent (Youth who is gay)	**Jason** is fifteen and has been in care for a year. Jason hasn't seen his mother since he was a toddler. His father, who physically abused him, has just started a ten-year prison sentence for drug-related charges. The agency is seeking to terminate his parental rights. Jason was living with his paternal grandmother until last year, when she died. No other family members can provide a home for him so Jason has been in foster care for a year. He recently disclosed to his foster mother that he is gay. He says that he has known that he is gay for as long as he can remember. He says he is not sexually active and that no one else knows he is gay. Jason gets along well with his classmates, but he has no close friends. Jason does well in school and is affectionate in the family. He becomes very sad at times, but is able to talk about his feelings, especially about his grandmother, father and mother. His foster mother is willing to adopt him but Jason doesn't want to think about being adopted.		

Helping the Premature Infant or Prenatally Drug-exposed Baby Attach and Develop *

Many of the symptoms and behaviors of infants who are prenatally drug exposed are also common in premature babies. It is believed that even when born at full-term, the nervous systems of prenatally drug-exposed infants are not functioning at the expected level for newborn babies.

Infants who are prenatally drug exposed exhibit behaviors that make it very difficult for their parents or caregivers to respond in ways that promote social, physical and psychological development. The difficulties in attachment can be serious enough to be life threatening.

Some Symptoms or Behaviors the Parents/Caregivers Might Encounter	Some Responses/Interventions the Parents/Caregivers Can Provide
Vomiting, Poor Feeding	**Vomiting, Poor Feeding**
◆ May vomit or spit up food often.	◆ If infant vomits, clean skin immediately to prevent irritation from stomach acids.
◆ May sleep through feeding (as much as 20 hours per day).	◆ Hold infant upright for feeding.
◆ May stop feeding before taking adequate nutrition.	◆ Give infant small amount frequently.
	◆ Wake infant for feeding.
	◆ After feeding, place infant on side-lying or prone position to prevent aspiration of milk.
Uncoordinated Swallowing or Sucking	**Uncoordinated Swallowing or Sucking**
◆ Unable to suck and swallow in a coordinated way.	◆ Hold infant in sitting position with trunk slightly curved during feeding.

* Lewis, K. D., Bennett, B. & Schneider, N. H., (September/October 1989). *The care of infants menaced by cocaine abuse*. MCN, 14.

Some Symptoms or Behaviors the Parents/Caregivers Might Encounter	**Some Responses/Interventions the Parents/Caregivers Can Provide**
◆ Weak or poor sucking ability.	◆ If sucking is weak or difficult, support the infant's chin with your hand.
◆ Tongue thrusting that interferes with sucking.	◆ Play soft, rhythmic music to facilitate rhythmic sucking.
◆ Tongue tremors.	
Weak Pull-to-Sit Development	Weak Pull-to-Sit Development
◆ If pull-to-sit is delayed it may be due to lack of development of abdominal and neck muscle strength. The delay in this skill will also affect balance, sitting and walking.	◆ Move infant from lying (supine) to sitting while supporting the head.
	◆ While moving the infant, support the shoulders.
	◆ As you help the infant to the sitting position, encourage the infant to assist with pull-to-sit.
	◆ Place infant in supported sitting position and move infant slowly backward within the range of head control.
	◆ Slowly rock or move the infant back and forward to strengthen neck and abdominal muscles.
Tremors, Trembling and Extraneous Movement	Tremors, Trembling and Extraneous Movement
◆ Tremors of the hands, arms, legs chin and tongue.	◆ Swaddle or hold the infant close.

Some Symptoms or Behaviors the Parents/Caregivers Might Encounter	**Some Responses/Interventions the Parents/Caregivers Can Provide**
◆ Tremors may occur when infant is at rest or attempting a specific movement (for example, reaching for a toy). ◆ Poor or delayed fine motor development.	◆ Hold the infant in a semicircular position with arms at midline, shoulders forward. ◆ Hold infant so arms and legs are close to the body. ◆ Touch trembling area firmly and calmly. Touch chest firmly and calmly.
Irritability and Sleeping Difficulty ◆ May have frantic crying state which seems uncontrollable. ◆ Irritability may make parents feel unsuccessful in parenting or unrewarded for their efforts.	Irritability and Sleeping Difficulty ◆ Reduce noise in environment. ◆ Turn down lights. ◆ Swaddle infant in cotton blanket. ◆ Put infant in bunting type wrapper and carry close to body. ◆ Rock infant slowly and rhythmically holding either horizontally or vertically, whichever soothes. ◆ Walk with infant. ◆ Place in front pack carrier. ◆ Give baby a pacifier. ◆ Provide warm baths (hydrotherapy). ◆ Respond to stress by stopping activities. ◆ Play soft music or sing or hum quietly. ◆ Place infant in quiet darkened room with no outside stimulation (this should be used only during high periods of stress when all else fails).

Some Symptoms or Behaviors the Parents/Caregivers Might Encounter

Stiffness and Rigidity

- Body and muscles may be stiff and rigid.
- This increased muscle tone interferes with infant's ability to cuddle, pull-to-sit, and control arms at midline.
- Infant may frequently arch their back when supine.
- Rigid muscles mean more effort needs to be exerted for critical fine motor skills.

Some Responses/Interventions the Parents/Caregivers Can Provide

Stiffness and Rigidity

- Bathe infant in warm water.
- Use gentle, calming massage.
- Swaddle with shoulders and arms close to body.
- Place infant in baby hammock.
- Do not leave infant flat on back for extended periods of time.
- Do not use baby walkers which increase muscle tension.

Important Information about Parenting Children Who Have Been Exposed to the HIV Virus

Terms

AIDS

Acquired **I**mmune **D**eficiency **S**yndrome is an infectious disease, stemming from the **H**uman **I**mmunodeficiency **V**irus (HIV), which damages an individual's immune system making it weaker, and more and more difficult to fight disease.

As defined by the Center for Disease Control, AIDS is "a severe late manifestation of infection with HIV that destroys or incapacitates important components of the human immune system. Individuals with this syndrome develop infections caused by microorganisms that usually do not produce infections in people with normal immunity."

Antibody

A protein in the blood produced in response to exposure to specific foreign molecules. Antibodies neutralize toxins and interact with other component of the immune system to eliminate infectious microorganisms from the body.

Antiretrovirals

Certain medicines, called antiretroviral, stop HIV from getting inside white blood cells (CD 4 cells) or work to stop HIV from making copies of itself. "Anti" means against, and "retro viral" means virus. Antiretroviral medicines can lower the amount of HIV in your child's blood.

Asymptomatic

Individual is infected with HIV but has no signs or symptoms of illness.

HIV

Human **I**mmunodeficiency **V**irus is a virus that attacks the immune system. The immune system fights infections and diseases in a person's body.

HIV antibodies

HIV antibodies are substances the immune system makes to fight HIV.

HIV antibody positive

For babies less than 18-months-old, being HIV antibody positive does not indicate they are infected with HIV. At birth, all infants will have HIV antibodies in their blood if their mothers have HIV. Until infants are six to 18-months-old, they have their mother's HIV antibodies.

To find out if an infant has HIV, a blood test called a PCR (Polymerase Chain Reaction) is done. A PCR test is different from an HIV antibody test. Rather than look for HIV antibodies, a PCR test looks for HIV in an infant's blood. In almost every case, the test can tell if an infant has HIV by the time he/she is between one and four months old. If HIV is found, the PCR test will be positive. This means the infant has HIV.

HIV negative

An HIV negative test result means that a person is not infected with HIV. However, if a person recently engaged in a risk behavior (e.g., sex without a condom, sharing needles, or sharing works) and was infected with HIV, his/her immune system may not have made enough HIV antibodies for an HIV antibody test to detect. In this case, getting another HIV antibody test is recommended.

HIV positive

An HIV positive test result means that a person is infected with HIV.

Incubation period

The period between infection with HIV and the presentation of symptoms of illness. In some individuals, this period can last ten years or more.

Perinatal

Pertaining to or occurring in the period shortly before and after birth, variously defined as beginning with the completion of the 20th to 28th week of gestation and ending seven- to 28 days after birth.

T-cell count

T-cells are a subgroup of lymphocytes made up of "helper" T-cells and "suppresser" T-cells. Helper T-cells augment the function of the entire immune system of the body, while suppressor T-cells turn off the immune response when it is no longer needed. Normally, healthy people have twice as many helper T-cells as suppressor T-cells. The problem with HIV infection appears to be a disappearance or depletion of the helper T-cell population.

It is also referred to as T-4 cell count, the normal range being between 500-1000 per cubic millimeter of blood.

Seroconversion

The point at which antibodies to HIV become detectable in the blood.

Seroreversion

The process by which an **infant** sheds its mother's antibodies to HIV as its own immune system matures. This generally occurs in infants by eighteen months of age. (See above: HIV antibody positive)

Symptomatic

The term used to indicate the presence of HIV-related illnesses.

Viral Load
A blood test that can measure the amount of HIV in the blood. The results indicate whether antiretrovirals are working to combat HIV.

Window period
The period between infection with HIV and the body's production of measurable amounts of HIV antibodies. It is also known as the indeterminate period.

About Transmission

HIV is passed from person to person. This happens when a person with HIV gets his/her blood, semen, vaginal secretions, or breast milk inside another person's body.

There is **no risk** of getting HIV from the person's urine, sweat, tears, saliva, or vomit unless there is also blood in it.

A person of any age, sex, ethnic group, religion, economic background, or sexual orientation can get HIV. It is not who you are. It is what you do that puts you at risk. Anyone who shares needles, shares works to inject drugs, or has unprotected sex (sex without a condom) with someone who has HIV is at very high risk for getting infected. A mother with HIV can pass the virus to her baby during pregnancy, during birth, or by breast feeding.

It is not possible to tell if people have HIV by looking at them. People can have HIV for many years and not know they have it. They can pass it on to others without knowing it. That is why it is important for people to get tested to find out if they have HIV.

Universal Precautions

A child with HIV may not be able to fight off infections as well as other children so it is important to protect your child from germs that can cause infections. Use the following suggestions for everyone in your home.

- **Always avoid contact with anyone's blood, or any secretions mixed with blood.**
- **Cover with bandages any cuts, sores, or breaks in the skin of the caregiver and the child.**
- **Disinfect surfaces using disposable towels and mixture of bleach & water. Keep your house clean.**
- **Wash your hands.**

  Germs on people's hands spread many infections. Washing your hands is the best way to kill germs. Rub your hands together with soap under running water. If possible, use liquid soap. Do not forget to clean under your finger nails, and between your fingers. If your hands get dry or sore, put on hand cream or lotion.

- **Wash your hands and your child's hands often:**
    - After touching body fluids (blood, urine, bowel movements, mucus from mouth or nose);
    - After blowing your nose or helping child blow theirs;
    - Before handling, cooking, or serving food;
    - Before and after eating meals or snacks;
    - After using the toilet or changing diapers or after helping someone use the toilet;
    - After playing with pets or other animals;
    - After playing with or holding another child.

Changing diapers:

Babies have very tender skin. Keeping baby's skin clean and dry is important.

- Wash your hands before and after changing baby's diaper.
- If you have sores or scratches on your hands, wear latex gloves when changing or rinsing out diapers.
- If child has diarrhea or you can see blood in his/her bowel movement or urine, wear latex gloves.
- All babies get diaper rashes from time to time, so watch for diaper rash.
- Ask the baby's doctor what to do and when to call if baby gets a diaper rash.
- Change diaper more often if he/she has a rash. If the rash does not go away in a few days, call your baby's doctor.
- Use throw away or disposable diapers, if possible. Put used disposable diapers in a plastic bag and put it in a diaper pail or garbage with a tight fitting lid.
- Wash any surfaces that come in contact with child's bowel movement or urine.

Sources:

Caring for Children with Special Needs. NYS DOH & NYS OCFS

CDHS– Glossary "Caring for Foster Youth with HIV"

Important Information for Foster and Adoptive Parents about Parenting Youth Who Are Lesbian, Gay, Bisexual, Transgender, or Questioning

Definitions:

Bisexual:	An individual of any gender who is sexually attracted to both males and females
Coming Out:	A process of becoming aware of one's sexual orientation and telling others about it
Gay:	A male who is sexually attracted to other males
Heterosexism:	The belief that heterosexuality is the only acceptable or valid sexual orientation
Homophobia:	Fear, hatred, or prejudice against anyone who is LGBTQ
Homosexuality:	Sexual attraction to someone of the same sex
In the Closet:	A term that refers to keeping one's sexual orientation a secret
LGBTQ:	An acronym for "Lesbian, Gay, Bisexual, Transgender, or Questioning"
Lesbian:	A female who is sexually attracted to other females
Transgender:	A person who feels, thinks, and sometimes acts in a manner more consistent with the identity characteristics of the gender opposite to the gender they were born with or assigned to at birth
Questioning:	A person who questions his or her sexual identity, sexual orientation, or gender identity

Facts about gay and lesbian youth

- Five to six percent of American youth are lesbian, gay, bisexual or transgendered, i.e., there are between 2.25 and 2.7 million school-age LGBTQ youth. (Source: National Longitudinal Study of Adolescent Health (2001) available at: http://www.cpc.unc.edu/addhealth.)
- At any one time there are approximately 260,000 youth in the foster care system in the United States. While it is impossible to precisely determine the number of LGBTQ youth in this system, recent studies suggest that these youth make up between 5 and 10 % of the total foster youth population. (Source: Lambda Legal Defense and Education Fund, Youth in the Margins: A Report on the Unmet Needs of Lesbian, Gay, Bisexual, and Transgender Adolescents in Foster Care 11 (2001) [hereinafter Youth in

the Margins].

- Schools are hostile environments for a distressing number of LGBTQ students, e.g., n a recent study, 61.1% felt unsafe at school because of their sexual orientation; 84.6 % were verbally harassed; 40.1% were physically harassed; and 18.8 % were physically assaulted. (Source: the Gay, Lesbian and Straight Education Network (GLSEN), The 2009 National School Climate Survey, available at www.glsen.org)
- Many LGBTQ youth face neglect or abuse from their families of origin because of their sexual orientation or gender identity. A study found that over 30% of LGBT youth reported suffering physical violence at the hands of a family member after coming out. (Source: Youth in the Margins, citing Philadelphia Lesbian and Gay Task Force, Discrimination and Violence Against Lesbian Women and Gay Men in Philadelphia and the Commonwealth of Pennsylvania, 1996.)
- Many LGBTQ youth in the foster care system experience verbal harassment and physical or sexual abuse because of their sexual orientation or gender identity. In one of the only studies of its kind, 100% of LGBTQ youth in New York City group homes reported that they were verbally harassed while at their group home and 70% reported physical violence due to their sexual orientation or gender identity. (Source: Urban Justice Center, Justice for All? A Report on Lesbian, Gay, Bisexual and Transgendered Youth in the New York Juvenile Justice System, 2001.)
- Gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Highly rejected young people were: more than 8 times as likely to have attempted suicide; nearly 6 times as likely to report high levels of depression; more than 3 times as likely to use illegal drugs; and more than 3 times as likely to be at high risk for HIV and sexually transmitted diseases compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers because of their gay or transgender identity. (Source: Ryan, Caitlyn. Family Acceptance Project, Supportive Families, Healthy Children, 2009. Available at: http://familyproject.sfsu.edu or fap@sfsu.edu)

Tips for foster and adoptive parents to help their LGBTQ youth

- Talk with your child or foster child about their LGBTQ identity.
- Express affection when your child tells you or when you learn that your child is gay or transgender.
- Support your child's LGBTQ identity even though you may feel uncomfortable.
- Advocate for your child when he or she is mistreated because of their LGBTQ identity.
- Require that other family members respect your LGBTQ child.
- Bring your child to LGBTQ organizations or events.
- Connect your child with an LGBTQ adult role model to show them options for the future.
- Welcome your child's LGBTQ friends & partners to your home.
- Support your child's gender expression.
- Believe your child can have a happy future as an LGBTQ adult.

(Source: Ryan, Caitlyn. Family Acceptance Project, Supportive Families, Healthy Children, 2009. Available at: http://familyproject.sfsu.edu or fap@sfsu.edu; reprinted with permission)

Important Information about Parenting Children with Fetal Alcohol Syndrome or Fetal Alcohol Effect (FAS/FAE)*

FAE	**F**etal **A**lcohol **E**ffect. As a result of prenatal alcohol exposure, the child may have abnormalities, but milder ones than those associated with FAS. Appearance and size of child are generally normal, but child may develop problems with learning and attention.
FAS	**F**etal **A**lcohol **S**yndrome. As a result of prenatal alcohol exposure, the child is small in size, has characteristic facial features (e.g., flat mid-face, thin upper lip) and developmental delays and mental retardation.
Medically Fragile	An infant or child with special medical needs which place the child at risk of additional illnesses or death.
SIDS	**S**udden **I**nfant **D**eath **S**yndrome is one of the leading causes of death among infants one month through one year of age in the United States. Most victims are between two and four months of age. The National Institute of Child Health and Human Development (NICHD) defines SIDS as 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. SIDS is therefore a diagnosis of exclusion, affixed only once all known and possible causes of death have been ruled out. SIDS claims the lives of almost 2,000 infants in the U.S. each year. SIDS deaths occur unexpectedly and quickly to apparently healthy infants, usually during periods of sleep. Two important preventive measures that reduce but do not completely eliminate the risk of SIDS are to put healthy babies to sleep on their backs and to keep cigarette smoke away from babies.

* From Craig-Oldsen, H. (1998). **GPS Drug/HIV Leader's Guide**. Atlanta, GA: Child Welfare Institute.

Important Definitions for Foster and Adoptive Parents of Children Who Learn and Grow Differently*

Developmental Delay	A delay or gap in normal child development which can affect learning, social skills and physical abilities.
Drug Exposed	Refers to infant whose mother used drugs and/or alcohol during her pregnancy.
Failure to Thrive	Failure to thrive is a condition rather than a specific disease. Children who fail to thrive don't receive or are unable to take in adequate nutrition to gain weight and grow as expected. Common in premature babies (usually in conjunction with other medical problems), the condition can occur in full-term infants too. Whereas the average term baby doubles its birth weight by six months and triples it at one year, these children often do not meet those milestones. In the past doctors tended to categorize cases of failure to thrive as either organic (caused by an underlying medical disorder) or inorganic (caused by caregiver actions), but they are less likely to make such sharp distinctions today because medical and behavioral causes often appear together. It is important to determine whether the failure to thrive results from medical problems with the child or from psychosocial factors in the environment, such as lack of attachment, abuse, neglect, or poverty.
IEP	**I**ndividual **E**ducation **P**lan is a plan written by school system staff and parents to provide special education and other services to students with disabilities. An IEP is developed so that each student with a disability can receive a free appropriate public education in the least restrictive environment.
Medically Fragile	An infant or child with special medical needs which places the child at risk of additional illnesses or death.
Mental Retardation	Subnormal mental abilities and intelligence, reflected in difficulty with learning that results from genetic causes or brain damage. (**The American Heritage Dictionary**, 1989.)

* From Craig-Oldsen, H. (1998). **GPS Drug/HIV Leader's Guide**. Atlanta, GA: Child Welfare Institute.

Strengths/Needs Worksheet – Meetings 1 and 2

Now that you have completed your first two meetings, we would like you to think about your strengths and your needs, personal as well as family. For each bolded skill, please write an example of your strength and/or your need. You can provide as many examples as you'd like but please provide at least 3 strengths and 3 needs on the worksheet.

Skill	Activities	This is a strength for my family because….	This is a need for my family because…
1. Know your own family.	Meeting 1 The Profile		
2. Communicate effectively.			
3. Know the children.	Meeting 1 Reasons/Feelings/Behavior The Video Meeting 2 Lillie's Family Erikson's Stages of Development		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
4. Build strengths; meet needs.	Meeting 1 Matching Activity Robert's Strengths and Needs		
5. Work in partnership.	Meeting 2 Lillie's Family		
6. Be loss and attachment experts.			
7. Manage behaviors.	Meeting 1 Reasons/Feelings/Behavior		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
8. Build connections.			
9. Build self-esteem.			
10. Assure health and safety.	Meeting 2 Assessing the Well-Being Needs of Children and Youth in Foster Care		
11. Assess impact.			
12. Make an informed decision.			

Supplemental Handout

Following is a template to be copied to provide feedback to the leaders. Write in the leader name(s) and make sufficient copies for all participants to give written feedback on each leader.

Feedback on the First Two Meetings

After two meetings we would like to get your idea about how these meetings are working for you, and what your leader(s) are doing to contribute to your learning and decision-making. Please provide feedback about the leader named below:

LEADER:

1. The leader presented instructions and guidance for activities clearly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

2. The leader presented concepts in an organized, logical and clear manner.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

3. The leader actively engaged members of the group in the learning process.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

4. The leader created an environment supportive of risk-taking.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

5. Feedback to participants was direct, supportive and helpful.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

6. The leader openly accepted feedback from participants and adjusted the session accordingly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

7. The leader successfully coached participants who needed help in learning.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

8. The leader demonstrated a sensitivity and respect for diversity and culture.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

What more would you like this leader to know about how you are experiencing the GPSII/MAPP Program? Write your comments below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 3 Agenda
2. Feelings/Behaviors of Children Who Are Grieving
3. The Life Book
4. Understanding and Helping Children Who Are Grieving – Worksheet
5. Helping Children with Healthy Grieving – Family Strengths and Needs
6. A Strengths/Needs Worksheet for Fertility Loss Experts
7. Bonding and Attachment
8. Retrace Developmental Stages to Help Older Children Heal
9. An Adoptive Adolescent's Struggle

Overhead Transparencies

1. Developmental Grieving
2. Understanding and Helping Children Who Are Grieving
3. Helping Children with Healthy Grieving – Family Strengths and Needs
4. Roadwork

Meeting 3:
Losses and Gains:
The Need to Be a Loss Expect

Agenda

Time	Topic
(30 Minutes)	**A. Introduction to Meeting 3**
	◆ Welcome back
	◆ Meeting 3 agenda
	◆ Mutual selection issues
	◆ Bridge from Meeting 2
(20 Minutes)	**B. The Need to Be a "Loss Expert"**
	◆ Why loss is so powerful
	◆ Impact and examples of loss on our own lives — maturational/situational loss
(30 Minutes)	**C. The Grieving Process**
	◆ Stages in the grieving process
	◆ Recognizing children's feelings and behaviors in the grieving process
	◆ Developmental grieving
(10 Minutes)	**BREAK**
(40 Minutes)	**D. Impact of Loss on Feelings and Behavior**
	◆ Impact of grieving process on children's behaviors
	◆ Helping children: Life Books and family visits
	◆ Helping children in the grieving process

Time	**Topic**

(40 Minutes) **E. Partnership in Loss: Turning Losses Into Gains**

- How parents' personal losses can help or hinder their ability to help children
- The role of foster parents, adoptive parents and child welfare workers in turning losses into gains
- The importance of partnership in turning losses into gains

(10 Minutes) **F. Meeting 3 Summary and Preview of Meeting 4**

- Summary of Meeting 3
- Preview of Meeting 4
- Next step in the mutual selection process
- A Partnership in Parenting Experience

ROADWORK

- Review all handouts from Meeting 3, especially Handout 2, "Feelings/Behaviors of Children Who Are Grieving", Handout 3, "The Life Book," Handout 7, "Bonding and Attachment," Handout 8, "Retrace Developmental Steps to Help Older Children Heal," and Handout 9, "An Adoptive Adolescent's Struggle," and bring your questions to Meeting 4.
- Complete Meeting 3, Handout 6, "A Strengths/Needs Worksheet for Fertility Loss Experts," if appropriate. Be prepared to discuss the worksheet at the next family consultation.
- Schedule your Family Consultation if you have not done so.

Feelings/Behaviors of Children Who Are Grieving

To help children move forward, foster and adoptive parents must first recognize where children are in the grieving process. Behaviors are an expression of feelings and needs. How children express strong feelings is influenced by many things like age, experiences and temperament.

This handout identifies some things that children may feel or do at each stage of the grieving process and should be considered as a "guide," not a set of rules.

Stage of Grieving	Feeling	Behavior
Shock/Denial	*Emotions **seem** to be absent – the child may appear not to be bothered at all by the separation.* *The child may be numb.* *The child may appear to be happy.* *(An example is the "good baby" who only sleeps and eats.)*	*Some children's bodies "shut down."* *There may be short-term memory loss, confused thinking, loss of hearing, or becoming physically ill after moving into a new foster or adoptive home.* *Very rhythmic behavior may occur (e.g., head banging, skipping rope continuously, bouncing a ball).* *The child may have difficulty focusing or performing well in school.* *This is also known as the "honeymoon" period – the child is eager to please and is not really dealing with what has happened; the foster or adoptive family may be misled into thinking the child is an "angel" or has no problems adjusting to loss.*
Anger	*Anger is the predominant feeling. The child may be angry toward:* • *birth parents for causing the children's move into foster care* • *the foster parents for accepting the children's move into adoption,* • *themselves because they may believe they are to blame for the circumstances leading to foster care or for not being able to prevent the placement*	*Anger is directed toward the only parents around – the foster parents– and is expressed through:* • *Refusing to follow requests* • *Refusing to take care of personal hygiene needs* • *Running away* • *Temper tantrums* • *Angry outbursts/swearing; making it clear the foster parents can't do anything right* • *Violence directed at others or self* • *Destroying property*

Depression/ Despair	*Common feelings during this stage include:* • *depression* • *hopelessness* • *sadness* • *loneliness* • *apathy*	*Many children refuse to eat or experience eating and sleeping disorders after moving to a foster or adoptive home.* *Listlessness, lack of energy, being withdrawn, and pushing others away are typical behaviors.* *Regression or loss of skills previously mastered (like staying dry at night or wanting to be "babied") are common.* *Self-destructive behaviors like cutting or drug and alcohol abuse can occur.* *Talking about or threatening suicide should be taken very seriously. Seek professional help immediately if the child, at any age, threatens suicide, gives away possessions, or changes behavior patterns abruptly and expresses no hope that things can improve.*
Acceptance/ Understanding	*Feelings during this stage include:* • *Hopeful* • *Able to experience the full range of emotions, including pleasure as well as sadness* • *"Connected" to their past* • *"Connected" to other people*	*Children <u>may</u> behave more like what is expected of their chronological age developmentally (physical, emotional, social, spiritual/moral, and intellectual).* *A verbal child will talk about his or her parents and why they could not do the "job" of parenting right then.* *Children will be more willing to be part of family life.* *Children will demonstrate fewer signs of "guilt" about the separation from parents.* *Children will be more comfortable talking about the feelings they have as well as the information they need about birth parents, sisters, brothers and previous foster families.* *Child will have energy needed to complete developmental tasks.*

The Life Book*

A Life Book is a tool and process to help children understand their life experiences so that they can function better, feel better about themselves in the present and be better prepared for the future. The Life Book is a combination of a story, a diary, and a scrapbook. The Life Book is an important part of a child's connection to his or her birth family. It is an important collection of the child's history and aids the child in developing his or her identity.

The best time to begin a Life Book is when a child comes into the foster care system, when information about the birth family and the child's developmental and family history are more available. Unfortunately, this process often does not happen. Then, it becomes the task of the ongoing child welfare worker and the foster parents, or even the adoptive parents (if no one else has done this job), to begin to retrieve and collect important identity information for the child. The Life Book is developed with the child, not for the child, if the child is old enough to participate.

Information for a Life Book may be collected from such sources as:

- Case records
- Case records from other agencies that have had contact with child/and or family
- Birth parents
- Foster parents
- Grandparents or other relatives
- Previous social workers
- Hospital where born
- Well-baby clinic
- Other medical personnel
- Previous neighbors
- Teachers and schools
- Court records
- Newspapers — birth announcements, marriage announcements, obituaries
- School pictures (from school records)
- Policemen who have had previous contact with the birth family
- Church and Sunday School records

* *This information is adapted from Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers. Prepared by the Office of Continuing Social Work Education, School of Social Work, University of Georgia. Athens, GA, 1982, published by the U.S. DHHD, ACYF, Children's Bureau.*

The information to be included in the Life Book could be:

- Birth Information
  - birth certificate
  - weight, height, special medical information
  - picture of the hospital
- Birth Family Information
  - pictures of birth family
  - names, birth dates of parents
  - genogram
  - names, birth dates of siblings, and where they are
  - physical description of parents, especially pictures of parents and siblings
  - occupational/educational information about birth parents
  - any information about extended family members
- Placement Information
  - pictures of foster family or families
  - list of foster homes (name, location of foster homes)
  - names of other children in foster homes to whom child was especially close
  - names of social workers
  - pictures of social workers to whom child was especially close
- Medical Information
  - list of clinics, hospitals etc., where child received care; and care given (surgery, etc.)
  - immunization record
  - any medical information that might be needed by the child as he or she grows up, or as an adult
  - height/weight changes
  - loss of teeth
  - when walked, talked, etc.
- School Information
  - names of schools
  - pictures of schools, friends and teachers
  - report cards, school activities

- Religious Information
  - places of worship child attended
  - confirmation, baptism and other similar records
  - papers and other material from Sunday School
- Other Information
  - any pictures of child at different ages of development
  - stories about the child from parents, foster parents, and social workers
  - accomplishments, awards, special skills, likes and dislikes

It is never too late to start a Life Book. Foster parents have an important role in collecting information and working with the social worker to help the child develop the Life Book. Foster parents can share the Life Book with the child's birth parents when the child is leaving foster care, to help the birth parents share in their child's past. Or, they can share the Life Book with new adoptive parents to help with the child's move from one family to another.

Adoptive parents can begin helping with the Life Book at the time of placement. Again, foster parents will want to share the Life Book with the adoptive parents. Adoptive parents may want to share their own Life Book with the child as a way of getting to know each other.

The process of constructing a Life Book can:

- Help the child welfare worker, foster parents, adoptive parents, birth parents and child to form an alliance;
- Help a child understand events in the past;
- Help a child feel good about self and record memories;
- Provide a way for the child to share his or her past with others;
- Increase a child's self-esteem by providing a record of the child's growth and development;
- Help the birth family share in that part of the child's past when they were living apart; and
- Contribute to the adoptive family's understanding of the child's past, to better help the child develop a positive identity and self-concept.

Understanding and Helping Children Who Are Grieving – Worksheet

Instructions: Review the information and answer the questions listed following the background.

Anton is 11-years-old and has been in care for six months because of lack of supervision and neglect. His father is in jail, serving a sentence of 6 to 9 years. His mother is chemically dependent on alcohol, has sought treatment and struggles to maintain sobriety. Throughout her struggles, she kept in contact with her AA sponsor. The last time his mother relapsed, Anton was left home alone for days, living on soup and crackers. It was his mom's sponsor who called social services after a call from Anton's mother.

Both parents say they love Anton. The goal is for Anton and his mother to be reunified. If she doesn't complete treatment and is unable to take care of Anton and keep him safe, the plan is for him to be adopted by his foster parents.

Anton has little self-confidence; his most common expressions are "I don't know" and "I can't." He clings to his foster mother; he is of average intelligence but can't read and is repeating the fifth grade. He looks and acts more like an eight-year-old. He wets the bed almost every night and acts depressed and sad. Anton gets along well with younger children.

1. Where is **Anton** in the grieving process?

   Shock/Denial
   Anger
   Depression/Despair
   Acceptance/Understanding

2. What are some of the maturational and situational losses **Anton** is experiencing?

   _____

   _____

   _____

   _____

3. What are additional grieving behaviors a foster parent may see **Anton** do?

   _____

   _____

   _____

   _____

4. How might **Anton's** losses affect his well-being and healthy development?

_____

_____

_____

_____

5. What situations might trigger developmental grieving for **Anton?**

_____

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_____

6. Think about ways to help **Anton** express and release feelings of anger, sadness, fear and sorrow. In order to help **Anton** grieve, what are some parenting strategies or interventions you might choose?

_____

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Instructions: Review the information and answer the questions listed following the background.

Karen is 14 and has been in and out of foster care three times during her life due to neglect and medical neglect. The last time was three years ago. Her father is chemically dependent on alcohol and has not been heard from in four years. Her mother has recurrent problems with drugs and alcohol. When she relapses, she is unable to care for Karen. Karen has Fetal Alcohol Syndrome (FAS). She is developmentally delayed, is three years behind grade level, and has dyslexia and a heart murmur. When she is in recovery, Karen's mom makes sure that Karen gets to her medical appointments and follows through on the school's recommendations.

Karen was placed into care again after her mother disappeared for a week. Broken promises, brushes with the law, and Karen's placement have estranged mom from all members of her extended family, who refuse to help. The plan is for Karen to be reunited with her mother if her mother completes treatment and can keep her safe and meet her needs.

Karen has been in this foster home for three months; this is the second time she has lived here. If Karen can't be returned home safely, her current foster parents may adopt her but they have not made a final decision. They love Karen but don't know if they can meet her needs. Karen has two friends from her foster parents' church, who are two years younger than she is. Karen has a big smile when she is happy and she loves to dress up. She looks forward to Sundays when her mother eats dinner with the foster family.

1. Where is **Karen** in the grieving process?

   Shock/Denial
   Anger
   Depression/Despair
   Acceptance/Understanding

2. What are some of the maturational and situational losses **Karen** is experiencing?

   _____

   _____

   _____

   _____

3. What are additional grieving behaviors a foster parent may see **Karen** do?

_____

_____

_____

_____

4. How might **Karen's** losses affect her well-being and healthy development?

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_____

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_____

5. What situations might trigger developmental grieving for **Karen**?

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_____

6. Think about ways to help **Karen** express and release feelings of anger, sadness, fear and sorrow. In order to help **Karen** grieve, what are some parenting strategies or interventions you might choose?

_____

_____

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_____

Instructions: Review the information and answer the questions listed following the background.

Background information: **Alana**, age 15, is the mother of Matthew, 6 months. Her father is dead and her grandmother has raised Alana and her two younger sisters since her mother disappeared when she was four years old. When Alana became pregnant, her grandmother told her she could not keep the baby. She ran away. When the police picked her up, her grandmother refused to take her home and she entered foster care. That was a little over a year ago. Todd, Matthew's father, is also 15 and is involved with his son. Alana and Todd plan to marry when they are old enough. Both attend school. Alana's grandmother does not want Alana to see Todd but the foster parents welcome him into their house to visit with Matthew. Alana is searching for her mother who has a history of prostitution and drug use. Alana is very attentive to Matthew's needs and is helpful in the foster home. She becomes very sad and sometimes angry because her grandmother refuses to see her or allow her to see her two younger sisters. Alana is considering getting an order from Family Court that would allow her to visit with her sisters. She can talk about her anger toward her grandmother.

1. Where is **Alana** in the grieving process?

   Shock/Denial
   Anger
   Depression/Despair
   Acceptance/Understanding

2. What are some of the maturational and situational losses **Alana** is experiencing?

   _____

   _____

   _____

   _____

3. What are additional grieving behaviors a foster parent may see **Alana** do?

   _____

   _____

   _____

   _____

4. How might **Alana's** losses affect her well-being and healthy development?

_____

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_____

5. What situations might trigger developmental grieving for **Alana**?

_____

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6. Think about ways to help **Alana** express and release feelings of anger, sadness, fear and sorrow. In order to help **Alana** grieve, what are some parenting strategies or interventions you might choose?

_____

_____

_____

_____

Helping Children with Healthy Grieving – Family Strengths and Needs

Thinking about the children to whom you were introduced to in Meetings 2 and 3, consider and discuss your own losses and how these losses create strengths and needs for you to help each one of the children with their own grieving.

Child/Youth	**Losses of Child or Youth**	**My Strengths**	**My Needs**
Beau	Soon to lose mother, health is impacted by chronic disease, normal childhood, hope for a pet, dreams of flying an airplane		
Karen	Normal family life, healthy heart, ability to read well, old friends		
Jason	Childhood, close relationship with friends and father, relationship with mother		
Jeryce	Cultural roots, self-esteem, being with family, friends, innocence of a normal childhood		
Alana	Relationship with mother, contact with siblings, good relationship with grandmother, normal freedom of adolescence		

Child/Youth	**Losses of Child or Youth**	**My Strengths**	**My Needs**
Anton	Normal childhood, dad in jail, physical, emotional intellectual well-being, age appropriate friends, self-esteem		
Joey	Relationship with Mom, who is unable to care for him, health (born dependent upon crack cocaine), normal childhood experiences		

A Strengths/Needs Worksheet for Fertility Loss Experts

This worksheet is for individuals or couples who have experienced the loss of fertility, i.e., have not been able to conceive a child or give birth to a surviving child.

It can help you consider if fostering or adopting is "right" for you, in terms of infertility issues.

Please read the tasks below. Write out examples of how you know you have accomplished the task. Write any needs you have concerning any or all of the tasks. For any or all of the tasks, you may have both strengths and needs. Some of the tasks may not apply to you. If two of you are participating in the program, compare your lists.

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
1. I have decided that I want to parent a child and that parenting is more important than giving birth.		
2. My decision to pursue fostering or adopting has happened gradually over some months.		
3. I have not been able to conceive a child and I have grieved for that loss.		
4. I have sought information about foster care or adoption for several months.		
5. I am willingly pursuing fostering or adopting and at this time do not feel coerced by my spouse or others in my family.		

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
6. I have talked with at least one family who has fostered and at least one family who has adopted.		
7. Over several months, conversations with family members and friends have focused on foster care or adoption.		
8. I have planned and discussed ways to talk with a child about being adopted or being in foster care.		
9. I feel comfortable about "sharing parenting" with birth parents — if not in person, then at least through helping the child have a positive self-concept and feel positive about self-identity and "roots."		
10. I understand the difference between foster care and adoption.		

Task	**Strengths (What I have done to accomplish this task)**	**Needs (What I still need to do)**
11. I understand if I choose foster care, I have an obligation to help the child return to their birth family.		
12. I am committed to participate in the program as a way of accomplishing the above tasks.		
13. I feel comfortable about helping the child learn information about and/or locate birth family and previous foster families.		

Bonding and Attachment*

Children cannot grow up normally unless they have a continuing stable relationship, an attachment to at least one nurturing adult. According to Dr. Vera Fahlberg, in normal development most infants bond with the mother or caretaker through the feeding experience. It is beginning to be recognized that bonding and attachment occur through a stress/stress-reduction type of cycle.

In feeding, the baby gets stressed because he is hungry. After being fed he feels the reduction of that stress, the feeling of relaxation. The feeling of being safe and cared for comes from being with this one particular person who looks, smells and sounds the same every time he is fed. He begins to feel that the world is safe. He feels, "If I'm in any kind of trouble this particular person will help me out!" We sometimes see babies who become shy around strangers and cling to their mothers (or fathers if they are bonded with their fathers). If there is a loud noise in a room of toddlers they all end up around their appropriate mother's knees. This is the attachment cycle that is absolutely necessary for children to learn and to be emotionally and behaviorally intact.

Removing children and putting them in foster care is extremely damaging to children because it disrupts the basic developmental process of attachment to a particular adult. Sometimes removal is necessary. But we have to be very clear about what is being done when children are removed and put somewhere else. One thing that happens is interruption of the basic developmental process, and it is life threatening at times.

Many children put in institutions in the past and cared for by different people around the clock died by the time they were one year old. The foster care movement came out of that experience. If babies were cared for by foster families, they didn't seem to die as readily. It became obvious that having one consistent person care for an infant was important. Over the past 50 years and particularly within the last ten, we have become aware that this bonding and attachment of a child to a caring adult is an important one. What happens when we break this attachment? What happens when we remove a child either through death or through foster care from the parent or the adult they are bonded to? We tend to get some very specific effects.

The very young child whose parent dies goes into a grief process. People who do bereavement counseling are beginning to recognize children's grief as lasting from six to eight years. The younger the child, the more intense and long-lasting is the grief.

Adults typically take one to two years to go through the grief cycle, but young children can take half their childhood. Removing a child from a parent or foster parent to whom he is attached has an effect similar to a loss by death; it initiates a grief process.

* Reproduced from Adoptalk. "Bonding and Attachment," by Ann Coyne, Ph.D., Associate Professor, School of Social Work, University of Nebraska at Omaha. July/August 1983.

What happens, then, to children coming into foster care or into adoption? First of all, there are apt to be short-term memory deficits. These children typically are not processing information well. You tell them something; they don't remember a thing. You think, "Why is he doing this to me?" Why is this child seemingly so compliant and yet not doing anything he's asked? You say to him, "You told me 15 minutes ago you were going to do this and you haven't done it!" He says, "You never told me!" He really doesn't remember. He literally forgets, because his short-term memory isn't processing well. When short-term memory isn't processing well, long-term memory is also affected, which means he doesn't learn to read well. Many children who are in foster and adoptive homes are learning disabled. It is probably not because they were born learning disabled or that they have received brain damage. It is more likely that the process of grief is disrupting short-term memory. Developmental delay is common in children who are in foster care. The grief process has disrupted their ability to develop and learn.

A second issue is children's sense of who they are. We all need to know where we started and how we developed in order to have a story about ourselves. We know we were born in a certain place; we grew up in a certain place; these were our parents; there were our brothers and sisters; that was the school we went to; these were the teams we played on; these were our friends. Children in foster care tend to not remember clearly. Children in foster care don't know which of these four or five families they lived with was their birth family. A lot remember the family they were living with at about age four. That could have been their third foster family, but they sometimes think it is their birth family. Maybe they only stayed there a month, but they suddenly get it into their head, "that person is my mother." Yet they have other memories that don't quite fit. They remember three or four different dogs and all those siblings; they're not sure which are theirs and which are someone else's. And the big question: why were they there?

Suddenly, instead of a consistent story about who they are, they have a history with confusion in it. They don't know where they came from. It is not unusual for children in foster care to think they came full grown, that they did not grow inside a mother, and that they were not born. Some children in foster care under eight or nine will tell you they were never born, that they just came, that they somehow appeared in a foster home at about age three.

These children have an exceedingly difficult time reattaching to a family when they are adopted, because they cannot attach and go through a process of separation from what has happened to them in the past. They can't do it because they don't understand what's happened. It's very important to reduce the number of different families these children experience. It is also important that we communicate to them very clearly about everything that has happened to them.

Workers are beginning to do this by using Life Books with pictures and drawings. In what order did his families happen? His life should be documented so that the child, even if it's not a story he likes, at least has a story about who he is. He can then begin to detach from all that

hurt and all that grief, and begin to make a more positive attachment to his adoptive family. Otherwise he may never be able to reattach.

The third issue I want to look at is behavior. The behavior of children in foster and adoptive homes many times indicates a grief process. Some of the first behaviors you see are denial and bargaining. Often there is a honeymoon period where children coming into care will be very good for a few weeks. That's a combination of denial and bargaining. "If I'm really good they will let me go home," "If I'm really good my mother will love me." Most times the children feel they did something wrong: "If I had not thought those bad things about my parents, then the sheriff wouldn't have picked me up."

There are a lot of common behaviors in denial. One is very rhythmic behavior. Children may skip rope continuously, or bounce a basketball or kick the wall or sit with toys making noise. This kind of rhythmic behavior is not usually recognized by adults as a grief response. If the child keeps running, if he keeps banging the wall, he won't have to deal with the hurt.

The anger of these children is often very serious and there is a great deal of acting out of their behavior problems. What wouldn't normally bother a child will bother these children. They are angry about disconnections, angry about the detachments. They go through the stages of grief. In the depression stage you have children who are not sad or crying, but with very little energy. These kinds of behaviors are really indications to us that they are grieving. We need to treat them as people in grief, to do grief work with them.

The whole philosophy of permanency planning is to have a system in which we try to protect children's primary attachments. We need to protect children's attachments to their birth parents. We need to move services into the home to protect children at risk of being abused by those they live with. In those situations where it's not possible, we need to have a system that creates new attachments for children to have adopted parents. Every child must have an attachment to one or several adults that is consistent, that is expected to be permanent, that is to someone he can count on.

Adults don't have to be attached to children. Adults don't have to be attached to one another. We like to be attached to our husbands and wives, but we are not going to die without it. We may go through grief but we aren't going to go through all kinds of developmental problems. Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depends on it.

Retrace Developmental Stages to Help Older Children Heal

By Claudia Fletcher

An adoptive parent and child welfare expert, Claudia is a sought-after speaker. She and her husband Bart founded Third Degree Parenting, LLC, and in 2009 published Out of Many, One Family: How Two Adults Claimed Twelve Children through Adoption.

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Years ago, I was the social worker on two separate cases that disrupted the same year. With each set of parents I tried to explain a fundamental truth: relationship reciprocity and bonding expectations for a child during the first year of an adoptive placement must be the same as those for a newborn. To heal and thrive, older adoptees must be able to retrace, with their new family, developmental steps they missed early on.

During college I studied Erik Erikson, a Pulitzer prize-winning psychologist known for his work on identity and psychosocial development in the mid-1900s. Decades later, I noticed remarkable connections between his theories and parenting older children. The key part of Erikson's theory is that until a person completes one developmental stage, they cannot go on to the next stage.

Erikson's first four stages—applied to youth from the time of placement to the time they get ready for independence—can teach parents how to help older children heal while they still live at home.

Stage One: The First 18 Months

Ego Development Outcome: Trust vs. Mistrust;
Basic Strengths: Drive and Hope

"[E]mphasis is on the mother's positive and loving care…[using] visual contact and touch. If we pass successfully through this period of life, we…[can] trust that life is basically okay and have basic confidence in the future. …[I]f our needs are not met, we may end up with a deep-seated feeling of worthlessness and a [general] mistrust of the world."[1]

Research has shown us how important it is for children to attach. Even so, in the first year after placement, we new parents still make the mistake of dwelling on behaviors instead of attachment. Things can change if we view a newly placed children of any age as a newborn:

- Expectations. Can a newborn give back emotionally? Do chores like everyone else? Know how to have a reciprocal relationship? Of course not. Neither do older kids in a new family.

- Response. If expectation changes, so does the response. Instead of thinking a child is refusing to comply, assume she is unable to complete the task. This nurturing, teaching approach often nets better results whether a child is being oppositional or is truly incapable.
- Realizations. Until a child is attached, behavior will not change. If the child cannot bond with anyone, why would he want to please anyone? Too often adoptive parents expect compliance outside the context of a relationship. Without that relationship, however, a child has no incentive to behave better.

To help children attach, learn to gently correct behaviors without over-reacting. Picture yourself as a new husband or wife trying to please the other and be genuinely attractive and worth attaching to. Long lists of rules and consequences that require consistent behavior management should not be the focus of this first stage.

As much as possible, create good feelings for the child whenever you are around. Use lots of laughter, pop a Hershey's kiss in her mouth when she sustains eye contact, and give as much affection as she will allow. When the child misbehaves, stay calm and point out that the behavior is not appropriate while redirecting her to a new activity with you by her side. Actions and reactions like these promote bonding between parents and children.

One of the most significant pieces of this stage in understanding hurt children is Erikson's definition of hope: "enduring belief in the attainability of fervent wishes."2 Recognizing that many children who enter care do not believe they can get what they want provides insight into their little hearts. With no hope and no belief in their own abilities, they are victims in a dim dark world. And, according to Erikson's theory, the only way they can develop the ego quality of hope is to attach to another person.

Stage Two: 18 Months to 3 Years after Placement

Ego Development Outcome: Autonomy vs. Shame;
Basic Strengths: Self-Control, Courage, and Will

Once an adopted child learns to attach, he is ready for stage two—the "terrible twos" in typical development. For a child placed at 11, this stage can coincide with puberty. Complicating matters further, we parents find it exceedingly hard to muster the emotional response we would offer a tantruming toddler when confronted with a older child having a meltdown.

During Erikson's second stage, as Arlene Harder explains, we can "build self-esteem and autonomy as we gain more control over our bodies and acquire new skills, learning right from

wrong. And one of our skills during the 'Terrible Twos' is our ability to use the powerful word 'NO!' It may be pain for parents, but it develops important skills of the will.3

Parents are often so relieved when it appears the child is attaching that they begin to panic when defiance kicks up a notch. They wonder if the attachment isn't real, but according to Erikson, only when children complete the attachment stage can they enter the willful stage during which the need to question, tantrum, and act out dramatically multiplies.

Responding to an older child's tantrum as if she were a two-year-old is tricky. We can pick up a two-year-old and take her to a safe place to calm down. When a youth is 15, however, that's not an option. Remembering that her actions are as impersonal and unplanned as a toddler's can help us overlook much of it.

In the midst of a tantrum, children cannot reason. Do not try to discuss their behavior or redirect them by speaking more loudly. That only escalates the situation. If the child is safe and doesn't pose a danger to himself or others, the best choice is often to leave the room and give him time to finish the tantrum. If safety is a concern, sit down and remain silent or talk very softly. Active listening is much better than attempting to reason.

Consider a raging child who goes into the "nobody likes me" mode. Our natural instinct is to assure her of our love, but that just gives her a reason to argue. A better response is, "It sounds like you are feeling sad or feeling like you aren't loved." To de-escalate tantrums, listen actively and rephrase the child's thoughts.

Many of our children have raged over the years, all at different stages and in different ways. They have used foul language, threatened us, and damaged property. At the outset of our parenting journey we wanted to rapidly stop the meltdowns, but that just made things worse. Now, with our younger children, we respond as calmly as possible and wait it out.

Stage Three: 3 to 5 Years Post-Placement

Ego Development Outcome: Initiative vs. Guilt; Basic Strength: Purpose

Erikson links the third psychosocial crisis to the "play age," or later preschool years. During this time, the healthy developing child learns to: (1) imagine and broaden skills through active play of all sorts, including fantasy, (2) cooperate with others, and (3) lead as well as follow. 4

Healthy preschoolers can explore and develop social skills fairly easily, but the same lessons are much harder for an older child. Using the example of a boy who is 10 at placement, let's go through his adolescence according to Erikson.

For 18 months after your family welcomes the child home, until he is 12, the boy is working on attachment. Then it is time for his defiance phase. Until the child is almost 14, he is oppositional, argues with everything, and has fits of aggression. Now he's entering high school, and it is time to learn the social skills his peers learned in preschool.

At this stage you must allow for failure, let him be imaginative, and set up ways he can test skills without being embarrassed. Scouting or martial arts classes where multi-age groups participate can offer children a place to connect with whomever they feel comfortable. Preschoolers love hanging out with "cool" older kids. Allowing older children to master interactions with much younger children can be beneficial for both.

Some of our oldest kids really enjoy spending time with the youngest ones. We supervise the interaction, and try to keep other siblings' comments to a minimum. Finding situations in which the youth can be both a leader and follower may also help during this stage.

Failure to resolve this stage, Erikson explains, causes immobilizing guilt. Children maybe be fearful, hang back from groups, rely too heavily on adults, and have a limited ability to play and imagine.

Thus it is key to guide children through stage three so they can face stage four without fear or guilt. Trying to rush them through stages because they are so much behind their peers is counterproductive.

Stage Four: 6 to 12 Years after Placement

Ego Development Outcome: Industry vs. Inferiority;
Basic Strengths: Method and Competence

"During this stage…we are capable of learning, creating and accomplishing numerous new skills and knowledge, thus developing a sense of industry. This is also a very social stage of development and if we experience unresolved feelings of inadequacy and inferiority among our peers, we can have serious problems [with]…competence and self-esteem."5

Years after their peers, many adopted children reach a stage where they can make future plans. Up to this point they have had a sense of inadequacy and inferiority that has eroded

feelings of competence and hurt their self-esteem. Fortunately, with support of dedicated parents, youth can still work through stage four and learn to feel good about themselves.

Children who hit this stage at age five have years to test a variety of life choices. Older children who still need to discover talents and interests must try many different things in an abbreviated timeframe. It's important to give youth plenty of chances to succeed and offer a lot of encouragement. Tasks that your children do with you can increase their confidence and receptivity to new activities.

Schools and communities offer other options. Music, sports, drama, and other community ed classes enable children to explore many avenues. We allow our stage four children to try a lot of activities and ask only that they participate for one season before electing to opt out.

Final Thoughts

Parenting older adopted children requires patience, time, and realistic expectations. Keeping in mind Erikson's stages has helped me to parent my own children more effectively, and better prepare parents as they plan to adopt and work through the first few years of placement.

Each stage takes longer than we might prefer. But just as we cannot expect a healthy two-year-old to act like a 10-year-old, we cannot expect a 10-year-old child who is emotionally two to act his age. When we take a step back, slow ourselves down, celebrate small victories, and walk through this journey with our children, there can be healing for us all. END

Footnotes

1. Harder, Arlene F. , M.A., MFT. "The Developmental Stages of Eric Erikson." www.learningplaceonline.com/stages/organize/Erikson.htm. Support4Change. n.d. Web. 5 Nov. 2009.

2. Erikson, Erik. Insight and Responsibility. New York: W.W. Norton. 1964. p.118.

3. Harder, 2009.

4. "Stages of Social-Emotional Development in Children and Teenagers." www.childdevelopmentinfo.com/development/erickson.shtml. Child Development Institute. n.d. Web. 5 Nov. 2009.

5. Harder, 2009

From Adoptalk, published by the North American Council on Adoptable Children, 970 Raymond Avenue, Suite 106, St. Paul, MN 55114; 651-644-3036; www.nacac.org.

An Adoptive Adolescent's Struggle

by Molly, age 18

The following is reprinted with permission and is an excerpt from Molly's senior thesis, May 2001.

My adolescence has been very complex and filled with anger. A lot of people do not understand why, and as a result, they do not understand me. The reason is that I am adopted. Even if people say that they understand how I feel, they really do not.

In adolescence, feelings are key. Anger is a part of every adolescent's experience. You are really angry at your family, at your friends. But you can at least resolve the anger you have at the people who are there. But when you are adopted, you can't resolve the hate and anger that you feel toward your birth parents. They are not there. The absence of the birth parents also means that you cannot express any love you may have for them. I have stored up these feelings and the only way that I have been able to release them is to express anger towards my adopted parents. It's a little like " tough love". I put them through a test. By being angry with them, it allows me to see if they will leave me like my birth parents did.

I also play out these feelings with my friends. I have about ten different groups of friends. Whenever I get the feeling that I am getting too close to any one group of friends, I can leave them for another group. I don't think that is the same kind of test that I put my parents through. I tend to just leave friends before they can leave me, while with my parents; I try to intentionally push them away. It's kind of ironic that the fear of rejection leads me to dare people to reject me, therefore creating a vicious circle. Fear is one of my biggest problems.

As my adolescence went on I broke away, but when my parents go away I still worry that something is going to happen to them. I often tried to test their limits on how much they care about me and how much they would put up with. In order to let my parents into my life I have tried to push them away many times. I have felt fits of rage and the unbelievable feelings of hate and rage that I have built up against my birth parents have been taken out on my parents. I think that, like other adoptees, I tend to take it out on my parents because they are the ones in my life. They have never stopped loving me, there are times when I thought I had finally succeeded in pushing them away.

I think a very hard time when abandonment comes up is when my parents get sick. Even if it is only cold or the flu, I worry about them. The worst time that these feelings were apparent was when one of my moms got breast cancer. It really brought up the feelings and emotions around death. I got really angry at her. I withdrew and I was very mad at her because I thought it was her fault.

I deal with each of my moms differently. I feel a little closer to my mom Lynn I think because she was home with me when I was a baby. When she gets sick I get worried and frantic.

Since I have recently turned eighteen, the issue of abandonment is very much present in my life. At this time is my life it feels like I am being abandoned all over again. I am less than four months away from leaving my family. I have to start a new life, a new identity; I have to start living on my own. I have a lot of "news" coming up. And the "news" do not include my family. To quote one of my adopted friends, she told her parents last Christmas, "well, I guess this is the last Christmas I will be spending with you guys." Adoptees feel like once they leave home, they are no longer a member of their family. I remember saying the exact same thing to my parents last Thanksgiving. In fact it is very common for adoptees to feel that when they are approaching their "last" times at home they will no longer be a part of their family and will not be able to come home again. Thinking back now it would have been great to be able to share this feeling but one of the things about being adopted is that you do not share your feelings. You learn to cope with your abandonment by showing the world that you can be independent, you do not need others, and you are not vulnerable.

I want to help others understand what it is like to be adopted and the issues that adopted adolescents grapple with. The issues of worrying every time my parents and I are separated and that this time they may just not come back. The thought that two of my best friends, who introduced will decide they do not want to be around me any more and will stop being my friends, especially before I have the chance to leave them. It's perfectly fine for me to stop being in relationships with people just as long as I leave them first.

Through writing this I have been able to learn that I am not alone. There are others out there who feel the same way I do and help is available. This has been very hard though because I am approaching the time when most adoptees start to feel as though they lose their family and their identity. I trust I have provided the reader with a greater understanding of what it feels like to be adopted and the consequences of those feelings in relationships with others. And now that I have explained my behavior and the way I think, I will continue my pattern and leave (my high school) before they can leave me.

Taproot, Issue 47, June 2004

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 4 Agenda
2. Basic Human Needs
3. The Cycle of Need: Attachment
4. Attachment Tasks of Foster and Adoptive Parents
5. The Positive Interaction Cycle
6. Promoting, Building, Rebuilding and Supporting Attachments – Three Case Examples
7. Strengths/Needs Worksheet – Meetings 3 and 4

Supplemental Handout: Feedback Forms (make sufficient copies for all the participants to provide feedback to each leader)

Overhead Transparencies

1. Basic Human Needs
2. Definition of Attachment
3. Why Attachment Is Important to Children
4. The Cycle of Need: Mistrust
5. Promoting, Building, Rebuilding and Supporting Attachments
6. Roadwork

Meeting 4:
Helping Children with Attachments

Agenda

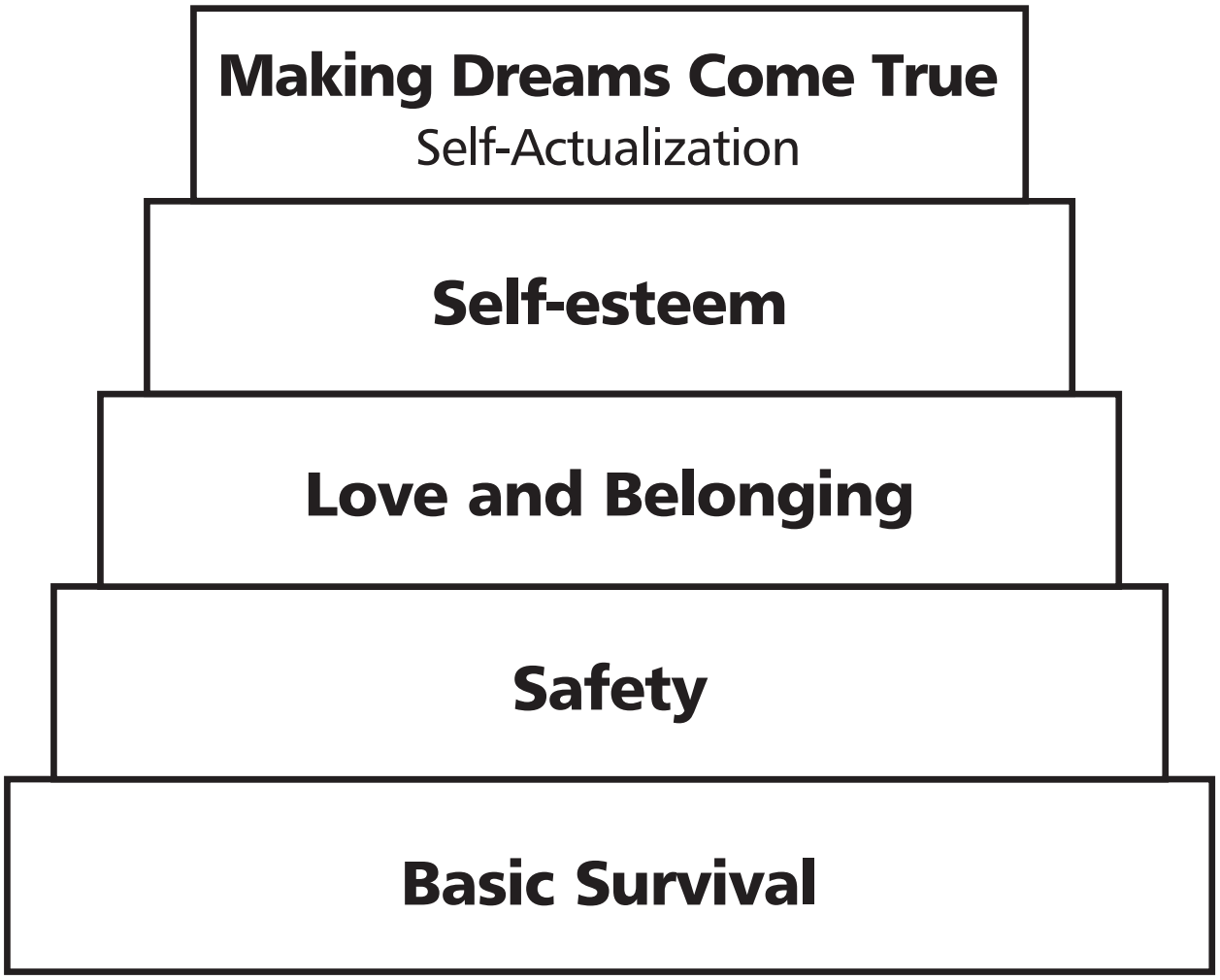
Time	Topic
(15 Minutes)	**A. Introduction to Meeting 4**
	◆ Welcome back
	◆ Mutual selection issues
	◆ Bridge from Meeting 3
	◆ Meeting 4 agenda
(35 Minutes)	**B. Building Positive Attachments**
	◆ Basic human needs
	◆ The importance of attachment
	◆ Cycle of Need: Attachment
(30 Minutes)	**C. Promoting, Rebuilding and Supporting Attachments**
	◆ How attachments build
	◆ Development of positive interactions
(10 Minutes)	**BREAK**
(30 Minutes)	**D. An Imaginary Journey**
	◆ The impact of loss and separation on attachment
	◆ What helps children attach

Time	**Topic**
(45 Minutes)	**E. Building Skills to Promote, Rebuild and Support Attachments** ◆ Helping children form attachments
(15 Minutes)	**F. Summary of Meeting 4 and Preview of Meeting 5** ◆ Summary of Meeting 4 ◆ Preview of Meeting 5 ◆ Next step in the mutual selection process ◆ Partnership in Parenting Experience

ROADWORK

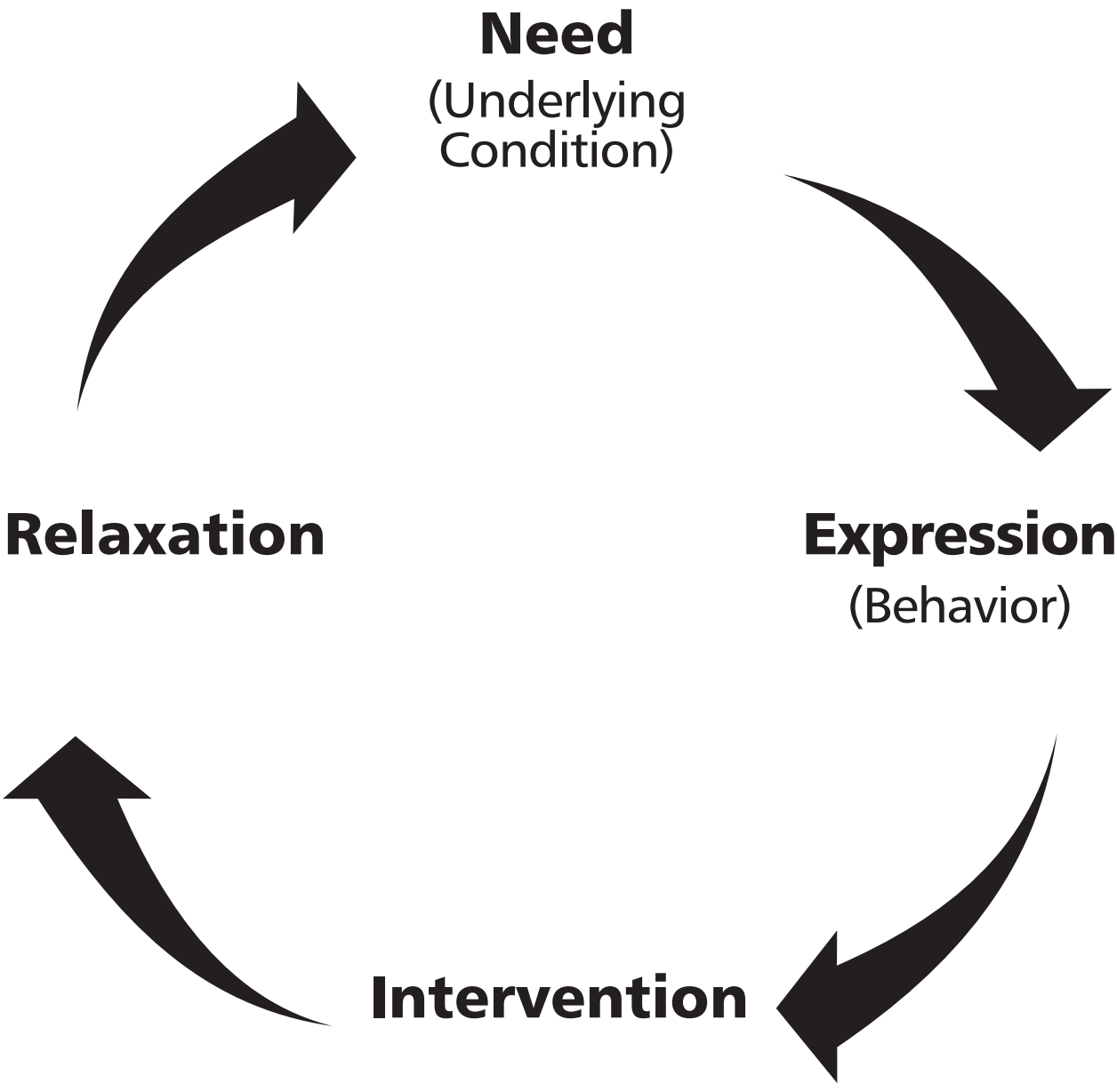
- Complete your Strengths/Needs Worksheet and Feedback to the Leader(s) – have ready to hand in at Meeting 5.
- Review all the handouts from Meeting 4.
- Think about three child or youth behaviors that might "push your buttons" and be prepared to share them with the group.

Basic Human Needs*



* Adapted from concepts of Abraham Maslow.

The Cycle of Need: Attachment

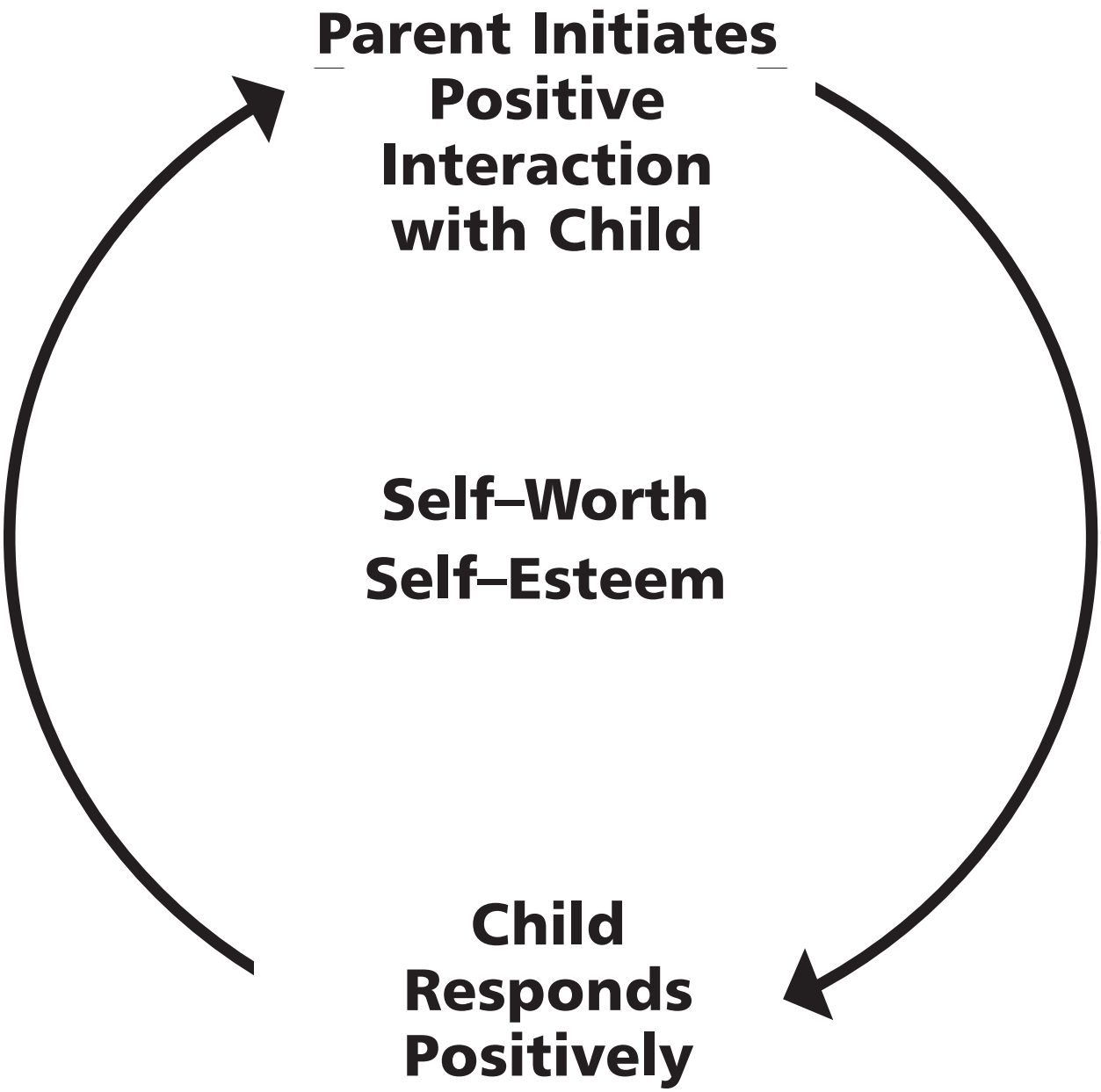


Attachment Tasks of Foster and Adoptive Parents*

- The first important task of foster and adoptive parents is to support the attachment children have to their parents and families.
- The second important task is to help children in foster care recover from a separation from their families and attach to a foster family.
- The third task is to help children in foster care rebuild and maintain relationships with their parents and families.
- For children who cannot be reunited with their families, the fourth task is to help them build and maintain new relationships with new adoptive families. For some older youth in foster care, the fourth task may become helping them build and maintain attachments to people who can help them move into self-sufficient, interdependent adult living.

* Fahlberg, Vera. "Attachment and Separation" PROJECT CRAFT, Training in the Adoption of Children with Special Needs. Ann Arbor, MI: University of Michigan School of Social Word, 1980, pp. V-1 – V93.

The Positive Interaction Cycle*



* Reproduced from "Attachment and Separation: A Workbook" by Vera Fahlberg, M.D. in PROJECT CRAFT, Training in the Adoption of Children with Special Needs. Ann Arbor, MI: University of Michigan School of Social Work, 1980, pp. V-23. V-25.

Promoting, Building, Rebuilding and Supporting Attachments – Three Case Examples

Case Example: Joey

Age: 1 year

Reason for placement: Joey was born to a twenty-two-year-old mom dependent upon crack cocaine. He tested positively for crack cocaine and the hospital made a report to the State Central Register (SCR). Due to her dependency, Joey's mother could not meet his or her basic needs. Joey was placed with his great aunt.

Permanency Plan: If reunification with Joey's mother is not possible, his great aunt would like to adopt him.

Time in foster care: Three months

Behaviors: Acts depressed (not interested in anything or anyone), looks sad, just learning to stand, cries a lot and is not easily comforted by being held or fed.

1. How do you feel about Joey?

   _____

   _____

   _____

2. How do you feel about Joey's mother?

   _____

   _____

   _____

3. How could these feelings affect your ability to help Joey maintain or rebuild attachments to his family? Build attachments to the foster family?

   _____

   _____

   _____

4. How is Joey not on target developmentally?

_____

_____

_____

5. How would you feel if Joey were placed in your home?

_____

_____

_____

6. To help Joey meet his needs and promote positive attachments, the foster parent could:

_____

_____

_____

7. The role of the child welfare worker would be to:

_____

_____

_____

8. What behavior changes would you expect to see in Joey, and how soon?

_____

_____

_____

9. If, after three additional months, Joey's behaviors still had not changed, what would you do?

_____

_____

_____

Case Example: Jenny

Age: 6 years

Reason for placement: Jenny was placed in foster care after she was physically abused by her mother's boyfriend. Jenny had multiple burns and bruises when she came into care. Jenny's mother says that she loves Jenny and wants her home. However, she continues to live with her boyfriend, who also beats her.

Permanency plan: The plan is for Jenny to be reunited with her mother.

Time in foster care: Three months

Behaviors: Disobeys deliberately; doesn't want to be touched; afraid of stairs, bathtubs, strangers, and screams whenever she sees someone with a cigarette.

1. How do you feel about Jenny?

   _____

   _____

   _____

2. How do you feel about Jenny's parents?

   _____

   _____

   _____

3. How could these feelings affect your ability to help Jenny maintain or rebuild attachments to her family? Build attachments to the foster family?

   _____

   _____

   _____

4. How is Jenny not on target developmentally?

_____

_____

_____

5. How would you feel if Jenny were placed in your home?

_____

_____

_____

6. To help Jenny form a positive attachment, the foster parent could:

_____

_____

_____

7. The role of the child welfare worker would be to:

_____

_____

_____

8. What behavior changes would you expect to see in Jenny, and how soon?

_____

_____

_____

9. If, after three months, Jenny's behaviors still had not changed, what would you do?

_____

_____

_____

Case Example: Karen

Age: 14 years

Reason for placement: Karen has been in foster care three times. Her father is dependent on alcohol and has not been heard from in four years. Her mother has recurrent problems with drugs and alcohol. During relapses, she neglects Karen. When Karen's mom is in recovery, she gets Karen to her medical appointments and follows through on the school's recommendations. Karen was placed into care again after her mother disappeared for a week.

Permanency plan: The goal is for Karen and her mother to be reunited when mom successfully completes treatment and can keep Karen safe and meet her needs. If this cannot happen, her current foster parents may adopt her but they have not made a final decision. They love Karen but don't know if they can meet her needs.

Time in foster care: Three months; this is the second time she has lived here.

Behaviors: Karen has Fetal Alcohol syndrome (FAS), is developmentally delayed, is three years behind grade level, and has dyslexia and a heart murmur. Frustrated by school, she refuses to do her work, so she is not working up to her full potential. She craves attention and flirts with older boys at church and in school who make fun of her and hurt her feelings. Karen has two friends from her foster parents' church who are two years younger than she is. Karen has a big smile when she is happy. She loves to dress up. She enjoys Sundays when her mother eats dinner with the foster family, but then she cries and begs her mom not to leave.

1. How do you feel about Karen?

   _____

   _____

2. How do you feel about Karen's parents?

   _____

   _____

3. How could these feelings affect your ability to help Karen maintain or rebuild attachments to her family? Build attachments to the foster family?

   _____

   _____

4. How is Karen not on target developmentally?

_____

_____

_____

5. How would you feel if Karen were placed in your home?

_____

_____

_____

6. To help Karen build trust, meet needs and promote positive attachments, the foster parent could:

_____

_____

_____

7. The role of the child welfare worker would be to:

_____

_____

_____

8. What behavior changes would you expect to see in Karen, and how soon?

_____

_____

_____

9. If, after three months, Karen's behaviors still had not changed, what would you do?

_____

_____

_____

Strengths/Needs Worksheet – Meetings 3 and 4

Now that you have completed Meetings 3 and 4, we would like you to think about your strengths and your needs, personal as well as family. For each bolded skill, please write an example of your strength and/or your need. You can provide as many examples as you'd like but please provide at least 3 strengths and 3 needs on the worksheet.

Skill	Activities	This is a strength for my family because….	This is a need for my family because…
1. Know your own family.	Meeting 3 Helping Children with Healthy Grieving – Family Strengths and Needs		
2. Communicate effectively.			
3. Know the children.	Meeting 3 Helping Children with Healthy Grieving – Case Examples		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
4. Build strengths; meet needs.			
5. Work in partnership.	Meeting 4 String Activity		
6. Be loss and attachment experts.	Meeting 3 Maturational and Situational Losses and Gains Lost Object Activity Meeting 4 String Activity Imaginary Journey		
7. Manage behaviors.	Meeting 3 Helping Children with Healthy Grieving – Case Examples Meeting 4 Promoting, Building, Rebuilding and Supporting Attachments – Case Examples		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
8. Build connections.	Meeting 4 String Activity Imaginary Journey		
9. Build self-esteem.			
10. Assure health and safety.			
11. Assess impact.			
12. Make an informed decision.	Meeting 3 Helping Children with Healthy Grieving – Family Strengths and Needs		

Supplemental Handout

Following is a template to be copied to provide feedback to the leaders. Write in the leader name(s) and make sufficient copies for all participants to give written feedback on each leader.

Feedback on the First Four Meetings

After four meetings we would like to get your idea about how these meetings are working for you, and what your leader(s) are doing to contribute to your learning and decision-making. Please provide feedback about the leader named below:

LEADER: _____

1. The leader presented instructions and guidance for activities clearly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

2. The leader presented concepts in an organized, logical and clear manner.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

3. The leader actively engaged members of the group in the learning process.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

4. The leader created an environment supportive of risk-taking.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

5. Feedback to participants was direct, supportive and helpful.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

6. The leader openly accepted feedback from participants and adjusted the session accordingly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

7. The leader successfully coached participants who needed help in learning.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

8. The leader demonstrated a sensitivity and respect for diversity and culture.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

What more would you like this leader to know about how you are experiencing the GPSII/MAPP Program? Write your comments below:

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 5 Agenda
2. Impact of Placement on Children's Self-Concept
3. Definitions – Discipline and Punishment
4. Side Effects of Physical Punishment
5. Discipline Techniques to Help Children and Youth Manage Their Behaviors
6. Helping Children Understand Feelings
7. Choosing Discipline Techniques to Keep Children Safe and Meet Needs
8. Discipline Methods Worksheet
9. Reporting Abuse of Children in Our Community*
10. Allegations of Abuse – Preventative Practices
11. Strengths/Needs Worksheet – Meeting 5
12. Agency Discipline Policy for Foster and Adoptive Parents*
13. Shared Parenting and Alliance Building: Benefits to the Children, Foster Parents and Parents of Children in Foster Care
14. The Importance of Birth Parents to Children in Foster Care

Overhead Transparencies

1. Discipline Techniques to Help Children and Youth Manage Their Behaviors
2. Choosing Effective Discipline Strategies
3. False Allegations of Abuse in Foster and Adoptive Homes
4. Roadwork

* *Handout needs to be developed by agency.*

Meeting 5:
Helping Children and Youth Learn To Manage Their Behaviors

Agenda

Time	Topic
(15 minutes)	**A. Introduction to Meeting 5** ◆ Welcome back ◆ Mutual selection issues ◆ Bridge from Meeting 4 ◆ Meeting 5 Agenda
(35 minutes)	**B. A Framework for Understanding Discipline** ◆ The difference between discipline and punishment
(30 minutes)	**C. Fifteen Ways to Help Children and Youth Manage Challenging Behaviors** ◆ Discipline techniques that assure safety and meet needs
(10 minutes)	**BREAK**
(30 minutes)	**D. The Power of Positive Reinforcement and Helping Children Understand Feelings** ◆ Demonstration and practice
(30 minutes)	**E. Helping Children and Youth Manage Challenging Behaviors** ◆ Examples of situations requiring special discipline skills

Time	**Topic**
(20 minutes)	**F. False Allegations of Abuse in Foster or Adoptive Homes** ◆ Teamwork management of allegations of abuse in foster or adoptive homes
(10 minutes)	**G. Summary of Meeting 5 and Preview of Meeting 6** ◆ Summary of Meeting 5 ◆ Preview of Meeting 6 ◆ Next step in the mutual assessment process ◆ A Partnership in Parenting Experience

ROADWORK

- Read Handouts 10, 12, 13, and 14.
- Complete Handout 11, Strengths/Needs Worksheet – Meeting 5.

Impact of Placement on Children's Self-Concept *

Self-Concept: The set of beliefs which a person has about himself or herself, which evolves out of relationships with others over a period of time. These beliefs shape the way one feels, thinks and behaves in relation to oneself and others. Self-concept has four primary characteristics:

lovable capable worthwhile responsible

Lovable: What makes you feel lovable? What makes children feel lovable? When children feel lovable, how do they show it? How do children let you know they feel unlovable? How might foster care placement make a child feel unlovable? What can foster parents and social workers do to help children feel more lovable?

Capable: When do you feel capable? What makes children feel capable? How do children demonstrate that they feel capable? How do they behave when they do not feel capable? How might placement make a child feel not capable? What can we do to help children feel more capable?

Worthwhile: What makes you feel worthwhile? What makes children feel worthwhile? How do children demonstrate that they feel worthwhile? How do they behave when they do not feel worthwhile? How might foster care placement make a child feel not worthwhile? What can foster parents, and social workers do to help youth in foster care feel more worthwhile?

Responsible: When do you feel responsible? What makes children feel responsible? Why would children in foster care not feel responsible or even want to be responsible? How does placement make a child feel not responsible? What can we do to help youth in foster care feel more responsible?

Which of the above four characteristics might be the easiest to instill? Which might be the most difficult? As a foster parent, where would you begin?

* Adapted from **Foster Parent Training – A Curriculum and Resource Manual**, by Michael E. Polowy, Daniel Wasson, and Mary Wolf. New York State Child Welfare Training Institute. State University College at Buffalo, 1985.

Definitions – Discipline and Punishment

- **Punishment** is giving negative consequences for a behavior after it has occurred.

- **Punishment** is a behavior designed to stop a behavior. Punishment is derived from the Latin, *punire*, which is associated with causing pain.

- **Discipline** is teaching healthy behaviors. The word discipline is derived from the Latin, *discere*, which means to learn. (Source: **The American Heritage Dictionary**)

- **Discipline** of children who have been physically abused, neglected, emotionally maltreated or sexually abused should teach the following:*
  - To understand feelings and needs;
  - To understand the connection between feelings and behaviors;
  - To learn healthy ways to get needs met (problem solve);
  - To feel good about their relationships with adults and other children;
  - To feel good about themselves (lovable, capable, worthwhile and responsible).

* Polowy, M., Wasson, D., and Wolf, M., (1985). Information on what discipline needs to teach is adapted from **Foster Parent Training — A Curriculum and Resource Manual.** Buffalo: The New York State Child Welfare Training Institute, State University College at Buffalo

Side Effects of Physical Punishment

Many parents, at some time, have felt that physical punishment (smacking, swatting, hitting, spanking, or depriving a child of food) is the only effective way to make a child stop a bad behavior.

Many parents have seen that physical punishment can be effective because:

- It immediately stops the behavior, at least for a while, by getting the child's attention.
- It makes the parents feel better because they are angry and, therefore, have a way to express their anger. The child knows they are angry.
- The spanking is just one small part of discipline and is received by the child in a context of a close, loving relationship with parents.*
- Many parents were raised with physical punishment and turned out to be healthy, happy and productive people.

Therefore, what is the problem with physical punishment? For children who have been sexually abused, physically abused or neglected, here are the side effects of physical punishment:

- Children who have been physically abused usually respond to physical punishment in one of the following ways:**
  - They are so used to being physically and emotionally hurt that they don't "feel" the pain. Therefore, they have to be hit or spanked harder and harder to feel any effects.
  - They may find pleasure, or relief in getting the spanking, because it's the only way they have learned to get attention.
- Physical punishment takes away the golden opportunity parents have to help a child feel remorse for an unkind or objectionable action, thus robbing the child of an opportunity for moral development.

* Gilman, Brian G., **"The Case Against Spanking,"** Foster Care Journal, April 1987.

** Adapted from McFadden, E.J. (n.d.). **Fostering the Battered and Abused Child**. Ypsilanti: Eastern Michigan University Social Work Program, p. 7. Battered and Abused Child.

Therefore, they will work hard to get their new parents to show attention the same way that their birth families showed attention.

- Physical punishment models aggressive behavior. It teaches children that the method a bigger person can use to stop the behavior of a smaller person is to use physical force. We don't often see an adult use physical discipline with a child bigger than the adult. Likewise, we don't often see a smaller child hitting a bigger child. The following example demonstrates how a parent can teach a child to use physical force:
  - A tired mother is in a grocery store or doctor's office with her two children who are fighting. They start hitting each other. The mother finally turns around and hits her children, telling them to stop hitting each other. Certainly, she got them to stop hitting — at least for a while. But what did she also teach them? That you get people to do what you want by hitting them.
- Physical punishment teaches children what not to do instead of what to do.
- Physical punishment hurts children, and children who need foster care already have been hurt enough.

For children who have been abused, spanking or smacking can be terribly damaging. And sometimes, of course, a child's foster parents will not know for certain that a child has been physically or sexually abused until the child's behavior in the foster home so indicates.

Therefore, using alternatives to physical punishment has two important benefits. First, it minimizes the risk of additional hurt to a child. Second, it helps break the intergenerational cycle of physical abuse.

Discipline Techniques to Help Children and Youth Manage Their Behaviors

Please use this handout to take notes as the methods are discussed. As you think about the method, write down behaviors that could be managed using the ideas presented.

1. Be a Role Model

One of the most effective methods of learning is imitation. Role modeling is an effective method of teaching social behaviors.

Think of some things you have learned to do by watching others. Can you think of some social situations, such as your first formal dining experience, where you may have taken cues on how to behave based on what others were doing?

_____

_____

_____

_____

_____

2. Provide the Child with Time Out

Time out is an effective behavioral way to let children know that they cannot continue to do what they are doing. Time out is removing a child from the action and placing the child in a quiet place where he or she can gain control. Some people will ask, "How can you help young children learn to do things when their language is limited and it is difficult to reason with them?" Time out can be effectively used to stop a young child's behavior. It lets the child know what is right and what not to do. Time out also provides the child with an opportunity to get back in control.

Think of ways you as an adult have learned to take time out when you are angry or are having an emotional reaction.

_____

_____

_____

_____

_____

3. Provide Positive Reinforcers and Privileges

One of the best ways to get a behavior to continue is to reward it. Immediate positive feedback usually causes the person to continue or repeat the behavior that is being reinforced. Both the Cycle of Need: Attachment and the Positive Interaction Cycle depend on positive interventions and positive response. The process is simple. We all tend to continue behavior when it is reinforced.

When someone compliments you on a job they think you've done well, how do you feel?

_____

_____

_____

_____

_____

4. Take Away Privileges

Children need to be able to make the connections between actions, responsibilities and rights. Often privileges are earned based on responsible behavior. Privileges are lost as a result of irresponsible behaviors. If the rule is that no telephone call be longer than 20 minutes, and the child continues to extend calls beyond that time limit, taking away the privilege of using the phone for 24 hours may be an effective way to change the behavior. Children learn the connections between behavior and consequences when their lost privileges are tied to the behavior they need to change.

When the loss of privilege does not relate to the behavior, the child is more likely to feel punished and resentful. What are some privileges that adults can have taken away as a result of their actions?

_____

_____

_____

_____

_____

5. Provide Natural and Logical Consequences

Consequences that are natural, ones likely to occur if no intervention is taken, become life's lessons. Natural consequences are really learning through the school of hard knocks, such as when toys left outside are stolen. Logical consequences are given to the child by the parent, such as when toys left outside are placed "off limits" for a period of time.

When we want to prevent life's blows to children or need to protect their health and safety, we often provide logical consequences rather than natural consequences. What are some natural consequences from which you have learned?

_____

_____

_____

_____

_____

6. Ignore the Behavior

Some behaviors need attention or reinforcement to continue. Sometimes children will act up or out just to get a parent's attention. If a child is using a behavior to gain control or get your attention, an effective response can be to withhold attention.

Have you observed any instances where someone has stopped a troubling or offensive behavior because it was being ignored?

_____

_____

_____

_____

_____

7. Ensure that Restitution Occurs

If children are held accountable for their behavior, they are more likely to be responsible. Restitution is giving back or "making amends" for behavior that causes harm to someone.

What are some adult situations where restitution is an effective technique?

_____

_____

_____

_____

_____

8. Hold Family Meetings

Family meetings are scheduled family gatherings to share important information. Often the best way to resolve an issue is to get all the parties together and discuss what is happening and what are logical solutions. By holding family meetings, parents show their children that they are an important part of the family and that their feelings count. Also, family meetings help children learn to talk about their concerns.

Can you think of a time during your childhood or youth when a family meeting might have been a good way to help you learn answers to some of your questions or concerns?

_____

_____

_____

_____

_____

9. Develop Behavioral Charts

Behavioral charts can help assist parents to determine when behaviors occur and what causes them. By tracking behaviors, parents can determine when to use positive reinforcement to increase the learning or performance of the desired behaviors.

Did you ever have a behavior that you might have managed differently if it had a been tracked on a chart?

_____

_____

_____

_____

_____

10. Grandma's Rule or This for That

Rules are clearly stated expectation for behaviors. Grandma's Rule or This for That teaches both the expected order of behaviors and a logical way to earn privileges. For example, children must finish their homework before they can watch television.

Can you think of a example of "This for That" in your family growing up?

_____

_____

_____

_____

_____

11. Help the Child Understand Feelings

Many children will not relate the way they are feeling to the way they are acting. When parents can help the child connect emotions and behaviors, an important first step toward changing behaviors has been made.

Can you think of an example when you did something as a way to express a feeling that you weren't able to/allowed to talk about?

_____

_____

_____

_____

_____

12. Replace Negative Time with Positive Time

It is very difficult to stop behavior. Substituting something positive and healthy for something negative and destructive is a key to being able to change a behavior.

Can you think of a positive behavior you wish you had been encouraged to give more time to (instead of doing something negative)?

_____

_____

_____

_____

_____

13. Provide Alternatives for Destructive Acting-Out Behaviors

Providing alternatives is giving the child acceptable behaviors to express strong feelings. Emotions carry a great deal of energy. Children will need some place to put that energy. Parents can help them to find positive ways to express their feelings.

What are some alternatives you think would be useful when you see the results of destructive acting-out behaviors?

_____

_____

_____

_____

_____

14. Make a Plan for Change with a Child

Learning how to make a plan for change only comes with practice. Plans usually start with a goal. If you can help a child understand the need for change and then develop a goal, you will be moving in the right direction.

Think of a time you had a goal and what helped you to achieve it. Did you have small, reasonable steps? Were there lots of options to get you where you were going? What kind of reinforcers or rewards did you get along the way?

_____

_____

_____

_____

_____

15. Make a Plan for Change with the Child and a Professional

Foster and adoptive parents have many resources available to them. You can call on the child welfare worker, a clinical social worker, psychologist, counselor and many other professionals. Be ready to reach out for the help that you and the child need.

Can you think of a time when a professional has helped a family make positive changes?

_____

_____

_____

_____

_____

16. Other effective discipline techniques:

_____

_____

_____

_____

_____

_____

_____

Helping Children Understand Feelings

Reflection is:

1. Focusing fully on the person.
2. Paying attention to the person's nonverbal behaviors and what he or she is saying at the moment.
3. Using this information to name the feeling.
4. Expressing understanding of the feelings by using various phrases such as:
    - You feel…
    - You are…
    - You seem…
    - Sounds like…
    - I get the feeling you…
    - I hear you saying…

Reflection is not:

1. Agreeing or disagreeing.
2. Reassuring ("Everything will be okay").
3. Telling the other person what to do and how to feel.
4. Giving advice or solving problems.

The child says:	**A word that names what the child might be feeling**	**Use the word in a statement that shows you understand the feeling**
"The bus driver yelled at me and everyone laughed."		
"Just because I forgot the permission slip, my teacher said I couldn't go on the field trip. She's a bitch."		
"All the other kids got invited to the party. Not me. Never me."		
"My mother isn't going to show up for the visit. She never does. I bet she's with her new boyfriend."		
The parent says:		
"I know my daughter's mad at me. She barely looks up when I come into the room."		
"I don't need you to tell me about my kid. Special class isn't what she needs."		

Choosing Discipline Techniques to Keep Children Safe and Meet Needs

Jenny, age 6, was placed in foster care three months ago after she was physically abused by her mother's boyfriend. Jenny's mother says that she loves Jenny and wants her home. She continues to live with the boyfriend, who also beat her when she tried to protect Jenny. Jenny's birth father lives in Utah with his family and volunteered to give up his rights to Jenny. Jenny has no other family resources.

Jenny has been living with the Nelson family for three months. The Nelsons have a twelve-year-old daughter, Sandra, a ten-year-old son, Jeff, and a beloved and old family dog, Rusty. Jenny is doing well in first grade.

Jenny's challenging behaviors:

- Jenny expresses many fears: she doesn't want to be touched, is afraid of baths, strangers, and the stairs, and screams when she sees someone with a lit cigarette.
- She also disobeys or ignores many of the foster family's rules, e.g., won't wash her hands before meals or help clear the table after dinner.

Recent behaviors:

- Jenny has begun hitting the family dog, mostly when she thinks no one is watching.
- She has begun using profanity, especially in front of friends of Sandra and Jeff. She yelled “suck my dick” at Mrs. Nelson yesterday.

Joey, age one, was to born to a twenty-two-year-old mom dependent on crack cocaine. He tested positive for crack cocaine and the hospital made a report to the State Central Registry (SCR). Mom's drug use and its overall effect on her physical, emotional, and mental health directly affected her ability to meet Joey's or her own basic needs.

Mom requested that Joey be placed with his great aunt. This aunt was a source of stability and support to mom in her own chaotic youth. His great aunt reports that Joey is not interested in anything or anyone, tends to look sad, is just learning to stand, cries often, and is not easily comforted. She loves him deeply and wants to adopt him but she doesn't know how to help him.

Joey's challenging behaviors:

- Joey is not interested in anything or anyone.
- Joey tends to look sad, cries often and is not easily comforted.
- Joey is just learning to stand

Recent behavior:

- Joey's uncontrolled crying has changed into full body rages with Joey hitting his head on hard surfaces.

Jeryce is an eleven-year-old girl who came into care two months ago as a result of neglect and lack of supervision. Jeryce's parents struggled from the beginning to feed, clothe, and give Jeryce those "little extras" they wanted their baby girl to have. Everything changed when a friend introduced the parents to crystal meth when Jeryce was nine. Jeryce's father and mother are separated and spend time together using drugs. For long periods of time Jeryce had to find her own food and shelter, because her parents were unable to provide for her most basic needs. Jeryce was sexually assaulted by neighbor adolescents while her parents were getting high and were unable to protect her. Her parents blame themselves, each other, and a neighborhood boy for Jeryce's placement.

Once an average student, Jeryce's grades have slipped dramatically during the past two years. She has begun skipping school since she came into foster care. Jeryce is African American and is living in a white foster home in a working class, white neighborhood. Although Jeryce has experienced some terrible racial slurs, she has begun talking with her foster family about ways she can handle the situation in the neighborhood.

Jeryce's challenging behaviors:

- Jeryce has begun to dress more provocatively and spends a lot of time at the foster family's church flirting with the older boys
- Jeryce has been caught lying on several occasions and for no apparent reason. It's almost like she doesn't recognize the truth.
- Jeryce cries herself to sleep almost every night. She explains that she is afraid of the dark.

Recent behavior:

- During the past two weeks, Jeryce has begun masturbating on the floor and rhythmically rocking on a pillow when the family watches television together.

Karen is 14 and has been in and out of foster care three times during her life due to neglect and medical neglect. The last time was three years ago. Her father is an alcoholic who has not been heard from in four years. Her mother has recurrent problems with drugs and alcohol. When she relapses, she is unable to care for Karen. Karen has Fetal Alcohol Syndrome (FAS). She is developmentally delayed, is three years behind grade level, and has dyslexia and a heart murmur. When she is in recovery, Karen's mom makes sure that Karen gets to her medical appointments and follows through on the school's recommendations.

Karen was placed into care again after her mother disappeared for a week. Broken promises, brushes with the law, and Karen's placement have estranged mom from all members of her extended family, who refuse to help. The plan is for Karen to be reunited with her mother if her mother completes treatment and can keep her safe and meet her needs.

Karen has been in this foster home for three months. This is the second time she has lived here. If Karen can't be returned home safely, her current foster parents may adopt her but they have not made a final decision. They love Karen but don't know if they can meet her needs. Karen has two friends from her foster parents' church, who are two years younger than she is. Karen has a big smile when she is happy and she loves to dress up. She looks forward to Sundays when her mother eats dinner with the foster family.

Karen's Recent Challenging Behavior:

- Karen went out with new friends and came home with alcohol on her breath and speaking incoherently.

Discipline Methods Worksheet

Child's challenging behavior (what the child says or does)

_____

_____

1. The child's behavior might be expressing this feeling(s)

_____

_____

or need (i.e. physical survival, safety, love and belonging, self-esteem, making dreams come true.)

_____

_____

_____

because:

_____

_____

_____

2. As the parent, I am feeling:

_____

_____

because:

_____

_____

_____

3. Child's behavior needs to be managed or changed because:

_____

_____

_____

4. Child's behavior needs to change to:

_____

_____

_____

5. Discipline techniques that would be harmful or not teach the child healthy ways to meet needs or manage feelings identified in Question 1 include:

_____

_____

_____

6. Discipline techniques that I can use to help teach this child healthy ways to get his or her needs met:

_____

_____

_____

Reporting Abuse of Children in Our Community

Do Not Copy!

(To be developed and added by local agency)

Allegations of Abuse – Preventative Practices*

When Helpers Are Falsely Accused

A. Who Makes False Child Abuse Allegation Reports?

False abuse reports can come directly from the child or anyone who knows the child. Most people making a report, which ends up being false, sincerely believe abuse has occurred. Private individuals, social workers, therapists, teachers, parents, and neighbors are not child abuse specialists or assessors. Individuals making any abuse report tend to be genuinely concerned for the welfare of the child. The child protective service worker must assess each report in order to identify those cases where abuse has occurred.

Many false allegations are not purposeful lies. Often the child may believe abuse has occurred where it has not. These are called "naïve false allegations." Some common examples of this are:

1. misunderstandings (especially of touch);
2. confusing reality and flashbacks; and
3. confusing reality and fantasy.

In all cases of false reports the foster and adoptive parents' best protection is in the way they manage their professional responsibilities and in the quality of the relationships they have developed.

Usually when we think of "false" abuse reports we mean those reports where the individual making the report is not telling the truth. This type of report is most often made by the child, the child's parents, or extended family. These are called "manipulative false allegations."

There are many motives for a child to make a false abuse report. Some possible reasons are:

1. to gain attention;
2. to seek revenge or get even;
3. to avoid consequences;
4. to avoid a perceived threat;
5. to resolve feelings of betrayal of birth family;
6. to rescue birth family; or
7. to get back home.

* Adapted from **Preventative Practices Trainer's Guide**, developed by the Iowa Foster and Adoptive Parents Association.

We usually understand that children in foster care have experienced severe trauma. It's harder to remember that their parents and other family members have also experienced trauma. Most parents love their children. The reasons their children are in care are due to stress, poor parenting skills, poor relationship skills, and/or other factors. Most parents try very hard. They just cannot fulfill their responsibilities as a parent. When their children are removed from their homes they are devastated. Their already low self-esteem plummets as low as it can go. They are desperate. Desperate individuals do desperate things. They may be jealous. It can become easy to justify a lie when you think it is your only way out. Some common motives for parents to make a false report are:

1. distrust of foster parents;
2. jealousy;
3. avoid perceived threat to their child;
4. misdirected anger;
5. in a position of weakness/sadness;
6. in grief and loss cycle; or
7. to get their child back home.

Your best protection against a false report from the parents of a child living in your home is in the way you manage your professional role and in the quality of the relationships you have developed with the child's family and the other members of the team.

B. High Risk Situations

Certain conditions or situations increase the risk of a false report. Extra caution during these times can reduce the risk. Some high risk situations are:

1. child is under a lot of stress;
2. child is experiencing a lot of anxiety;
3. upcoming court date with a possible decision for the child to return home;
4. poor team relationship between the social worker, foster parent and birth family;
5. infrequent home visits; and
6. sight, sound, touch, smell, etc. that reminds the child of past abuse (when the child is unable or feels unsafe to verbalize the memory).

Your family rules, policies, and practices will help to manage these conditions to reduce your risk. Abuse allegations are a necessary hazard of being involved in helping children. Foster and adoptive parents, social workers, and day care providers are all at risk of an allegation. We cannot prevent an allegation from being made. We can minimize the risk of false child abuse allegations being substantiated.

C. Responding to Allegations

When an allegation is made, it is important to remember that you are not presumed guilty. It will feel horrible to be accused of maltreating a child. But, the purpose of the assessment is to discover the truth about the reported incident. Child protective staff are specifically trained to assess whether abuse or neglect has occurred. A Child Protective Service assessment is not a criminal investigation. Assessments are handled somewhat differently depending on your region and county.

Keep Perspective

A report or allegation does not mean you are pronounced guilty.

Be Honest!

Be honest throughout the process. If you lie or attempt to cover anything up you will lose credibility. If you slapped Sally – say you slapped Sally.

Cooperate

When child protective staff come to the door, cooperate completely. They may want to look through your house. They may want to talk to other members of the family. Be polite and as helpful as possible. You want the truth to come out.

Write Things Down

This is a very traumatic experience. You may tend to forget things or get confused. That's okay. Write everything down. Get the business card of the person investigating the complaint so that you will have a name and phone number. Keep a notebook and write down all of your conversations concerning the assessment. Keep all correspondence about the assessment in a folder with your notes. Keep a log of phone calls. Write down who called, what was said, what you said. Send correspondence by certified mail. You will get a green tag back recording that what you sent was received and by whom.

Ask Questions

Ask questions about the process. What are your rights? What will happen next? What are the time lines? Where do I get more information? Where do I get needed forms?

Get Support

Most of the time your licensing or placement worker can be a tremendous support. Sometimes a placement worker will be told to stay away until the assessment is completed. When this happens it is frustrating for them, and you may feel betrayed. If this happens, be sure to find support where you can, but always remember the policy and rules about confidentiality.

Strengths/Needs Worksheet – Meeting 5

Now that you have completed your fifth meeting, we would like you to think about your strengths and your needs, personal as well as family. For each bolded skill, please write an example of your strength and/or your need. You can provide as many examples as you'd like but please provide at least 3 strengths and 3 needs on the worksheet.

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
1. Know your own family.			
2. Communicate effectively.	Meeting 5 Help the Child Understand Feelings		
3. Know the children.	Meeting 5 Discipline vs. Punishment		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
4. Build strengths; meet needs.	Meeting 5 The Power of Positive Reinforcement		
5. Work in partnership.			
6. Be loss and attachment experts.			
7. Manage behaviors.	Meeting 5 Fifteen Ways to Help Children Manage Their Behavior (sticky notes activity) Helping the Children Manage Challenging Behaviors (small group activity)		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
8. Build connections.			
9. Build self-esteem.			
10. Assure health and safety.	Meeting 5 "Choosing Effective Discipline Techniques" and "Handling False Allegations in Foster and Adoptive Homes"		
11. Assess impact.			
12. Make an informed decision.			

Abilities Developed During Meeting 5

Following are the abilities developed or enhanced during Meeting 5 of the GPSII/MAPP program:

GPSII/MAPP Meeting 5 Abilities

By participating in this meeting, prospective foster and adoptive parents should be able to:

- Describe personal or family strengths and needs related to the Twelve Skills for Successful Fostering and Adopting.
- Identify behaviors children and youth may need help managing.
- Describe behaviors that are dangerous or harmful to children, youth and family members.
- Describe the role of foster parent in helping children and youth manage their behaviors.
- Explain the difference between the parental interventions of punishment and discipline.
- Explain how behaviors are indicators of underlying needs.
- Explain behavior management as a way of getting needs met.
- Describe parental interventions that help children and youth manage their own behaviors.
- Select parental interventions that help children and youth manage their own behaviors.
- Describe personal emotional reactions that may create challenges for selecting effective parental interventions.
- Help children and youth manage their behaviors.
- In a case example, create parental interventions that help a child or youth manage own behavior and get needs met.
- Choose discipline strategies that provide for a child's safety.
- Explain how discipline can provide for a child's safety.
- In case examples, choose specific discipline techniques to help provide for a child's safety.
- Make an informed decision about attending Meeting 6.

Agency Discipline Policy for Foster and Adoptive Parents

Do Not Copy!

(To be developed and added by local agency)

Shared Parenting and Alliance Building: Benefits to the Children, Foster Parents and Parents of Children in Foster Care

Benefits to the Child in Foster Care

When foster parents and the agency work to build constructive partnerships with birth families, the child may receive the following benefits:

1. The child will have more of a feeling of connectedness.
2. The child will not feel or actually be cut off from both immediate needs as well as the less tangible needs that birth parents can offer.
3. The child will not feel torn between adults.
4. If the child has the security that adults are acting together in his or her best interests, the child is free to be a child (the child will not have to worry about taking care of himself or herself, self-parenting).
5. If the child has the security that adults are acting together in his or her best interests, the child is free to resume normal development, which has probably been interrupted by the confusion that led to the child's placement; this confusion may have included the child having to take on roles a child normally would not take on, which interferes with a child's development.
6. Children will be better able to manage and tolerate multiple-adult relationships if they perceive the adults in their life as working together, rather than being in conflict. When adults are in conflict, a child may become detached or have conflicting relationships.
7. When children have contact with birth parents, they are better able to work through some of the painful feelings they have from the separation that resulted from placement into care. Though the short-term effect of seeing birth parents may be that the child is upset, the long-term effects are generally beneficial.
8. When children are able to work through emotions by seeing birth parents, their behavior is likely to improve.
9. If children are able to see birth parents and express their feelings, they are less likely to misdirect their painful or angry feelings toward foster parents.
10. Regular birth parent visits strongly increase the chances of reunification.
11. Regular contact with birth parents helps the child see how much progress they are making toward bringing the child home.
12. Even when birth parents do not follow through by coming to visits or by coming to visits in a nurturing way, these experiences help children to come to recognize and understand their parents' limitations, which can emotionally ease the child's passage from foster care to adoption or independent living.

Benefits to the Child in Foster Care

When foster parents and the agency work to build constructive partnerships with birth families, the child may receive the following benefits:

1. By building partnerships with birth parents, foster parents become more an active part of the professional child welfare team.
2. If foster parents build a partnership with the birth parents, they are not limited to receiving all of their information about the child through the caseworker.
3. If foster parents build a partnership with the birth parents, they get their own firsthand experience of what they can directly ask the birth parents for and what the birth parents want from them.
4. Through partnership, foster parents can be a more direct contributor in the shared parenting role. For example, a foster mother might confide to a birth father that the birth father's daughter said she believed he hates her. This first hand testimony could have much more of a direct impact on the father than if the foster mother told it to the worker who in turn told it to the father. Also in such a case, the father is hearing things from both the caseworker and the foster parent. Hearing from several people can be more motivating and seem more real than hearing from only one. The foster parent's involvement might be the added ingredient that motivates the father to make a serious effort at helping his daughter know that he does not hate her.
5. A foster parent's first hand experience of working with birth parents may result in the foster parent feeling reassurance that the birth parents are working to try to care for their child.
6. Working in partnership with birth parents increases the foster parents' chances of developing genuine empathy for the birth parents, which will increase the foster parents' commitment in supporting teamwork. First hand experience may give the foster parent a clearer understanding and empathy for how difficult it is for the birth parents to change their lives or to achieve goals. When a foster parent recognizes this, foster parents may see a birth parent's efforts in a new light. By more clearly seeing a birth parent's obstacles, foster parents will better appreciate how the birth parent's efforts may be more significant and heart-felt than they first appeared.
7. When the child knows the foster parents are working with his or her birth parents, the foster parents are offering the child the security that adults are acting together in his or her best interests.
8. By working in partnership, foster parents will have the satisfaction of knowing they are supporting the child's sense of security. If the child has the security that adults are acting together in his or her best interests, the child is free to resume normal development, which has probably been interrupted by the confusion that led to the child's placement.

9. Greater contact with birth parents helps foster parents from becoming overly attached to the child because they are better able to see when a child and his or her parents belong together.

10. When foster parents work in partnership with birth parents, the foster parents can better support the agency in assessing what birth parents can or cannot do.

11. When foster parents are willing to work in partnership with birth parents, birth parents will sometimes tell valuable things to the foster parents that they would not tell the caseworker. Such information can add critical pieces to the puzzle's picture of how best to help the birth family and the child.

12. Foster parents and birth parents can share information in how best to care for the child. Obviously, the birth parents have critical parenting needs, or their child would not be in care. Nonetheless, we would be counterproductively stereotyping to assume the birth parents are simply "bad parents." The birth parents have lived with the child over enough time to know the child's daily routine and many useful details about the child. If the birth parents were to mention that the child loves to go to a local park to look at the ducks, the foster parents have learned about an activity that can give the child a sense of comfortable continuity by taking the child to a place he or she loved before so many changes began happening in his or her life. A foster mother may say to a birth mother that she is having trouble getting the child to do his homework after school. The birth parent may say she always gave the boy an hour after school to do fun things, like watch television or read comic books. The foster mother would say that the boy has never come straight home from school to begin doing homework, and she might adjust when she expects him to do his homework, allowing him to stay with his familiar pattern.

13. Foster parents can be extremely valuable by providing a model of parenting that the birth parents can see first hand and learn from.

14. When birth parents and foster parents communicate, they can normalize confusing things for one another. For example, a foster father may take a child to a mall when the child is in the process of having his level of Ritalin reduced. At the mall, the child begins screaming hysterically. Finally, the foster father simply picks the child up and tucks him under his arm and carries him out of the mall as matter-of-factly as a mailman carrying a parcel. Once outside the mall and away from people, the foster father felt less stressfully conspicuous in working to calm the child. If the foster parent told the birth parents about this episode, several good things could result. For one, the foster parent would be sharing a parenting technique that the birth parents might use with the child. But the birth parents might share that the child has behaved similarly many times at stores and malls. By sharing this information, both the birth parents and foster parents would see that the child's behavior has been part of a pattern over time. They would both see that the child has acted the same way with other people. Both sets of parents might feel somewhat relieved upon learning this, that they personally were not doing something "bad" or "stupid" that made the child behave in that way. Both sets of parents might be

able to accept that the experience of needing to manage the child's tantrums in public is simply going to be a normal part of parenting the child. Although the foster parent may not be managing the child's tantrums much more successfully than did the birth parents, there is comfort in two adults coming together with the same issue to deal with and collaborate in solving.

Benefits to the Child in Foster Care

When foster parents and the agency work to build constructive partnerships with birth families, the child may receive the following benefits:

1. With partnership, birth parents remain empowered to be a child's parent, rather than feeling and/or being pushed to the side.
2. When birth parents have more contact with the child and more participation through partnership, the parents will not forget how difficult parenting is. The more contact they have with their child, the better they are able to measure their own ability and interest in parenting and the reunification of their family.
3. Birth parents, through partnership, are treated as contributing adults in the child's life, which encourages the birth parents to expand and modify what they can contribute for the child.
4. Partnership gives birth parents a greater ability to know what is expected of them and to ask clearly what they expect of team members.
5. Through partnership, birth parents are included in decision-making.
6. Through partnership, birth parents are more directly supported in planning how to change in a way that will lead to the reunification of their family.
7. Partnership allows birth parents to be participatory in a process which has great bearing on their own circumstances.
8. Partnership includes parents in a way that makes it likely for them to be a part of significant events in their child's life, whether it is to be at the child's birthday or at the child's school for an independent educational program meeting.
9. When the agency and foster parents work in partnership with birth parents, they are not isolating the birth parents. Unification and isolation are opposites: how can a goal of reunification efficiently be achieved if the agency and foster parents isolate the birth parents?
10. Partnership provides birth parents with a process for achieving greater well-being for their child.
11. Partnership provides birth parents with a process for their achieving success in parenting.

The Importance of Birth Parents to Children in Foster Care*

It is critically important that children in foster care have contact with their birth parents, for the following reasons:

1. The separation process causes children to have many painful feelings (anger, guilt, sadness, frustration, etc.). Sometimes these feelings are "acted out." Contact with the birth parents helps children get out some of their feelings, so it should be expected that children will seem more upset before, during or after a visit with their birth parents. "The short-term disadvantage of the child being upset by the visit is outweighed by the long-term benefit."

2. If children are allowed to have contact and express all their upset feelings, then they will be less likely to take out or "displace" these feelings on the foster parents. They will be able to develop a positive relationship with the foster parents. A good attachment to their foster parents will help them with other relationships.

3. Regular contact with birth parents gives the child several important messages: (1) the child can see that the parents care enough to visit, and the child can see that all the adults — birth parents, foster parents and social worker — are working together; (2) children can see for themselves how much progress their parents are making toward getting them home. Research in the child welfare field consistently indicates that regular visits between children and birth parents is the strongest indicator of family reunification. In some ways, children can sense what this research has demonstrated. If their parents don't show up for visits, and don't follow through with plans, it helps the child to be able to see their limitations better.

4. Contact also is helpful for the parents. Just as the child may fantasize about "ideal" parents, the parents may forget how difficult parenting is. Regular contact with their child helps them measure their own ability and interest in parenting and family reunification.

5. Contact between children and birth parents helps foster parents, too. It keeps them from becoming overly attached to the child, because they can see that this child and the child's parents belong together. Foster parents, by getting to know the birth parents, can better understand the child's behavior.

* Adapted from "The Importance of the Natural Parents to the Child in Placement" by Ner Littner in Parents of Children in Placement: Perspectives and Programs, edited by P. A. Sinanogly and A. N. Maluccio. New York: Child Welfare League of America, 1981, p. 269-276.

6. Contact between the birth parents and child also helps the social worker. Because visits are the primary indicator of family reunification, visits are the main tool used by the social worker to assess: (1) how responsible and consistent the parent is; (2) the quality of the relationship between the parent and the child; (3) how much the birth parent is learning from the appropriate parenting skills modeled by the foster parent; and (4) how much progress is being made toward the case plan goal.
7. One of the most important benefits is that regular contact helps all the adults — birth parents, foster parents, and social worker — practice partnership in assuring permanence for children.

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 6 Agenda
2. Identity and Culture – Important Definitions
3. Asking Questions to Understand Cultural Needs
4. Major Provisions of the Federal Indian Child Welfare Act
5. Multiethnic Placement Act of 1994 (MEPA) and Amendment of 1996 (IEP)
6. The Alliance Model of Child Welfare Practice
7. The Role of Foster Parents in Building Alliances with Parents of Children in Foster Care
8. Scenarios – Managing Problems with Visits
9. Foster and Adoptive Parents' Guide for Successful Visits or Contacts
10. Letter to Birth Parents

Overhead Transparencies

1. Identity and Culture
2. Indian Child Welfare Act (ICWA)
3. Multiethnic Placement Act of 1994 (MEPA) and Amendment of 1996 (IEP)
4. The Alliance Model of Child Welfare Practice
5. The Role of Foster Parents in Building Alliances with Parents of Children in Foster Care
6. Directions for Competition
7. Roadwork

Meeting 6:
Helping Children with Birth Family Connections

Agenda

Time	Topic
(10 Minutes)	**A. Introduction to Meeting 6** ◆ Welcome and comfort issues ◆ Bridge from Meetings 4 and 5 ◆ "Strengths/Needs Worksheet" ◆ Meeting 6 agenda
(25 Minutes)	**B. The Importance of Identity for Children in Foster Care** ◆ Define self-concept and connections ◆ Define identity and culture ◆ Life Books
(15 Minutes)	**C. The Power of Connections** ◆ "Five Connections" activity
(15 Minutes)	**D. Federal Legislation and Its Impact on Children and Families** ◆ ICWA and MEPA/IEP
(10 Minutes)	**BREAK**

Time	Topic
(30 Minutes)	**E. Building a Positive Parental Alliance** ◆ "Positive Parental Alliance" sculpture
(20 Minutes)	**F. Supporting Shared Parenting Through Visits** ◆ Large Group Activity
(20 Minutes)	**G. Supporting Shared Parenting Through Visits – Skill Practice** ◆ "Managing Problems with Visits" role play
(20 Minutes)	**H. Supporting Shared Parenting Between Visits** ◆ Competition Activity
(15 Minutes)	**I. Summary of Meeting 6 and Preview of Meeting 7** ◆ Summary of Meeting 6 ◆ Preview of Meeting 7 ◆ Roadwork ◆ Partnership in Parenting Experience

ROADWORK

- Complete the "Foster and Adoptive Parents' Guide for Successful Visits or Contacts."
- Write a letter to the parent of a child who may be placed in your home using Handout 10.
- Read Handouts 4, 5, 6, and 7.

Identity and Culture – Important Definitions

Identity Identity is who you are based on characteristics such as race, ethnic background, religion, primary roles and responsibilities, and gender.

Self-concept How we feel about our identity. It includes our sense of being loveable, capable, worthwhile, and responsible.

Connections The important ties we have to people, values, beliefs, ideas, places, and things.

Culture The way of life of a people.

Asking Questions to Understand Cultural Needs

Children enter foster care from a wide variety of cultural backgrounds. Recognizing and supporting a child's cultural identity contributes to a child's well-being and helps the child feel loveable, capable, worthwhile, and responsible.

Questions to ask to help understand a child's cultural identity:

1. What family traditions are important to this child?
2. Who is considered part of this child's family?
3. Who are the special friends (often considered honorary "uncles, aunts, cousins") of the family?
4. What languages are spoken in the family?
5. What foods remind the child of home and provide comfort for this child?
6. What is important about religion to this family?
7. What is the race and ethnicity of this child?
8. What are the child's clothing and hair style preferences?
9. How does the family spend time together?
10. What is the child's role in special holidays and family occasions?
11. What do the child's parents want me to know about this child?
12. _____.
13. _____.
14. _____.
15. _____.

Major Provisions of the Federal Indian Child Welfare Act

ICWA's principle is to "protect the best interests of Indian children." ICWA was also designed to "promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families."

These principles are reflected in the ICWA provisions. In summary form, the major provisions of ICWA are to:

Provide for Exclusive Indian Tribal Jurisdiction over child welfare proceedings involving Indian children who reside or are domiciled on Indian reservations except where such jurisdiction is vested in the state by existing federal law, and to authorize the transfer of proceedings involving Indian children not domiciled or resident on reservations from state to tribal courts.

Establish a Right of Intervention in state court regarding foster care and termination of parental rights proceedings on the part of an Indian child's tribe or Indian custodian.

Require that Full Faith and Credit be accorded to tribal acts, records, and judicial proceedings applicable to Indian child custody proceedings by federal and state courts.

Require, in any involuntary proceedings in a state court when there is actual or constructive notice that an Indian child is involved, that **Notice be Provided** to the parent or Indian custodian and tribe, or that notice be provided to the Secretary of the Interior when the custodian or tribe is not known.

Provide for a Right to Court-Appointed Counsel for indigent parents in any child removal, placement, or termination of parental rights proceedings.

Establish Minimum Federal Evidentiary Standards and procedures for state court proceedings involving foster care placement of Indian children or the termination of parental rights.

Establish Federal Standards Governing Voluntary Foster Care Placements, relinquishments or terminations of parental rights and adoptive placements.

Establish Placement Preferences and Standards governing foster care, pre-adoptive, and adoptive placements of Indian children.

Provide for a System of Record-Keeping on the part of states placing Indian children for adoption, and authorizing access to such records by Indian children when they reach the age of 18 years for the purpose of determining tribal affiliation and related rights.

Authorize the Secretary of the Interior to award grants for Indian Tribes and organizations for the purposes of establishing and operating Indian child and family service programs and preparing and implementing child welfare codes.

Authorize the Use of Interior Department Funds as nonfederal matching shares in connection with federal Health and Human Services-administered Social Security Act funds, and to provide that the licensing or approval of foster homes or institutions by an Indian tribe shall be deemed the equivalent to the licensing or approval by a state for purposes of qualifying for assistance under federally assisted programs.

Definitions

Indian – Any person who is a member of an Indian tribe, or who is an Alaska native and member of a regional corporation as defined in 1606 of title 43 (25 U.S.C. §1903(3)).

Indian Child – Any unmarried person who is under age 18 and is either: (a) a member of an Indian tribe or (b) eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe (25 U.S.C. §1903(4)).

Custody Proceedings Covered by the Act

The Act applies to:

1. **Involuntary Foster Care Placement** (voluntary placement is covered separately).

   In order to remove an American Indian child from the home, there needs to be "clear and convincing evidence" that the continued custody of the child by the parents or Indian custodian is likely to result in serious emotional or physical damage to the child (25 U.S.C. §1912(e)). The act applies not only to the initial foster care placement, but also to all subsequent placements unless the child is being returned either to the parents or the Indian custodian from which the child originally was taken (28 U.S.C. §1961(b)).

2. **Termination of Parental Rights.**

   In order to terminate parental rights there must be a showing that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. This finding must be supported by evidence beyond a reasonable doubt (25 U.S.C. § 1912(f)).

3. **Pre-adoptive and Adoptive Placements.**

   Pre-adoptive placement is the "temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement" (25 U.S.C. §1903(iii)). The purpose of a pre-adoption proceeding is to insure that all placements are subject to the protections afforded by the act, and that the act's adoptive placement preferences cannot be avoided by labeling an Indian child as not-adoptable (Bureau of Indian Affairs Report 1984 (67)). Adoptive placement is the permanent placement of an American Indian child, which includes any action resulting in a final decree of adoption (25 U.S.C. §1903(iv)).

Criteria for Placements

The Indian Child Welfare Act describes the criteria that must be met when placing a child in foster care or pre-adoptive care initially and when reviewing the child's placement. The child must be placed in a setting that will meet any special needs that child may have and will also be the least restrictive setting which most approximates a family. The foster or pre-adoptive home must be within a reasonable proximity to the child's natural home. Preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the Indian child's extended family, (2) a foster home licensed, approved, or specified by the Indian child's tribe, (3) an Indian foster home licensed or approved by an authorized non-Indian licensing authority or (4) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs (25 U.S.C. §1915(b)).

When placing an American Indian child in an adoptive placement, preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family, (2) other members of the Indian child's tribe or (3) other Indian families (25 U.S.C.§1915(a)). (OCFS Website)

Multiethnic Placement Act of 1994 (MEPA) and Amendment of 1996 (IEP)*

The Howard Metzenbaum Multiethnic Placement Act of 1994 (MEPA), 42 U.S.C.A. §5115a, prohibits denial or delay of placement for foster care or adoption by any agency that receives federal funds because of the child's or foster/adoptive parent's race, color, or national origin. The law was intended to:

- Decrease the time children wait to be adopted.
- Prevent discrimination in the placement of children on the basis of race, color, or national origin.
- Prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placements.
- Facilitate the development of a diverse pool of foster and adoptive families.

In August of 1996 Congress amended MEPA in order to strengthen its nondiscriminatory provisions and to provide stiff penalties for violation of the act. The anti-discrimination provisions of MEPA now state that any public or private agency or entity that receives federal assistance cannot:

- *Deny to any person the opportunity to become an adoptive or foster parent* on the basis of the race, color, or national origin of the foster or adoptive parent or the race, color, or national origin of the child involved in the foster or adoptive placement; and
- *Delay or deny the placement of a child into foster care or for adoption* on the basis of the race, color, or national origin of the adoptive or foster parent or the race, color, or national origin of the child involved in the foster care or adoptive placement.

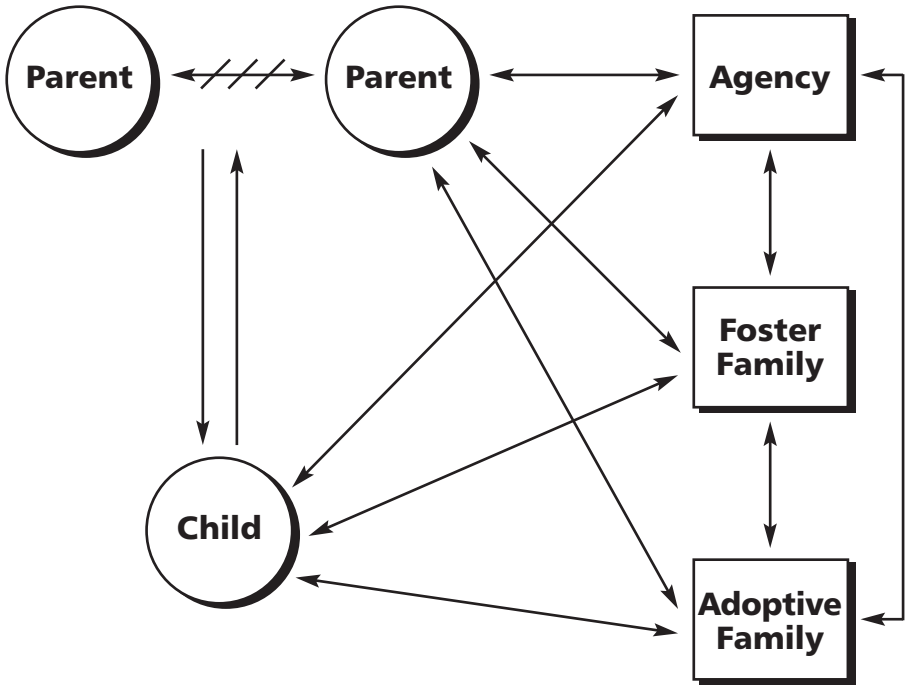
IEP was enacted to encourage trans-racial placements of children when appropriate same-race placements are not available. The act specifically permits the consideration of a child's cultural, ethnic, or racial background and the ability of a potential foster parent to meet the child's related needs as one of many factors to consider in determining the best interests of a child. The Department of Health and Human Services published Policy Guidance in the Federal Register on April 25, 1995, to be used as guidelines for compliance by agencies. An updated Policy Guidance related to the amendment was made available in June 1997.

* Developed by National Association of Foster Care Reviewers and published in Heather Craig-Oldsen, Foundation Training for New Foster Care Reviewers, Atlanta, GA (1998) through funding from Administration on Children, Youth and Families, Children's Bureau.

Non-compliance with this act is a violation of Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §2000d *et seq*. Any person who believes that she or he has been a victim of a violation of the act has a right to bring an action for relief in the appropriate U.S. District Court. Any entity found in violation of the law will lose considerable federal matching funds. MEPA does not affect the Indian Child Welfare Act of 1978, 25 U.S.C. 1901 *et seq*. (42 U.S.C.A. §5115a(f)

MEPA/IEP - Multiethnic Placement Act of 1994 (MEPA), part of Improving America's schools Act of 1995, Public Law 103-382, #551-554, 108 Stat. 4056-4057 and Removal of Barriers to Interethnic Adoption (IEP), part of the Small Business Job Protection Act, Public Law 104-188, 110 Stat. 1755 #1808

The Alliance Model of Child Welfare Practice



The Alliance Model is an idea developed for staff and parents in child welfare to promote partnerships in parenting. This model of practice is even more important today with the passage of legislation such as the Adoption and Safe Families Act, Public Law 105-89, also known as ASFA. ASFA was designed to focus child welfare agencies on the issues of safety, well-being, and more timely permanence for children. With abbreviated time frames, it is important that parents of children in foster care begin working together quickly, whenever possible.

This diagram is called "The Alliance Model." An alliance in a family refers to two members sharing a common goal or interest that is not detrimental to any other members of the family. The lines and arrows in the diagram represent alliances.

The line between the two parents show that they are united, or have formed an alliance, to care for the child and meet his or her needs so that the child can concentrate on growing up and completing important developmental tasks. The slash marks represent a damaged or broken parental alliance. When the positive alliance of parents is damaged or broken, children respond in a variety of ways. Some children who perceive that their parents are not united in seeking the collective good of the family often try to "fix" the family. They begin parenting the parents, as well as younger siblings. When they do this, they often rise above the normal parental boundary line. Other children respond by creating a decoy for all the battling. They may begin acting in ways that capture the parents' attention. Parents may begin aiming their tensions at the child rather than at each other. In the child's mind, at least the parents are united again. Other children respond to the parents' broken alliance by withdrawing, which likewise can serve to unite the parents around the child's good.

* Adapted from Thomas D. Morton, "***Partnerships in Parenting***," CWI.

Whatever the response, the energy of the child is directed toward preserving the family, rather than toward the "job" of childhood, which entails growing into a healthy and strong adult. Consequently, at best, the family is at risk of deteriorating in function. At worst, the family is at risk of disintegrating altogether, leaving the child at risk of being without the love and nurturance needed for him or her to grow and develop.

In this circumstance the child must develop two separate alliances in a two-parent home – one with one parent and one with the other parent – in order to survive. No longer can he or she rely on the parental alliance. Children faced with this conflict often shield their loyalty to one parent from the other. Alternatively, they may feign dislike for one parent as a way of preserving loyalty to the other. In either case, the child is emotionally at risk and must divert energy toward social survival in the conflicted world of the adults.

Historically, child welfare agencies have primarily emphasized their mission of child protection; therefore, the primary helping alliance has been with the child. The purpose of this alliance is to ensure that the child's needs of nurturance and safety are met. Since the main threat to child safety is generally parental behavior, the alliance seeks to shield the child from risk created by the parents. While the intended benefits of safety are real, both the child and the parents may tend to experience the intervention as reducing emotional and physical safety, rather than increasing it.

With the mission of protecting the child, the agency's natural tendency is to align with the child. The agency seeks to restore the flow of nurturance and limit excessive parental control. Since this intervention is mostly involuntary on the part of the parent, the agency must first establish blame and damage, or risk of damage, before it can legally intervene. These two circumstances generally cause the parents to see the agency as a threat to their attachment to their child.

Agencies often use attachment to extract change in parental behavior. The offered social contract with the parent is, "If you meet the terms of the case plan, you can keep your child in your family." The threatened loss of the child is used by the agency to socially control the parental behavior that is placing the child at risk.

Although services are offered to the parent and are intended to support the parent, the parent may not experience that support as nurturance. To the extent that the parents have been engaged around their needs, especially the needs and goals for the development and safety of their children, the offers may be experienced as nurture. To the extent that the parents are engaged primarily around the agency's needs to ensure child safety, the parents may experience the offer in much the same way as the truant youth who is ordered to attend school, presumably for his own benefit. If the youth were experiencing success at school, the order would probably not be necessary. The order in and of itself, however, will not alter the experience of attending school.

The child also may sense the intervention as a threat to his or her emotional security. To the extent that the agency's alliance with the child creates conflicting loyalty between the parental attachment and the child's relationship to the agency, the child will experience the situation in a similar way as when conflict began between his or her parents.

A problem of a control-centered intervention is that it tends to place the parents in a childlike position. In terms of family systems, this places the parent below the parental boundary and confuses the parent-child relationship. Although control of parental behavior may be necessary to protect a child, ultimately the success of the intervention will require attention to parental needs as well. Since 99 percent of interventions begin with the preservation of the family or the return of the child to the family as a goal, nurturing the child through the parent is an essential condition for the future.

When safety cannot be ensured within the family, a foster family is frequently chosen for a child. Through the preparation and selection process, foster parents are initially aligned with the agency. Since the primary role of foster parents is to meet the child's needs for nurturance and safety, the foster family quickly works to form a positive alliance with the child, although today they also form alliances with birth parents.

More than the agency's alliance with the child, the attachment of the foster family to the child is likely to be perceived by the birth parents as a serious threat to their attachment with the child. The child is presented with a new dilemma. Attaching to the foster family may be an essential condition to getting his or her needs met. However, this attachment may jeopardize his or her attachment to the birth family. Maintaining the birth family attachment may also similarly reduce the motivation of the foster parents to form an attachment with the child, which is an essential component in their motivation to nurture and protect the child. The child may give up on the parental attachment, fail to attach to the foster family or seek to maintain a dual, and somewhat secret system of parallel alliances.

Any of these are costly choices for the child. The best of all possible worlds is that the child can openly seek and maintain all connections necessary to meet his or her needs. The possibility for this depends on the teamwork of the agency and foster parents and the strength of their partnership with the child's birth parents.

When a child cannot be parented by his or her birth parents or adopted by a foster family, then another family is found to provide the life-long attachment for the child. When this happens, the adoptive family works to form a positive alliance with the child. Since a stronger attachment is often necessary for a lifetime commitment or attachment to be formed, the adoptive parents may view detaching the child from connections with the agency, foster parents and birth family as a necessary act in ensuring the full attention of the child to the attachment with the adoptive family. Unfortunately, the loss of these connections at the psychological level leaves holes in the child's identity and undermines the child's concept of self.

At worst, the child may feel conflict between loyalties to the birth family, foster family, and adoptive family. When the parents compete for the child's loyalty, the child is again left with the dilemma of having to manage all the adult alliances, which diverts energy from growth to psychological security.

When a child in a foster or adoptive home perceives that the adults are not aligned around his or her well-being, the child will feel threatened. Maintaining a relationship with the birth family is important to the child because identity and self-concept begin with that alliance. The alliance with the agency is important because the agency represents the power to move children at will, or so it seems to the child. The foster or adoptive family alliance is important because daily nurturing and care is ensured there. So, when a child perceives that adults are not aligned among themselves, the child responds in ways similar to his or her response to parental conflict. The difference is that now there are more alliances to manage or "fix", and even less energy remains for the child to grow and enjoy his or her childhood. That is why we say the adults in a child's life must work together as team members and as partners.

Teamwork - *Teamwork* involves two or more people working together according to a coordinated plan, in a relationship where team members assume different roles and responsibilities, all designed to reach the same goal. Team members can be relied upon to assume their specific jobs or responsibilities.

Within the Alliance Model, child welfare staff and foster parents work as a team. As with any effective team, players have different roles, responsibilities and tasks, but each team member has the same goal, in this case, to preserve, or rebuild, the family around the long-term welfare of the child. This requires that the team members form a partnership or positive alliance with the birth parents, always seeking to keep parents focused on the welfare of the child.

Partnership - A *partnership* is a relationship where two or more parties each contribute something of value in order to receive benefits. The nature of the contribution and the distribution of benefits are defined by the social contract between the parties.

Social Contract - A *social contract* is an agreement entered into by the mutual consent of parties desiring to exchange something of value. When there is coercion, a contract is not valid. When there is no exchange, there is no contract. When there are no contributions, there is no partnership.

Since we define teamwork and partnership a bit differently in the Alliance Model, we usually use the term "team" to describe the staff, foster parents and other professionals working together. Hopefully the birth parents can become team members. However, at the beginning of the relationship, the best we can hope for is to negotiate good working agreements in partnership. Building partnerships builds trust and agreement between people over time.

Within the Alliance Model, the agency's goal is to establish an alliance with parents to protect their children rather than just an alliance with children to protect them from their parents. Overwhelmingly, agency efforts are directed toward the goal of maintaining the birth family as the primary parenting resource for children. Given this fact, agency efforts are judged by the extent to which they strengthen parenting capacities and family attachments. Foster parents can help or hinder these efforts. Therefore, foster families need to know the framework or model the agency uses in its child welfare practice. If a person is primarily interested in becoming a foster parent in order to protect and save children from harmful parents, his or her needs may not be met through the foster care program. The agency recruitment and public education efforts must reflect the philosophy of the agency's model of practice.

Foster parents play vital roles, supplementing and supporting birth families rather than substituting for them. They, too, need explicitly defined social contracts with birth families. Foster parents must be prepared to care for a child independently while psychologically sharing the child with others. Foster parents make a vital contribution to the partnership when they accept a child's relationships.

The job of public or private child welfare agencies is to preserve, or help rebuild, families at risk of deterioration. The single most powerful relationship upon which to build is the connection between the child and his or her parents.

The Role of Foster Parents in Building Alliances with Parents of Children in Foster Care*

Recognize and support parent strengths

The best place in most cases to begin working with a parent of a child in foster care is to begin looking for the parent's strengths. The parents obviously have needs or their child would not have been placed in care. But we are beginning our work with them counterproductively if we focus our attention too tightly on those needs. When we see only a parent's needs, we are defining the parent in our minds in a negative way. When we have defined the parent in our minds in a negative way, it is difficult for us to be or even seem genuinely engaged in working with him or her. By contrast, when we recognize a parent's strengths, we feel better about working with him or her, and we will have a positive place to begin talking and working with that person.

Use strengths to engage parents

Once you have recognized a parent's strengths, you can use the following questions to create ways to use those strengths to build a partnership with the parents:

- How can I use that strength to begin engaging parents to work with me in partnership?
- What is something I as a team member might want from this parent who has this strength?
- What is something I as a team member might offer to this parent based on this strength?
- What is something this parent might want from me as a team member based on this strength?

Maintain Confidentiality

There are rules and restrictions about confidentiality and what information agency staff can share, even with fellow team members such as foster parents. However, parents themselves may share information with foster parents. All personal information must be held in confidence, with the understanding that foster parents must share information with the agency staff. Parents need to know that agency staff and foster parents share information.

Even when policy supports agency staff sharing certain information with foster parents, some agencies may interpret policy conservatively. In this case the agency's procedures restrict sharing information; thus, the agency perceives a barrier to sharing such information, though there is in reality no legal or policy barrier. It will be healthy if agencies revisit their procedures around the sharing of information to ensure that they are not being counterproductively

* Adapted from material developed by Thomas D. Morton, Child Welfare Institute.

restrictive. Foster parents should have complete access to information that is relevant. The obvious question arises from what is or is not "relevant." For example, a mother may have had an affair during her marriage when her child was living with her. The child does not know about the affair, but the husband knows about the affair and his anger may cause the marriage to fall apart. Should the caseworker tell the foster parents about this? In many cases, the foster parents would have no need for the worker to share this information. However, if the parents fight about this issue every time the child comes home, the child could be sufficiently affected that the worker would need to tell the foster parents so they would be able to perform their role and responsibilities. The foster parents would be responsible for holding the family's information in confidence.

Manage Personal Emotions

It is a natural human response to feel strong emotions when learning of a child's suffering. While the "Alliance Model of Child Welfare Practice" readily recognizes the validity of such emotions, it also takes a practical approach toward attempting to help parents change so they will no longer behave in a way that makes foster parents and workers feel anger, disgust or some other negative emotion. Foster parents may ask themselves, "How can I be respectful to someone who did those things?" The answer is that a positive, constructive working relationship is the most effective route to help the parent never again do "those things."

Foster parents may be judging the parent by the worst thing that parent ever did in his or her life. All of us probably have a worst thing that we did in our lives, and we do not want to be judged by that forever. How would any of us feel if we were judged by the worst thing we ever did? A foster parent could be an important part of the process of helping that parent change. Even in the case of adoption, adoptive parents will need to talk with children about what happened in their past and to be able to do it in a way that is not condemning of the parents.

Also foster parents may be surprised upon getting to know the parent that they are better able to empathize with the parent. For example, we may care for a boy who was sexually abused by his father. Initially we may think the father must be a monster and wonder how anyone could possibly expect us to treat him with respect. But what if we learn the father as a boy was also sexually abused by his own father? Suddenly we have a glimpse past the "monster" we had previously seen the father to be, and we instead are able to see a human being in pain and confusion. We see that although this father indeed committed a monstrous act, he is not a monster; rather, he went through experiences as a boy that confused him about what is acceptable in how fathers relate to sons. When we realize this, we can begin supporting this person to help him find a way to parent that will take the pain away not only from his son, but also from himself.

A place for foster parents to start working with a caseworker in such a situation is for them simply to think together about the best starting place in working with such a parent in a constructive way with a goal of reunification. The foster parent will eventually need to be in the parent's presence, if only at a planning meeting, so the foster parent will need to think of what would contribute to his or her comfort so that the foster parent and the parent will be able to contribute to the child's plan.

There are ways for foster parents to show respect for parents without having direct contact with the parents. A foster parent must realize that as long as the child is in his or her house, the foster parent has a relationship to the parent through the child, because the child will be bringing memories of the parent into the foster parent's house. The way the foster parent talks to the child around these memories and the issues related to these memories is a crucial starting point.

Team members might feel safety risks in working closely with some parents. Team members should not feel that to implement the alliance model of practice they must be prepared to jeopardize their safety. Workers and foster parents should follow a standard practice of never being alone with anyone with whom they feel unsafe. Team members may be concerned that some parents in some situations might become angry, out of control or might show up at their house, perhaps intoxicated. When foster parents participate in developing a plan with the workers, they can plan for these possibilities. An obvious action in such situations is to call the police. However, plans should also be developed to avoid such crisis measures and to avoid foster parents feeling vulnerable. Such plans would involve progressions which ensure safety at each step, starting with in-office contacts, progressing to exchange of visits, then progressing to a neutral setting. If a parent is violent and out of control, the plan would include only in-office visits until this pattern of behavior alters. In such cases, if the foster parents want the location of their home kept secret, the caseworker should support them in this. A particularly volatile case might never progress beyond in-office visits.

A key dimension of the alliance model centers around how decisions are made in teams. Working in teams, workers will be more positioned to hear foster parents' input, rather than workers being positioned so they are more likely to have to rely on “pulling rank” over foster parents in making decisions. Sometimes foster parents as team members may be wrong, of course, so that a caseworker may need to make the final decision. By the same token, caseworkers can be wrong, and, if a foster parent feels strongly about his or her view, the foster parent could request that someone else – perhaps the caseworker's supervisor – be brought in so that the foster parent's concerns could be included on the record. In such a case, it would be best for foster parents to be able to cite examples of *behavior*, rather than their own *feelings*. For example, a foster parent may be concerned about the child's safety when the parents use alcohol or other drugs; this foster parent would be behaviorally oriented in describing a mother by saying, “The mother has had alcohol on her breath the last three times I saw her, and she acted intoxicated. No one has done a drug screen to determine if she is using drugs or alcohol.”

Share Power and Control

When parents are brought into decision-making, they will be more invested in contributing to a process which they helped to plan. In the partnership/teamwork approach, more information is available. First, caseworkers and foster parents gain more firsthand information from interacting with parents. This added information aids in decision-making. Second, when parents are included in partnership, they gain more first-hand information about the caseworker and foster parents, which could build trust.

When caseworkers rely too heavily on their personal power to move a case forward, they may not always be aware of how ineffective their power is in real terms. Power often only lasts as long as the person with the power is there to enforce it. When a caseworker or a foster parent is in the room with parents, he or she might be very powerful; however, when the parents are away from the caseworker or foster parent and have the child, they can be very powerful. The alliance model seeks a greater degree of shared influence to influence people's actions and behaviors beyond what happens in a room during a meeting, or in a foster home during a visit. A parent's personal investment in a process often does not come out of response to power; rather, parents' personal investments derive from their wanting the same goals and their being willing to achieve those goals.

Model Effective Parenting Skills, Mentor and/or Teach Parents

When there is direct contact between foster parents and parents, the foster parents often serve as mentors or teachers. Minimally, they model effective parenting for the parents whose children are in foster care. Sometimes the process is formalized; sometimes it is informal. Good teachers do four things. First, teachers or mentors share practical information. For example, foster parents may be in a position to teach a parent about grieving behaviors, in order to normalize angry and depressed behaviors in children. Second, teachers or mentors provide examples or applications for the information. For example, a foster parent trying to teach a parent ways to handle grieving behavior may explain specific ways a child has reacted to loss and specific ways the foster parent effectively dealt with the child's behavior. Third, teachers or mentors give the learner an opportunity to practice. In the case of a foster parent teaching a parent about dealing with grieving behaviors, perhaps the foster parent can facilitate a discussion between the parent and child. Fourth, teachers or mentors provide feedback. Without feedback the learner doesn't know what was done well, or poorly. So, foster parents need to tell parents specifically what they did that was effective, as well as offer suggestions.

Scenario 1: I Don't Want You to Go!

Child:	Jenny
Age:	6
Reason for Placement:	Physical Abuse
Permanency Plan:	The plan is for Jenny to be reunited with her mother.
Foster Parent:	John and Melanie Clark
Caseworker:	Terry Smith
Time in Care:	Three months
Role Players:	Terry (Caseworker) Melanie (Foster Mother) Jenny (Child in Foster Care) Janet (Jenny's Mother)

Background: Jenny had multiple bruises and burns when she came into foster care. Her mother's boyfriend is accused of the abuse. Her mother is overwhelmed and frustrated and says she cannot handle Jenny by herself. She says she loves Jenny. Jenny's mother was living with her boyfriend who threatened and sometimes hit her too. Jenny disobeys deliberately; doesn't want to be touched; is afraid of stairs, bathtubs and strangers, and she screams whenever she sees someone with a cigarette. Jenny is attending school at grade level and is good at taking care of herself.

Situation: Jenny has been having weekly supervised visits in the agency visiting area. Mother's boyfriend has been out of her home for the past two weeks. Either John or Melanie Clark has been part of the visits since they know that Jenny needs support from trusted adults. This is the second visit since Jenny became aware that Mother's boyfriend has moved out. This visit is in the foster home, at the foster parents' request, because they want Jenny and her mom to be more comfortable. The visit has gone well, and it is time for Janet to leave with Terry Smith, the caseworker.

Terry:	Jenny, this has been a good time today and the time has gone so fast. It's time for your Mom to go home.
Melanie:	That's right, Jenny. It's time for Terry to take your Mom home.
Jenny:	No! It's not fair! I don't want you to leave! (grabbing her mother)
Janet:	Honey, I'm sorry, but I have to go now.
Jenny:	No! No! No! (stomping her foot and bursting into tears)
Adults:	(Respond to Jenny.)

Scenario 2: I Don't Want to See Her!

Youth:	Karen
Age:	14
Reason for Placement:	Neglect and Medical Neglect
Permanency Plan:	Karen will be reunited with her mother if her mother completes treatment and can take care of her. If that is not possible, Karen's foster parents are considering adopting her, but have not made a final decision yet.
Time in Foster care:	Three months
Foster Parents:	Pat and Ken Conrad
Role Players:	Karen (Youth in Foster Care) Pat (Foster Mother)

Background: Karen has been in foster care several times during her life due to neglect and medical neglect. Her mother has recurrent problems with drugs and alcohol. Karen has been in this foster home for three months; this is the second time she has lived here. Karen has Fetal Alcohol Syndrome. She also has a heart murmur. Karen is about three years behind her grade level in school and has been diagnosed with dyslexia, a reading disorder. Karen has two friends from her foster parents' church, who are two years younger than she is. Karen has a big smile when she is happy and she loves to dress up. Most of the time Karen is very quiet and wants to stay in her room by herself. She looks forward to Sundays when her mother eats dinner with the foster family.

Situation: Last Sunday Karen's mom, Joan, did not show up for Sunday dinner. Pat and Ken Conrad followed up with the agency and with Joan. Joan had a relapse and was high on drugs all that weekend. Joan is back in her recovery program this week. Karen has entered the kitchen where Pat Conrad is popping some popcorn for the family.

Karen:	Aunt Pat, you are always telling me that I need to talk to you about my feelings.
Pat:	Sure, Karen, talking about feelings is a good way of dealing with them.
Karen:	Well, I'm very, very unhappy with Mom. In fact, I'm downright pissed off. And I know you don't like that language, but that's exactly how I feel! I don't want to see her tomorrow! I don't want to be here when she comes….IF she comes! (rolling her eyes)
Pat:	(Respond to Karen.)

Foster and Adoptive Parents' Guide for Successful Visits or Contacts

1. How might I prepare the child for a visit or contact?

2. How might I prepare my family for the child's visit or contact?

3. How might I help the child after a visit or contact?

4. Regarding visits and contacts, what information do I need from the caseworker and how might I show teamwork with the caseworker?

5. How, through the visits or contacts, might I work in partnership with birth parents, extended family or previous foster families?

6. What are ways I might handle my feelings concerning visits or contacts?

7. What might I do to promote birth parent/child connections between visits or contacts?

8. If birth parents don't come to a scheduled visit, how might I help the child?

Letter To Birth Parents

Please write a letter on a separate sheet of paper to the parents of a child who may be placed in your home. Please tell the birth parents some things about you and your family that would assure them of your ability to foster or adopt their child.

As you write your letter, think about these questions:

- How would I feel if my child were living with people I do not know?
- What would I want to know about a family caring for my child?
- What could another parent tell me that would make me feel secure that I am still my child's parent?

This letter will become a part of your Family Profile and may be shown to birth parents.

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 7 Agenda
2. Merrilee's Case
3. The Role of Foster Parents in Transitioning Children and Youth from Foster Care
4. Planning a Move: Helping Children Transition from Foster Care – Worksheet
5. Preparing Your Child for Respite
6. Definitions – Disruption and Dissolution in Foster Care and Adoption
7. Stages of a Disruption or Dissolution
8. Disruptions: Preventions and Interventions
9. Giving Permission: The Steps of Integration
10. Openness in Adoption
11. Strengths/Needs Worksheet – Meetings 6 and 7
12. Resource Guide for Post-Adoption Finalization Services*
13. A Youngster's Story
14. Disruption: A Foster Mother's Point of View
15. Disruption: Another Foster Mother's Point of View
16. A Letter to Some Friends
17. Questions for Family Discussion
18. Concurrent Planning Readiness Assessment Worksheet

Overhead Transparencies

1. Helping Children Transition from Foster Care
2. Stages of a Disruption or Dissolution
3. Planning to Prevent a Disruption
4. Assessing Your Own Families
5. Giving Permission: The Steps of Integration
6. Roadwork

** Handout needs to be developed by agency.*

Meeting 7:
Gains And Losses:
Helping Children Leave Foster Care

Agenda

Time	Topic
(15 Minutes)	**A. Introduction to Meeting 7** ◆ Welcome back ◆ Mutual selection issues ◆ Bridge from Meeting 6 ◆ Meeting 7 agenda
(40 Minutes)	**B. Going Home: The Role of Foster Parents** ◆ A partnership effort
(50 Minutes)	**C. Helping Children and Youth Transition from Foster Care** ◆ Strategies for successful transitions
(10 Minutes)	**BREAK**
(10 Minutes)	**D. The Stages of a Disruption or Dissolution** ◆ The six stages
(20 Minutes)	**E. The Causes of Disruptions and Dissolutions** ◆ Assessing your family

Time	**Topic**
(25 Minutes)	**F. Preventing Disruptions or Dissolutions by Giving Children Permission** ◆ The steps of integration
(10 Minutes)	**G. Meeting 7 Summary and Preview of Meeting 8** ◆ Summary of Meeting 7 ◆ Preview of Meeting 8 ◆ Next step in the mutual selection process ◆ A Partnership in Parenting Experience

ROADWORK

- Complete your Strengths/Needs Worksheet.
- Read Handouts 12 through 17 and discuss them with friends and/or family members.
- Complete Handout 18, "Concurrent Planning Readiness Assessment Worksheet."

Merrilee's Case*

Merrilee lived with her birth mother until Merrilee was 16 months old. During Merrilee's first year, her mother had been reported for neglect. It was not too serious, and Merrilee remained in the home. When Merrilee was 14 months old, her mother gave birth to a baby boy and after that, began to neglect her more seriously. Merrilee was placed in foster care while her baby brother remained with her mother. Later he, too, was placed in foster care although in a different home.

When Merrilee came into foster care, the agency staff felt that it would be too confusing for her to see her birth mother. The worker recommended an "adjustment period" for both mother and child with no visits. After this initial adjustment period, both Merrilee and her birth mother seemed to have "adjusted" so well to the separation that both the mother and worker were reluctant to initiate contact between the two. The mother relinquished her rights after six months, having never seen Merrilee again.

Merrilee was a bright and precocious child who became a valued member of the foster family. The foster family wanted to adopt Merrilee; however, the agency was reluctant to allow this. They opposed foster parent adoption in general. In addition, they were concerned about confidentiality because the foster parents knew who the birth mother was; however, the foster parents had had an application in for some time to adopt an infant. Soon after Merrilee's placement with the foster family, an infant boy became available for adoption through a private agency. This boy was placed for adoption with the foster parents, and another adoptive family was sought for Merrilee.

An adoptive family who lived 350 miles away was selected. The initial visit was arranged so that the adoptive family would come and pick up Merrilee at the social services building and take her for an all-day outing. They planned to return her to the social services building so that her worker could take her to her foster home for her last night there. The following day the foster mother was to bring her into the agency; the adoptive family would then take her to their home. There was no plan for the foster and adoptive parents to meet.

This first visit, an all-day outing, went very well, as first visits frequently do. The adoptive family asked Merrilee if she would like to spend the night with them and she said yes. They called the caseworker who agreed with the change in plan. The following morning, the adoptive parents brought Merrilee back to the agency to say her final good-bye to her foster mother. Her foster father, who was at work and who knew that he would be upset by the separation, said his "good-byes" to Merrilee over the phone. The worker took her from the room with her adoptive parents to a room down the hall. Her foster mother was waiting there to give Merrilee her belongings and to say good-bye. Merrilee then returned to the room where her adoptive parents were waiting.

* From, "Helping Children When They Must Move" by Vera Fahlberg, M.D., in **PROJECT CRAFT: Training in the Adoption of Children with Special Needs.** Ann Arbor: University of Michigan School of Social Work, 1980, p. VI-16-18.

The adoptive parents changed Merrilee's name so that she could feel as if she were having a "fresh start" in her new family. Merrilee had long, naturally curly hair. Her foster mother had frequently brushed Merrilee's hair. She did this as a way of being physically close and nurturing with Merrilee. She also used this as a way to raise Merrilee's self-esteem by commenting what beautiful hair she had and how pretty she was. The adoptive mother didn't know this history and suggested that Merrilee have her hair cut, "like your older sister's hair." Merrilee agreed.

I met Merrilee when she was four-and-a-half years old. At that time, she was constantly fighting control battles with her mother. For example, she was not to leave the yard without permission. Merrilee didn't sneak out of the yard; instead, she would sit perched on the fence until she was sure her mother was looking out of the kitchen window. Then, she would go over the fence. If she were asked to do something such as pick up her toys, it never quite got done.

In some respects she seemed overly competent, never asking for help. Merrilee had trouble sitting in a comfortable fashion on her parents' laps. She couldn't cuddle. She was prone to many fears, but the most prominent one was her fear of strangers. Whenever the family had company, Merrilee would become alternately hyperactive and clingy, demanding a lot of attention.

Identifying Underlying Messages

Things that Happened to Merrilee	**Possible Unintentional Message to Merrilee**
1. Foster care placement soon after birth of brother.	
2. No contact with mother soon after placement or ever again.	
3. No contact with brother ever.	
4. Placement of a baby boy with foster parents soon before Merrilee's adoptive placement.	
5. Merrilee learned to trust and love foster parents and then had to move.	
6. The moving plan of one pre-placement visit.	

Things that Happened to Merrilee	**Possible Unintentional Message to Merrilee**
7. No return to foster home after initial visit.	
8. Lack of direct contact with foster father for good-byes.	
9. Lack of contact between foster and adoptive parents.	
10. Change of name at age two-and-a-half.	
11. Cutting of hair.	
12. Lack of contact of any type (no pictures, letters or direct contact) with foster parents after move.	

The Role of Foster Parents in Transitioning Children and Youth from Foster Care

Foster parents contribute to successful transitions of children and youth from foster care.

Moving from a foster home is often emotionally difficult for the child or youth. They need emotional support. When children and youth leave foster homes it can also be very difficult for the foster parents, their families and their friends. However, since the goal of foster care is reunification, it is the healthy foster family who must be willing to take the responsibility to help children manage their emotions during a move, as well as manage their own challenges.

When a child is returning home, or moving to an adoptive home, the foster parents:

- Talk with the child or youth about the specific plans.
- Involve the child and the child's parents or prospective adoptive parents in planning how the move will occur.
- Prepare the child or youth for all the steps of the move.
- Explain the details of any court appearances during the transition time.
- Communicate with the caseworker and parents about how the child or youth is handling the upcoming move.
- Communicate with the child's parents or prospective adoptive parents about how the child or youth is handling the upcoming move.
- Plan a way to honor the child or celebrate the time the child was with the foster family.
- Update the child's Life Book to include information and pictures involved with the move.
- Be prepared for grieving behaviors in the child or youth, as well as in the foster family.
- Honor and celebrate going home.

Planning a Move: Helping Children Transition from Foster Care – Worksheet

Planning a Move: Family Reunification

Rosie and **Lillie** first came into foster care when Lillie was 13 and Rosie was 2. Child Protective Services became involved when John, the girl's dad, became angry and hit Lillie. During the investigation process, John was jailed in a DWI incident and Mary, the girls' mom, hit Lillie and broke Lillie's nose. While in the first foster home, Lillie sexted her boyfriend, using her foster sister's phone. She then disclosed that she had been sexually abused by her Uncle Bill, when he lived with her family. The foster family asked that Lillie be moved from their home, although they wanted Rosie to stay. The caseworker moved both girls into a second foster home, the Baker family. Both girls remained in that home for the rest of the placement.

Lillie had a lot of anger about the abuse, and shame and sadness at leaving the first foster home. She had frequent temper tantrums and several incidents of attempting to initiate inappropriate touching with her foster dad. Her foster dad had training which helped him respond to Lillie's behavior by giving her alternative appropriate behaviors to show caring between an adult and a child. Lillie is in a support group for girls who have been sexually abused and the Bakers follow the recommendations of her therapist. When home visits started, Lillie was frequently anxious and tearful, asking if Uncle Bill would be there. Rosie appears to have adjusted well to the placement and is a happy and curious preschooler. She says that she has two mommies, and cries both before and after visits with "mommy who doesn't live here."

Mary and John visited weekly, at first separately and then together.

John got out of jail and has been regularly attending AA Meetings. He is now working and together he and Mary have found an apartment big enough for the entire family. Both John and Mary attended the mandated parenting classes and used the visits to practice safe ways to discipline the girls. Lillie's temper tantrums are less frequent. They still make both parents a little uneasy, but there has been no physical punishment since Lillie got hurt. Both parents agree that Uncle Bill cannot be allowed around the girls.

Supporting the Transition

Lillie is now 14 and Rosie is 3. There are several messages that need to be conveyed to both girls to help them move permanently back home. The left column of the chart lists some of these messages. In the right column is a space to create specific strategies, things to say and do, to convey these messages. Although the message is conveyed to the girls, things the foster parents can say or do may involve teamwork with the parents, caseworker, and other important adults in the children's life.

Messages to be Conveyed	**Things a foster parent can <u>say</u> Things a foster parent can <u>do</u>**
1. Parents admitted there was a problem and were willing to work for a change.	Say: Do:
2. Lillie and Rosie's return home will be planned and orderly.	Say: Do:
3. John and Mary are good people.	Say: Do:
4. Lillie is a good person. It is not her fault that she and Rosie came into care.	Say: Do:

Messages to be Conveyed	**Things a foster parent can <u>say</u> Things a foster parent can <u>do</u>**
5. Lillie is safe. What happened with Uncle Bill was not her fault and it will not happen again.	Say: Do:
6. The Bakers like John and Mary; they want Rosie and Lillie to feel good about going home to their parents.	Say: Do:
7. Lillie can deal with her feelings and behaviors at home as well as she does at the Bakers.	Say: Do:
8. Lillie and Rosie can continue to know the Bakers after they return home.	Say: Do:

Planning a Move: Adoption

History

Jason has been in care for a year. He hasn't seen his mother since he was a toddler. His father, who physically abused him, is serving a ten-year prison sentence for drug-related charges. The agency is seeking to terminate his parental rights. Jason was living with his paternal grandmother until last year, when she died. No other family members can provide a home for him so Jason was placed in foster care.

While in care, he disclosed to his foster mother that he is gay. He said that he has known that he is gay for as long as he can remember. He said he is not sexually active and that no one else knows he is gay. Jason gets along well with his classmates, but he has no close friends. Jason does well in school and is affectionate in the family. He becomes very sad at times, but is able to talk about his feelings, especially about his grandmother, father, and mother. His foster mother has always been willing to adopt him but Jason didn't want to think about being adopted when he first came into care.

Update on Jason

Jason is sixteen now and in the process of being legally freed for adoption. Jason's dad, still in prison, has voluntarily terminated his rights with the stipulation that he have continued contact with Jason. Jason's mom, who is remarried and living out of state, was contacted by the agency and she initiated the termination of her parental rights. She refused all contact with her son, which hurt Jason deeply. Jason's foster mom was loving and supportive during those especially difficult months. He began calling her "ma" and, for the first time, expressed an interest in being adopted. He still has some very real fears about the adoption. He is interested in a young man he met in his gay youth support group and wants to start dating. He needs to know his sexual orientation will be respected by ma now that it's "real." He believes in his heart that his sexual orientation is the reason his mother wanted no contact with him. Jason is also worried that maybe he's too old to be adopted. Who will he be? How will things change? What happens when his dad gets out of jail?

Supporting the Transition

There are several messages that need to be conveyed to Jason to help him move into an adoptive family. The left column of the chart lists some of these messages. In the right column is a space to create specific strategies to convey these messages. Although the message is conveyed to Jason, things the foster mom can say or do may involve teamwork with the parents, caseworker, and other important adults in Jason's life.

Messages to be Conveyed	**Things the foster/adoptive mom can <u>say</u> Things the foster/adoptive mom can <u>do</u>**
1. This is an orderly and planned step toward permanency.	Say: Do:
2. Jason's sexual orientation is an important part of his identity and will be respected.	Say: Do:
3. The people in Jason's past are okay.	Say: Do:
4. Jason is to have continued contact with his dad.	Say: Do:

Messages to be Conveyed	**Things the foster/adoptive mom can <u>say</u> Things the foster/adoptive mom can <u>do</u>**
5. What will change between Jason and his foster mom when she becomes his adoptive mom.	Say: Do:
6. It's not Jason's fault that his mom did not want continued contact with him.	Say: Do:
7. Jason will be a valued and loved member of this family.	Say: Do:

Preparing your child for respite

Suggestions for full time foster parents

Before the respite begins

- Explain to the child what respite means i.e. that all adults need to spend time together and it is normal for children to go and stay with other families that they know are safe and fun, like an aunty or uncle's house.
- Reassure the child that you will be there when they come home.
- Provide the child with photographs of the respite family, the house, any pets, the bedroom they are going to sleep in. This provides a family profile.
- Encourage the child to talk about any fears or worries they may have. (Do I get a night light? Do I flush the toilet at night? What if I get hungry?)
- Have a conversation with child to prepare them for first sleep over, i.e. "you might miss me", "I will miss you", "Remember you can think of me with (transitional item)" "When you are away I will be thinking of you" and "I will look forward to seeing you when you get back."
- Explain to child that each family has different rules and it might be hard for them to remember the new rules. Practise with the child as to how they would ask the respite carer if they needed something or if they were not sure of what was going to happen.
- Let the child know what activities they will be doing with the respite family.

Planning the transition

- Plan the transition with your respite support worker, field officer and respite carer:
  - Dates of introductions, day visits, first sleepover, etc.
  - How respite is presented to child, all parties on the same page
  - How will information be shared
  - Roles of all involved
  - Consistent parenting strategies – any special needs
  - Taking into consideration:
    - Child's emotional age and understanding (<6yrs hard to process idea of multiple carers)
    - Distances
    - Siblings
    - Timing
    - Holidays and other commitments.
- Respite carer and full time carer meet (without child) or at least chat on the phone about details of child's needs such as child's food likes and dislikes, bed and bath routine at night, enjoyable activities, fears and special needs.
- Dates of visits and sleepovers shared and put on calendar for child to see. School holidays may be an ideal time.
- Child first meets the respite carers with their full time carer at the child's home.
- Second meeting at the new respite family home with full time carers present (for at least some of the time).
- Child to play a role in sharing information about themselves to the respite carer. This may be sharing a photo album or making a list together of likes and dislikes. Child could come up with own ideas.
- Carer provides transitional object for child for first overnight stay (and subsequent stays if required), such a piece of carer's clothing they can wear so they can smell the carer or a pillow, blanket, necklace etc.
- Respite carers to explain family rules and what activities they have planned.
- Clarify roles for the child – ensure child has a sense of the supportive partnership between carers.

During the respite

- Primary carer to leave little notes for child to find in their bag with positive messages. This is good for all ages of children.
- Child to have the option of a night light (even older children).
- Suggest that the respite carers not introduce new people to the child too soon – give the child time to negotiate their new respite relationships first.
- Encourage the respite carer to be empathetic to the child about how hard it is for them to learn new family rules. However, boundaries and rules should be established from the very beginning.
- For some children you may suggest to the respite carer to have all the children's routines on the fridge - i.e. bath time, bed time routine etc. Suggest to the respite carer to explain why they have put the routine on the fridge (because they know how hard it is for children to learn different house rules and they might get them mixed up and find it hard to ask questions). Explain that they can always check the fridge together.
- Suggest the respite carer ask the child if they have any rules for them, e.g. child may not want to be tickled or hugged. It is also important to have fun rules e.g. we have a family rule of saying nice things to each other at the dinner table or sharing "What was the best part of your day?"

After the respite

- Check in with the child after each stay – "What did you do?", "What was fun, what wasn't?" Check to see if they had any worries.
- Include the respite family in the child's *My Life Story Book* (if they wish).
- Again clarify roles for the child. Reinforce that the full time carer is just that and respite is for occasional weekends. This avoids the child 'splitting' the two carers (emotionally playing one off against the other).
- Reinforce that you will always be there when the child comes home.
- Let the child know what you did while they were away and how much they were missed.
- Share relevant information with the field officer, respite program support worker and respite carer.
- Ask the respite carer to provide feedback on how the placement went.
- Resolve any differences or concerns the child had as soon as possible.

Department for Child Protection
Telephone: (08) 9222 2555
Country free call: 1800 622 258
Web: www.childprotection.wa.gov.au

Fostering Services
Telephone: 1800 024 453

DCP123.0511

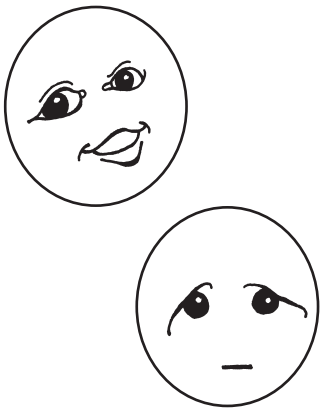
Definitions – Disruption and Dissolution in Foster Care and Adoption

Disruption: an unplanned move from one foster or adoptive home to another out-of-home situation.

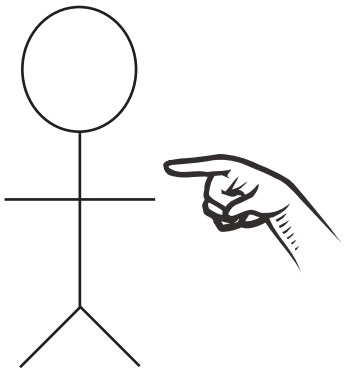
Dissolution: the legal act of ending an adoption, much like a divorce ends a marriage.

Stages of a Disruption or Dissolution

Diminishing Pleasure

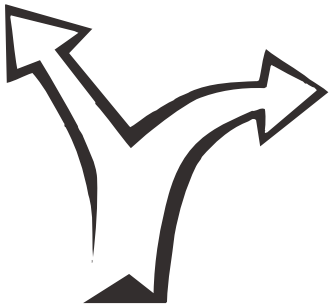


Child is seen as blame for all



Going Public

Turning Point

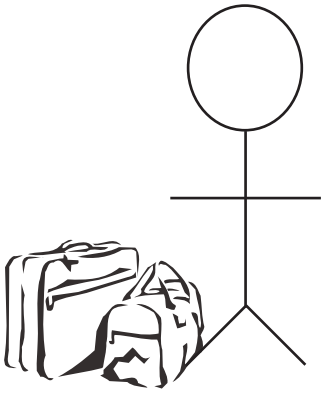


Ultimatum

You will...

You won't...

Decision to Disrupt



Stage	Description
1. Diminishing Pleasure	Where in the early months of placement the negatives begin to outweigh the positives.
2. Child is Seen as the Problem for Everything	When anxiety creates a time of child's "acting out," and the child is seen as the cause of all problems.
3. Going Public	When talking about the problem to family and friends increases the bad feelings.
4. Turning Point	When a bad or critical incident or crisis occurs that almost is "the last straw."
5. The Deadline or Ultimatum	When parents set a timeframe for improvement, or give the threat, "One more time…"
6. The Decision to Disrupt	When the child fails to meet the expectations for the deadline, violates the conditions established and has to go.

* Adapted from Patridge, S., Hornby, H., McDonald, T. (1986). **Learning from Adoption Disruption: Insights for Practice**. Portland, ME: University of Southern Maine, p. 61-68.

Disruptions: Preventions and Interventions*

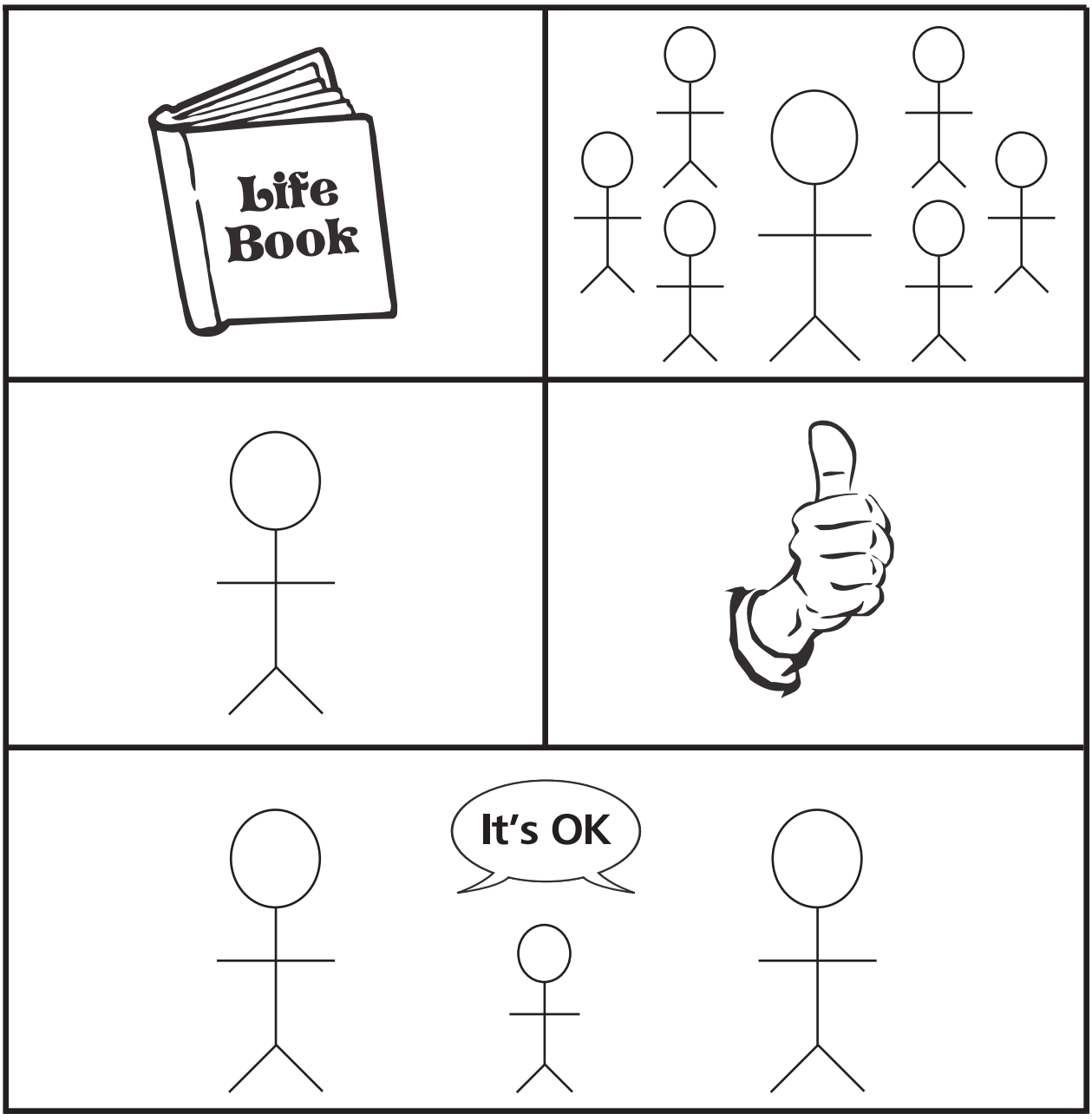
Causes	Preventions	Interventions
1. *Child does not fulfill parent's expectations about fostering or adopting.* Case Example: Joey, age 14 months, cries much of the time and is not easily comforted by being held or fed. He still is just now learning how to walk. He was prenatally exposed to cocaine. The parent expected a child this age to respond more quickly and affectionately to her. The parent did not anticipate the complexity of the relationship with Joey's young mother. She's having doubts about her decision to parent Joey.	Foster or adoptive parent:	Foster or adoptive parent:
	Caseworker:	Caseworker:
2. *Parents' own children do not like new child.* Case Example: Karen, age 14, who has been diagnosed with FAS, is placed with the Conrads. The Conrads' 12-year-old daughter, Ruth, is embarrassed about Karen having troubles in school and wanting to socialize with Ruth's friends. Ruth refuses to talk with Karen. She tells her parents she is miserable in her own home. They regret their decision to parent Karen.	Foster or adoptive parent:	Foster or adoptive parent:
	Caseworker:	Caseworker:

* *Adapted from "Providing Services to Children in Care" by Eileen Mayers Pasztor, (1982) Inservice Child Welfare Training Curriculum. Washington, D.C.: P.D. Press, Creative Associates, p. 123*

Causes	**Preventions**	**Interventions**
3. *Parents are discouraged by child's slow progress in attaching to them or in other areas of needed behavior change.* Case Example: Jenny is now seven-years-old and has been physically abused in the past (by her mother's boyfriend). Sometimes Jenny is adorable and compliant. Other times Jenny disobeys deliberately and doesn't want to be touched. She hits and kicks the family dog when she thinks no one is looking. Jenny has been with the family for a year and still does not seem to trust them. They are disappointed in their parenting abilities and regret their decision to parent Jenny.	Foster or adoptive parent:	Foster or adoptive parent:
	Caseworker:	Caseworker:
4. *Other*	Foster or adoptive parent:	Foster or adoptive parent:
	Caseworker:	Caseworker:

* Adapted from "Providing Services to Children in Care" by Eileen Mayers Pasztor, (1982) **Inservice Child Welfare Training Curriculum**. Washington, D.C.: P.D. Press, Creative Associates, p. 123

Giving Permission: The Steps of Integration



In the following spaces, identify specific things foster and adoptive parents, and/or child welfare workers can do to help clarify a child's permission to be in care, to live with new parents, to be loved by them, and to love them.

Integration Steps	**What the Foster and Adoptive Parents Can Do**	**What the Child Welfare Worker Can Do**
Step 1: Accurately reconstruct the child's entire placement history.		
Step 2: Identify the important attachment figures in the child's life.		
Step 3: Gain the cooperation of the most significant of the attachment figures available.		
Step 4: Clarify the permission message.		
Step 5: Communicate the permission message to the child		

* Adapted from Kathryn S. Donley, "Disengagement Work: Helping Placed Children Make New Attachments," **From Foster Parent to Adoptive Parent**, (1988) Atlanta, GA: Child Welfare Institute.

Openness in Adoption

In child welfare, "openness" is a term to describe the degree to which a child who has been adopted continues to be connected to his or her family of origin.

The level of openness is a parental decision, based upon the needs of the child. Levels of openness fall along a continuum, from lower levels of openness to higher levels of openness. Adoptive parents consider the child's identity, cultural, well-being, and safety needs in order to determine the level of openness most appropriate for the child. Levels of openness can change with circumstances, age of the child and other considerations.

Examples of levels of openness include:

- Providing children with information about their family of origin.
- Letters and photos exchanged between parents and adoptive parents through the child placing agency.
- Giving children photos and letters from their parents and/or extended family members.
- Letters between children and their parents and/or extended family members.
- Sharing holidays with parents and/or extended family members.
- Regular visits with parents and/or extended family members.
- Ongoing shared parenting with parents and/or extended family members, much as other extended family members share parenting responsibilities.

Strengths/Needs Worksheet – Meetings 6 and 7

Now that you have completed Meetings 6 and 7, we would like you to think about your strengths and your needs, personal as well as family. For each bolded skill, please write an example of your strength and/or your need. You can provide as many examples as you'd like but please provide at least 3 strengths and 3 needs on this worksheet.

Skill	Activities	This is a strength for my family because….	This is a need for my family because…
1. Know your own family.	Meeting 7 Assessing Your Family to Identify Stressors and Prevent Disruptions		
2. Communicate effectively.			
3. Know the children.			

Skill	Activities	This is a strength for my family because….	This is a need for my family because…
4. Build strengths; meet needs.	Meeting 7 Merillee Case Scenario Planning the Return Home Video Helping Children Transition Out of Foster Care-Case Examples		
5. Work in partnership.	Meeting 6 Positive Parental Alliance Shared Parenting and Visits Managing Problems with Visits: "I Don't Want You to Go!" Competition: Strategies for Sharing Parenting Meeting 7 Planning to Prevent a Disruption		
6. Be loss and attachment experts.	Meeting 6 Managing Problems with Visits: "I Don't Want You to Go!" Meeting 7 Giving Children Permission–Stages of Integration		

Skill	**Activities**	**This is a strength for my family because….**	**This is a need for my family because…**
7. Manage behaviors.			
8. Build connections.	Meeting 6 Five Connections Activity Meeting 7 Openness in Adoption		
9. Build self-esteem.	Meeting 6 Triangle Family Meeting 7 Openness in Adoption		
10. Assure health and safety.			
11. Assess impact.			
12. Make an informed decision.			

Abilities Developed During Meetings 6 and 7

Following are the abilities developed or enhanced during Meetings 6 and 7 of the GPSII/MAPP program:

GPSII/MAPP Meeting 6 Abilities

By participating in Meeting 6, prospective foster and adoptive parents should be able to:

- Describe personal or family strengths and needs related to the Twelve Skills for Successful Fostering and Adopting.
- Describe how culture, race, and ethnicity are tied to identity.
- Define culture in terms of identity, self-concept, and connections.
- Explain how a child's cultural identity is important to well-being.
- Describe how the Indian Child Welfare Act (ICWA) affects the well-being of children and youth who are Native American.
- Explain the requirements and intent of ICWA.
- State the responsibilities of foster families relative to ICWA.
- Determine the risks for a Native American child whose cultural identity is not maintained.
- Describe how the Multiethnic Placement Act of 1994 (MEPA) and its amendment of 1996 (IEP) can affect the well-being of children and youth placed transracially.
- Explain the requirements and intent of MEPA/IEP.
- State a prospective foster family's responsibility relative to implementation of MEPA/IEP.
- Determine the risks for a child whose cultural identity is not maintained in foster care or adoption.
- Nurture a child's cultural connections.
- Demonstrate the skill of asking critical questions to understand a child's cultural needs.
- Demonstrate how they can support a child's need to be connected to cultural roots.
- Support shared parenting.
- State the purpose of sharing parenting.
- State the purpose of visits for children and youth in foster care.

- Determine benefits of shared parenting, including the effective use of visits.
- State the agency's expectations about foster parents' roles in shared parenting, including the foster parents' role in assuring successful visits.
- Describe at least ten shared parenting strategies for making visits work well for children and their parents.
- Describe potential problems of shared parenting, including problems with visits between children and their parents.
- Describe their role during visits.
- In case examples, select shared parenting strategies.
- Demonstrate support of the alliance model through visits.
- List ways to share parenting of a child in foster care.
- Describe at least ten shared parenting strategies not related to visits.
- Make an informed decision about attending Meeting 7.

GPSII/MAPP Meeting 7 Abilities

By participating in this meeting, prospective foster and adoptive parents should be able to:

- Describe personal or family strengths and needs related to the Twelve Skills for Successful Fostering and Adopting.
- Explain the ways children and youth transition from foster care including return home, into an adoptive home, into a new role in the foster family that adopts, and into interdependent living.
- Help children and youth transition from foster care.
- Apply the concepts of permanency planning and concurrent planning in case examples of children and youth leaving foster care.
- Define disruption and dissolution in foster care and adoption.
- Explain how disruption and dissolution can affect a child's sense of well-being.
- Explain the stages of disruption.
- Describe possible sources of stress in families which may cause disruptions.
- Describe situations which might trigger anxiety in the family.
- Demonstrate ways to prevent disruptions or dissolutions of foster care placements or adoptions.
- Apply strategies for intervening with a child's behavior during a family crisis or preventing a crisis.
- Demonstrate ways to manage their own reactions to the first two stages of disruption.
- Make an informed decision about attending Meeting 8.

Resource Guide for Post-Adoption Finalization Services

Do Not Copy!

(To be developed and added by local agency)

Post-adoption services vary greatly from agency to agency. Please develop a handout that will describe in detail the services available to adoptive parents after legalization of the adoption.

A Youngster's Story*

Joyce, age 15, was first placed with an adoptive family when she was ten-years-old. This placement lasted for about a year until disruption and Joyce's move to her present adoptive family. The following information was gathered during a recent interview with Joyce.

Joyce remembers most of the families with whom she has lived during her life and is able to talk easily about her experiences now. Joyce says that discussing past placements, especially the adoption that disrupted, would have been very difficult for her until recently. As she puts it, "Now I'm attached; it would have bothered me at first to talk about it."

Prior to her first adoptive placement with the Browns, Joyce had met and visited with a prospective family with whom placement was never accomplished. She recalls feeling really happy during her meeting and visits with them and was pleased that she was going to be placed with her birth brother. Joyce was excited about being adopted and was very disappointed when things didn't work out. Sometimes Joyce still thinks about what might have happened had she gone to live with that family.

But mostly Joyce thinks about the Browns. At first Joyce was extremely happy at the idea of being adopted. Having been told that "adoption was forever," Joyce was thrilled that she was going to have a home and a family of her own. But she was scared, too. Despite what she had been told, Joyce had thoughts that the placement might not work. Her biggest fear was that the Browns' son, Tommy, might get more attention, love, etc., than she would. Joyce was afraid that the Browns would not love her as much as they loved Tommy because she was adopted. After about a month, she began to relax and to lose some of her fearfulness. The Browns were not treating her any differently than they did Tommy, and Joyce was happy.

Joyce recalls that the problems began very early on in the placement. Tommy and Joyce quarreled a lot, and Joyce had a hard time getting along with either of her parents, even though she liked them both. Little disagreements resulted in big arguments. Joyce did not like the idea of having a baby-sitter (she thought she was too old for that), and resented some of the punishments she received when she misbehaved. At one point, the Browns told Joyce she could go back to the "orphanage" if she was so unhappy, but she definitely did not want that and told the Browns so. Looking back on what happened, Joyce feels that this placement disrupted because she didn't always know what her parents expected of her and because everyone was always arguing. She says she "sort of knew all along that it wasn't working" but was still somewhat surprised when the end came.

When Joyce left the Browns and moved to her present family, she was told that it would be for only a couple of weeks, but she "kind of knew this was for good." She was upset and didn't want to leave the Browns but at that point she had no choice.

* Adapted from **A Look at Disrupted Adoptions**, Chelsea, MI: Spaulding for Children, n.d.

Joyce knew immediately that things were going to be different in her new family. The other child already in the home had been adopted also, which made a big difference to Joyce. People in this family didn't argue nearly as much, the family did lots of things together, and Joyce had more friends. Sometimes she was homesick and missed the Browns and she frequently looked at the pictures she had of them. She did not want to go back to the Browns, however, and refused even to see them to tell them good-bye. She felt she couldn't face them because of the questions she thought they would ask, like, "Why do you like it there?" and, "Why don't you want to live with us?"

At that time in her life, Joyce would have appreciated having someone to reassure her that things were going to be all right. She especially wanted reassurance from the two sets of parents involved, but would have accepted it from her social worker. Joyce says, "It helps to have people listen." She feels fortunate to now have "a mom who listens good." Not long after it was decided that Joyce would remain with her new family and not go back to the Browns, her dad took her to a park she had often gone to with the Browns. Joyce began feeling very sad and almost started crying. Her dad was not very understanding of these feelings, but she was able to talk with her mom later.

Joyce occasionally thinks about the Browns even now and wonders what her life would have been like if the placement had worked. Although Joyce is quite happy in her present family, she still feels badly that her first adoption disrupted. She remembers feeling very angry at herself when the placement was disrupting because she "couldn't get it together with them (the Browns)." At the time, she felt that the placement didn't work because she had done something wrong. She still feels that way sometimes.

Reflecting on Joyce's Story

Joyce's experiences and feelings are common to most children experiencing a disruption, although not all children can express how they feel. For those who can, their behavior often speaks more loudly than their words. The responsible adults in a child's life must be aware of the emotions the child is experiencing and be prepared to help the child deal with them; however, the most disconcerting situation for social workers to deal with is the child who expresses nothing verbally or behaviorally. The child is frequently using the only semblance of power they have left, the power to cover it all up. This is difficult for the child, who must exert tremendous amounts of energy to keep anything from being revealed. This expended energy could have been put to better use recognizing and dealing with the child's feelings. With this type of child, the social worker has the additional responsibility of helping the child acknowledge personal feelings. As Joyce points out, the child needs someone to reassure and to listen to them. Often the social worker is the only person who is able to fulfill that function.

Many times the social worker is also the target for all of the child's angry and hostile feelings. A boy may be angry at himself for allowing himself to feel so deeply about the parents he is losing. He may be angry because, like Joyce, he believes he caused or could somehow have prevented the disruption. A girl who has experienced numerous moves might be angry because she believed this placement would be different (i.e., permanent). The child is angry with her adoptive parents for not loving her enough to keep her.

She is also angry with her birth parents who, in her mind, are to blame for everything because they gave her up originally. She is angry with the social worker for placing her with this family, for making a mistake and for not fulfilling a "promise" for permanence.

Disruptions reactivate and/or intensify children's feelings of worthlessness, "badness" and powerlessness. Once again, they must move, whether they want to or not, because the adults involved make that decision for them. They are frightened. No matter how bad the present situation is, it is preferable to that unknown future with strange people in a strange place. Children fear never having a home and family of their own and spending the rest of their lives moving from one place to another. Shock, grief, depression and guilt also come into play at some point, as losing adoptive parents generates feelings similar to those resulting from death. Social workers must help children with all of these feelings, and children must hear the reassurances and verbalizations of their feelings more than once. Repetition is mandatory if the child is to ever understand and learn to cope with what has happened to him.

Joyce, like most children, wanted to be adopted, liked her adoptive parents and was upset when the adoption disrupted. For a very few children, however, a disrupted adoption is not a tragic event but a familiar happening. Leaving a family is something they know and are comfortable with; the idea of permanence, an unknown entity, is too frightening. Some children manipulate their own rejection in order to terminate the adoption. Much more work needs to be done with these children in preparing them for re-placement.

Fortunately, most children experiencing a disruption are able to move into another adoptive family successfully. But their memories and feelings about the disruption will, to a great extent, depend upon the sensitivity of the adults involved before, during and after the disruption. The adult who is usually involved in all three phases is the placement worker.

Joyce's Worker's Comments

There are some significant facts about Joyce's disruption experience that may have special lessons for other placement workers. Her recalled versions of events that occurred five years ago differ from actual events in several crucial areas. I am satisfied that this is not due to fabrication on her part, but rather by memories reshaped by the passage of time and a deeply emotional experience.

The move from the Browns was, in fact, a planned, two-week vacation break; a "time-out" for Joyce and her adoptive family to use in sorting out their commitments to one another. Several days after the visit began, Joyce decided she could not return to the Browns and asked to stay on with the temporary family on a permanent basis. The Browns made the similar decision that she should not return to them. Despite Joyce's opposition, I pressed her to return to the Browns with me to collect her belongings and bid them good-bye. She apparently has no recollection of these events. Instead, she describes her feelings during that time as if they were the factual events of the period. Her observation that she would have appreciated having someone reassure her that things were going to be all right makes me very aware of how youngsters going through emotional trauma perceive the efforts of the social workers. I thought I had offered her that reassurance. She remembers that either I did not or that what I did offer was not sufficient — and I must accept her judgment as the more valid.

Joyce was a child who was adopted that I have been able to follow over several years. She has become a lovely, delightful, responsible young lady and, though her re-placement has not been without problems, I am satisfied that she is remarkably better placed with her current family. In the summer of 1975, Joyce accompanied me to Washington, D.C., to testify about her foster care/adoption experiences before a Senate subcommittee considering new national legislation to assist more older and handicapped children in being adopted. She was pleased to see the White House and the U.S. Capitol but was ecstatic over her very first plane ride.

Disruption: A Foster Mother's Point of View*

What is it like to be the foster parent during a placement disruption? For me, the disruption experience was devastating. Even now, 18 months later, the memories are excruciatingly vivid; but I am slowly recovering my self-respect and confidence.

After we decided we couldn't continue with the placement, I was still torn between loving Christine, keeping her and knowing that for everyone's survival she had to live elsewhere. I felt that I had failed as a mother. The guilt over giving up — not following through with something I had promised to do — was devastating. Our worker helped to intensify my feelings by not listening or understanding what we were going through. She accused us of giving up when the going got a "little rough," of not caring about the child. To her, it seemed like we were selfish failures not only as parents but as people. Then she told us Christine would be moved as soon as she found another foster home. We didn't hear from the worker again for about three weeks. (When I called her, she wasn't in.) Late one afternoon, she called and said to bring Christine to the office the next morning at 9:00 a.m. and to bring all her clothes. When we arrived at the office, someone immediately took Christine away. We were told to wait for our worker to complete the paperwork. I never saw Christine again; there was no chance to say good-bye. She died for me that instant.

Later I called the worker to ask about Christine. She would give me no information about her; Christine was no longer my concern. It was made very clear that no one would ever give me any information about her. Part of me knew that she was alive, but it seemed as if she had died and that I had killed her. All kinds of feelings raged through my head. I was angry and hurt by the insensitive way we were treated. The whole scene was unfair and humiliating. No one cared how we felt; no one listened when we needed to talk. My husband and I were alone, isolated in our grief and pain. That had to be the loneliest time ever, I thought.

* Adapted from **A Look at Disrupted Adoptions**, Chelsea, MI: Spaulding for Children, n.d.

Disruption: Another Foster Mother's Point of View*

It was about two years ago in January that Kenny entered our lives. His recent recovery from chicken pox had delayed our meeting. Nervous and excited, Jay, my husband, and I and our two boys went to the social services agency to meet Kenny and talk to his social worker.

We learned Ken would turn 6 in a month and was halfway through kindergarten. We noticed he was not too well coordinated, but he had no apparent serious physical or emotional problems; however, one report said he was possibly below normal, mentally. The social worker told us that Ken had lived with his parents until he was a year and a half old and spent the next year moving between his mother and a foster home. By the age of 4, he became a permanent ward of the state and was placed in another foster home. Apparently, Ken's mom had serious mental problems and just could not cope with raising kids and keeping herself together. As a result, Ken had a difficult time. Things were going pretty well at kindergarten but there were some discipline problems. One foster family had talked of adopting him, but after two years they would not and requested his removal. The agency placed Ken with us with the expectation we would help him move to an adoptive home.

Jay and I had moved into a large farmhouse. We had two boys of our own — 10 and 8. Of course, we had plenty of room and love in our hearts for one more. We determined from the start that we couldn't make any major exceptions in our usual rules in order to make Ken's visit realistic. It would be no use to treat him as a guest and later expect him to become a family member and not have any idea of what it was all about. The bed and dresser were all set in Ken's room; we planned to buy him a new shirt and pants for church Sunday.

Our first real conflict was at the grocery store the next morning. Ken was determined that he would have a candy bar at the checkout counter — and I was determined that I wasn't going to start anything! It ended up with me carrying Ken out to the car with him yelling, "I hate you! I hate you!" The storm passed and, I figured, one step had also passed in Ken's learning that I meant what I said. Was I ever embarrassed! It was frustrating, but Jay and I considered that it was just part of the huge adjustments we all had to make. Things would go better as we grew to know each other.

At least when you come home from the hospital with a baby boy, he doesn't have too much of an idea of what you are supposed to be doing, so you have the advantage of learning as you grow together. What a different picture bringing home a 6 year-old, with all his experiences: different families, food habits and a personality well-formed.

I enrolled Ken in kindergarten. There were no more problems than you would expect for the situation. Jay and I expected Ken, at 6, to dress himself, and encouraged his independence in washing himself and brushing his teeth. He learned to feed the dog and liked to help me set the table.

* Adapted from A Look at Disrupted Adoptions, Chelsea, MI: Spaulding for Children, n.d.

We quickly learned that Kenny backed off if you moved to put your arm around him; he didn't like to be touched. For me, that was hard. I'm naturally affectionate toward children. It wasn't too long after Ken's arrival that he needed his toenails clipped after his bath. He would shake and scream. It was a trauma for him to have his nails trimmed or even a cut washed for a Band-Aid to be put on. In spite of this, he was good-natured and anxious to please. Each day it was as though it was Ken's first day in our family routine. For example, most mornings we had oatmeal for breakfast — it was one of the boys' favorites. We had talked from the first day of Ken's arrival that the cereal is really hot in the middle and you have to start at the outside edge. Ken just plain could not remember where to start.

Again, we found that Ken could do only the most routine job when it came to chores. His job was to feed the chickens. If the hens had lots of table scraps, they wouldn't eat all their grain. Ken would give them grain religiously every time, even if their pan was still full from the last feeding. In contrast to this, Ken was champion wood-getter for the fire, expert at sweeping the kitchen floor and loved to vacuum.

It was one thing after another. Ken talked out loud to himself continuously at school, at home and everywhere. We talked about how to act every place we went. Ken could not seem to remember from one time to the next how to act, whether it was at the store, at church or just visiting. Day after day, there was no significant change. We became so disheartened, guilty and frustrated. When our social worker came, I told her things were not going well, but she had confidence in us and encouraged us to stay with it until an adoptive home could be found. We made so little progress. My life became a seesaw of hope and despair. We would have an awful week, and I would get so angry and frustrated. The next week things would go better, and I would be full of hope. In spite of all of this Ken tried so hard to please us and was so afraid that it was continuously heartbreaking. I was heartsick and would try anything.

Time, time and more time, we knew it would take time. We knew Ken needed time: time to grow, time to heal and time to learn to trust. We made two decisions. First, we would only expect Ken to do what we knew would give him success. And second, Ken would repeat kindergarten since he was adjusting to us, school and everything in general. We began that fall with hopes high but hearts a little heavy — the time Ken had been with us was not all we had hoped or expected.

School began and Ken was disappointed that he was not with the friends he had made from last spring. On the other hand, he was familiar with the school routines, his teacher and knew the ropes. By the October conference, we learned that Ken demanded his teacher's attention regardless of what she was doing, interacted mainly with her, and during the play period wandered from activity to activity. He was still talking to himself continuously.

From our conference, we learned that Ken would not begin any new activity. In this situation, if he was pressured, Ken would shake and flatly refuse to attempt the puzzle or whatever. Working through the school, their diagnostician and social worker, it was recommended that Ken be placed in a classroom for the emotionally disturbed.

Right from the start, I knew in my mind it was the only hope for Ken. After Christmas vacation, Ken started in the new classroom with Mr. Jones. We noticed some immediate changes: Ken loved to go to school and didn't want to miss it for anything. He loved numbers, and Mr. Jones planned his program so that he progressed as fast as he could. There were problems, too: times when Ken would throw his book around — or himself, yell at Mr. Jones — but they backed up a little and began again. We all did that during those weeks. We hoped that we could live with each other. We hoped that stability and positive relationships would finally emerge.

For those first weeks, Ken and I talked about many things for the first time and were able to work together easily, but it didn't last long. At Mr. Jones' suggestion, we began a point system at home. Ken could earn points by making his bed in the morning and getting dressed in time for breakfast, etc. Eight points could be earned at home in a week, and on Friday these were sent to a class store. At school, points were given for beginning work, finishing work and acting like a student while doing it. Ken came home with many treasures and worked hard to earn points. He bought me a ring at the store. I was touched by his thoughtfulness and so proud of him. He began to feel more positive about himself and began to open up more. After a couple of months, he could even say how he felt about something. He finally told us that he was afraid of the chickens — we never had any realization of that before!

Even with this new openness, a resentment and bitterness sprouted in both Ken and me that scared me. It took all I had just to exist. I worked hard to keep a normal household together. I began to realize that the uncertainty of Ken's behavior was more than I could cope with. I knew he needed time, but I had invested so much of my life and self in trying to help us make it so far, I had no further resources left to give him. This handsome, kind child whom we loved was so confused and fearful within himself.

Never in my life had such a difficult decision faced me. I was sick — guilty and frustrated. What kind of a foster mother gives up a child? What a failure! We had reassured Ken that he would be part of our family until his adoptive family was located. I began to think that if I left Jay and the other two boys, I could make a go of it with Ken on our own some place; or maybe there was another family who would really accept Ken, knowing his problems from the start. The agony of those deciding days! Jay felt the same way I did. Our own children were suffering because it took so much energy just to keep Ken on an even keel. With the conflict of feelings and resentment inside me, I certainly wasn't much of a wife.

Finally, we met with our social worker who helped us to see where we were. Once I could see that a future positive placement for Ken was possible, I knew that was the best move to make. Although not the easiest route, I knew that Ken would have a new opportunity ahead of him. It would not be so easy for Ken with his difficulties, but to have a family where the problems were known and he was accepted would be a step in the right direction. As for me, the possibility began to take hold that I could put myself back together again as a mother and wife.

Once the decision was made, it was only a matter of time before Ken moved. It was now late May and we understood that by the end of June, Ken might be placed with an adoptive family. About this time, Jay and I became involved in a foster parents' group. The group helped us deal with our own feelings of guilt and failure. We learned to support Ken. As well as any of us, he knew it had not been a happy time. We helped Ken to see the whole situation better, reassured him there was a family just for him and comforted him in his sadness.

After much screening by the agency which took Ken's case, an adoptive family wanted to visit Ken. They came to visit in Mr. Jones' room, just as observers, and then took Ken out to lunch. I will never forget that day he burst through the door and shouted, "I just picked out my own new mom!" I was happy but sad, anxious but relieved, and so excited for Ken. There were two more visits and a meeting of old and new parents just to talk things over. Ken moved at the end of June.

We experienced a mixture of sadness and relief: sadness that our hopes to really help Ken had not worked out; relief that Ken was moved and was settled with another family. In the course of time that Ken was with us, we came to realize that we were not a family who could survive the continuous emotional upheavals of foster care. Through our experience, we learned about ourselves, and we have become more understanding of people facing problems with their children. I saw, day by day, that a new placement freed both Ken and me to go on with our lives rather than crippling each other. For each of us — Jay, the boys, Ken and me — I know we made the right decision.

A Letter to Some Friends*

Dear Marty,

We hope the first quarter of the year is going well for you and bringing you much happiness and good health.

We have had to make difficult decisions over the last few months. It all actually began over a year ago when we adopted Michael and Stephen. As we got to know each other, it became apparent that the boys were both severely emotionally disturbed. When they moved in, they had been seeing a psychiatrist and we continued seeing him for 15 months. While he was and still is a great comfort to us, neither he nor we were able to make the kinds of changes necessary to make our foursome a real family.

In August, we decided that separating the boys for a while might alleviate the strain on all of us. Stephen went to a children's psychiatric ward in a local hospital for evaluation and we kept Michael at home. After four months of evaluation, the results were that Stephen needed long-term residential care and was not ready for a family situation. With great sadness and reluctance, we agreed and signed termination papers in January.

While Stephen was gone, Michael made some progress, but there was still continual strain and conflict for the three of us. His seven earlier years of emotional trauma were making it difficult for him to try new ways of thinking and behaving. For our part, we were running out of strength and endurance to cope with what was obviously going to be a long-term struggle.

In the best interest of all three of us, we made another painful decision that we should terminate with Michael, too. The decision was based on our own agonized debate and on the psychiatrist's recommendation, which was that Michael was very disturbed and our lives were liable to be troubled for a long, long time. We just could not meet each other's needs. So we terminated with Michael at the end of February.

We are now in the process of picking ourselves up and expect to spend some time relaxing and getting a fresh perspective on our lives. Our future plans still rest in limbo for the present.

We feel good about the help and love we were able to give the boys while they were with us, yet we deeply feel their loss and regret that our original family intentions could not be realized. We hope that good things will happen for the boys in the future and will always think of them.

We are also hopeful that we may look forward to a more peaceful time.

Love,
Susie

* Adapted from **A Look at Disrupted Adoptions**, Chelsea, MI: Spaulding for Children, n.d.

Questions for Family Discussion

After reading Handouts 12-16, please consider the following questions with your family. You may write down some answers or use the questions to guide your family's discussions about disruption and dissolution.

1. What feelings were common to the people involved in these stories?

_____

_____

_____

_____

2. What were the causes of the disruptions?

_____

_____

_____

_____

3. What, if anything, could have prevented the disruptions?

_____

_____

_____

_____

4. Had you been the foster or adoptive parents, would you have done anything differently?

_____

_____

_____

_____

Concurrent Planning Readiness Assessment Worksheet

1. Define concurrent planning in your own words.

_____

_____

_____

_____

2. What do you think your primary role in the concurrent planning for a child in your care would be?

_____

_____

_____

_____

3. (a) What effect do you think that the caseworker's responsibility for discussing concurrent planning options with the birth parent(s) (and your possibly being asked to be an adoption resource for the child in your care) would have on your efforts to work in partnership with the child's birth parent(s)?

_____

_____

_____

_____

(b) What could you do to demonstrate your willingness and ability to continue to work in partnership with the child's parent(s) toward family reunification after the caseworker has held such discussions with the birth parent(s)?

_____

_____

_____

_____

4. If the caseworker asks you if you are willing to be an adoptive resource for a child if family reunification is impossible, what would be your next steps?

_____

_____

_____

_____

5. What would be your role in concurrent planning if you agree to be a possible adoptive resource for a child placed in your home?

_____

_____

_____

_____

6. How would your partnership role in working with the birth parents be affected by your decision to be a possible adoptive resource for a child in your care?

_____

_____

_____

_____

7. What are some ways that you could continue to demonstrate your willingness to work toward family reunification after you decide to be an adoptive resource for a child in your care?

_____

_____

_____

_____

8. What would be the emotional impact on you and your family members if you agree to be an adoptive resource for a child in your care while you continue to work in partnership with the birth parent(s) to reunify the child with his/her parents?

_____

_____

_____

_____

9. Do you feel capable at this point of being an adoptive resource for a child while simultaneously helping that child and the child's parents be reunited?

❑ Yes If yes, what are your strengths regarding concurrent planning?

_____

_____

_____

_____

❑ No If no, what are your needs regarding concurrent planning?

_____

_____

_____

_____

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 8 Agenda
2. Characteristics of the Family System
3. Skills Practice: Conflicting Needs for Privacy
4. Skills Practice: Conflicting Needs for Safety, Well-being, and Confidentiality
5. Confidentiality Policy*
6. Effects of Foster Care Skit: Donny
7. Effects of Adoption Skit: The Thomas Family
8. Effects of Adoption on Marriage
9. Creating an EcoMap
10. Creating an EcoMap – Worksheet
11. First Day
12. Teamwork Roles of Foster and Adoptive Parents' Worksheet

Overhead Transparencies

1. Family as a System
2. Roadwork

** Handout needs to be developed by agency.*

Meeting 8:
Understanding the Impact of Fostering or Adopting

Agenda

Time	Topic
(35 Minutes)	**A. Introduction to Meeting 8** ◆ Welcome back ◆ Mutual selection issues ◆ Roadwork review ◆ Meeting 8 agenda
(25 Minutes)	**B. The Family as a System** ◆ Assess how the addition of a child affects the family system
(50 Minutes)	**C. Meeting the Conflicting Needs of Children in Foster Care and Family Members** ◆ Managing conflicting needs
(10 Minutes)	**BREAK**
(10 Minutes)	**D. Using an EcoMap to Assess Family Energy** ◆ Components of an EcoMap
(15 Minutes)	**E. Creating an EcoMap** ◆ EcoMap as an assessment tool
(25 Minutes)	**F. What the Child Brings – Dealing with Family Changes** ◆ Strategies for incorporating children and youth into your family

Time	**Topic**
(10 Minutes)	**G. Meeting 8 Summary and Preview of Meeting 9**

- Summary of Meeting 8
- Preview of Meeting 9
- Next step in the mutual selection process
- A Partnership in Parenting Experience

ROADWORK

- Review all the handouts.
- Complete the "First Day" handout for the next family consultation.
- Complete the "Teamwork Roles of Foster and Adoptive Parents' Worksheet" and bring it to Meeting 9.

Characteristics of the Family System*

The family system has five major characteristics: boundaries, rules, roles, power distribution among family members, and communication patterns.

Boundaries

Families have boundaries, or "invisible lines," that define who or what is inside the family and who or what is outside. Very closed families have locked gates, high fences, unlisted numbers, not much contact with the outside world, and lots of secrets. Very open families have frequent guests, unlocked doors, and lots of "differences" among family members.

Are your family boundaries able to accept a new member who will come also with a child welfare worker, birth family, etc.?

Rules

Over time, families develop rules about how they relate to each other and the outside world. The rules are developed by the family to ensure stability and keep the family distinct from other families.

What are your family rules about food, about dress, and about who can be friends of the family?

Which rules are openly discussed and can be changed? What happens if a rule is broken?

How will a new person adjust to your family rules? What will happen if that person cannot adjust?

Roles

Every family works out things like who does the chores, who handles the money, and who cares for the children. The way we fulfill our roles depends upon our culture, our own upbringing, our lifestyle, and family composition. In some cultures, for example, older children are responsible for taking care of the younger children in their families.

Each member of a family has a unique role. There is only one mother, wife, husband, father, partner, oldest child, youngest child, only male or oldest male. What is it like to be the mother, father, youngest child, only female, etc., in a family?

How will the addition of a new child change the roles of family members? What new role will be ascribed to the new child?

* Adapted from "Understanding Families" by Jo Ann Allen (1982) in **Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers**. Athens, GA: The Office of Continuing Social Work Education, School of Social Work, University of Georgia, p. 12-18

Decision Making

All families have ways of making decisions and resolving conflicts. Some families strive for equality and let everyone participate in making decisions. Other families allow only one family member to make the "major decisions."

It is important that the family have an orderly pattern of power distribution – one that is reliable but flexible enough to change if necessary.

How are decisions made in your family?

What decisions will need to be made regarding your foster care or adoption experience?

Who primarily will be involved in making those decisions? How will the other family members feel about the way these decisions are made and what decisions are made?

Communication Patterns

You can't not communicate. All behavior says something. Even silence is a message. A family works out its roles, rules, power, and boundaries through communication.

Families develop unique communication patterns. In some, messages are clear; people let you know where they stand and can express themselves relatively freely. In others, individuals cannot freely express their needs and there is little congruence in what people feel, say, and do.

There are all kinds of workable and effective communication and relationship patterns. Culture and ethnicity have a lot to do with how families express themselves. What is important is that the communication patterns of the family matches that of the child.

Would a new child in your family understand how your family expresses feelings, gives instructions or does different activities?

Skills Practice: Conflicting Needs for Privacy

Make Her Get Out of Here!

Child:	Karen, age 14
Reason for Placement:	Neglect and Medical Neglect
Permanency Plan:	Karen will be reunited with her mother if her mother completes treatment and can take care of her. If that is not possible, Karen's foster parents are considering adopting her, but have not made a final decision yet.
Foster Parents:	Pat and Ken Conrad
Foster Parents' Child:	Ruth Conrad, age 12
Role Players:	Ruth (Daughter of Pat and Ken, Foster Parents) Pat (Foster Parent)

Situation: Ruth has come to talk with her mother, Pat, in her mother's bedroom. Ruth is unhappy about having Karen living with them.

Ruth: Mom, I'm so miserable. I absolutely hate having Karen live with us! I want her out of here!

Pat: Ruth, you know that we are a foster family. That means Karen is part of our family. What's going on?

Ruth: Mom, she's begun hanging out with some really strange girls at school. It's hard enough having her in my grade while she's so much older, but now she's hanging out with those girls! And she's been getting into my clothes and using my CDs. This is not what I thought it would be like to be a foster family. Mom, I'm so unhappy in my own home! This isn't fair!

Pat: (respond to Ruth)

Skills Practice: Conflicting Needs for Safety, Well-being, and Confidentiality

What is Confidential?

Child:	Jeryce, age 11
Reason for Placement:	Neglect and Sexual Abuse
Permanency Plan:	The plan is for Jeryce to return home. The Carnells are considering adopting Jeryce if that is not possible
Foster Parents:	Melanie and Mark Carnell
Time in Foster Care:	4 months
Role Players:	Mrs. Johnson (Member of the Carnells' Church) Melanie or Mark Carnell

Background: Jeryce is an 11-year-old girl who came into care as a result of neglect and sexual abuse. Jeryce's father and mother are separated, but continue to spend time together, especially to use drugs. Jeryce has been mostly on her own throughout her childhood because of her parents' addiction. Several older adolescents in the neighborhood who do drugs with her parents have sexually abused Jeryce. Jeryce is African American and is living in a white foster home in a working class, white neighborhood. During the first month in the Carnells' foster home, Jeryce began skipping school. When some of the neighborhood kids yelled terrible racial slurs, Jeryce mentioned the incident to her foster mother but expressed no emotions about it.

Situation: The Carnells have begun attending a mixed-race church in a neighborhood across town and they are quite active. Jeryce has formed some friendships with girls her age at the church and last night she was allowed to go to a friend's home for a slumber party. The Carnells are receiving an angry telephone call from the parent of the girl who hosted the party.

Phone rings.

Mrs. Johnson: Mr. Carnell, this is Mrs. Johnson, Marnie's mother. My husband and I are upset and beside ourselves! We can hardly believe what we've heard from Marnie this morning! It was about Jeryce and I can barely bring myself to talk about it.

Mark (or Melanie) Carnell: Something about Jeryce? Please let me know what is upsetting you.

Mrs. Johnson: Marnie says that Jeryce could talk about nothing but sex all last night. And she wanted to show the other girls how to French kiss! Of all things! And it got worse than that!

Mark (or Melanie) Carnell: I really do need to know everything you know. Can you tell me what else Jeryce did?

Mrs. Johnson: Um…this is so difficult….OK….She wanted to teach the girls how to masturbate! Can you believe that? I am shocked! Where in the world would she have learned these things?

Mark (or Melanie) Carnell: (Respond, or get help from the group for a response)

Confidentiality Policy

Do Not Copy!

This handout is to be developed by the child welfare agency and should clearly state the policy on confidentiality for foster parents.

Effects of Foster Care Skit: Donny

Characters

Ms. Phillips, foster parent and Donny's birth mother
Ms. Howard, Donny's teacher
Donny, 11-year-old son of Ms. Phillips

Scenario

Ms. Howard (telephoning Ms. Phillips):

"Ms. Phillips, I'm really concerned about Donny. He is usually such an energetic boy. The past week he has been very tired in class. He doesn't want to play outside with the other children. With such an abrupt change in behavior, I am really concerned. When the change is so quick, we sometimes wonder if drugs are involved."

Ms. Phillips:

"I'm not sure what's wrong. Recently, our whole family has been a little upset. The 3-year-old we fostered for the past year has just returned to her parents. We are happy for her and her family although a little sad for us. Let me talk to Donny. I will get back to you. Thanks for calling."

Ms. Phillips (to Donny):

"Donny, your teacher called. She said she was really concerned about you. She said you had no energy in school and you didn't want to play with your friends. Will you tell me about it?"

Donny:

"I don't know, I'm just tired."

Ms. Phillips:

"You know we've all felt a little tired and sad since Tiffany left. Could that be what is making you tired and maybe a little sad?"

(Ms. Phillips notices tears in Donny's eyes.)

(Donny, display a sad expression. Rub your eye as though you are brushing away a tear.)

Effects of Adoption Skit: The Thomas Family

Characters

Mr. Thomas, husband
Ms. Thomas, wife

Background

Mr. and Ms. Thomas have four birth children, ages 16, 18, 20 and 22. They have recently adopted Jason and Jeff, twins who are 10. Mr. Thomas just received a call from his mother.

Scenario

Mr. Thomas:

"Mom just called. She asked if we could find someone to take Jason and Jeff over the Fourth of July weekend. She said there really isn't room for two more to sleep at the cottage on the lake. Besides, she said the boys wear her out. Mom wants us and the older kids to come. She just doesn't feel she can take Jason and Jeff for the weekend."

Ms. Thomas:

"You know, I don't think she has ever accepted the fact that we adopted. Well, what did you tell her?"

Mr. Thomas:

"I told her that I would get back to her. I didn't know what to say. I know she really wants to see her grandchildren. I've gone to the lake every Fourth of July since I was a kid. Mom only gets to see the boys who are in college once or twice a year. I don't know what to do."

Ms. Thomas:

"You're right, she wants to see her grandchildren, but what about our youngest sons?"

Effects of Adoption on Marriage*

The Jacksons were a childless couple, ages 34 and 35. They had been married for 12 years. They went through a long and expensive infertility study but nothing was conclusive. They decided to adopt. After a long wait, the Jacksons felt that they were fortunate to get a beautiful and healthy 18-month-old boy.

Ms. Jackson became extremely attached to her son and was reluctant to allow him out of her sight. Although Mr. Jackson felt a close bond with his son, he felt his wife's attention to the baby was excessive. It was, after all, the first time in his marriage that he had to share his wife.

The couple had never had an opportunity to take a big vacation. Mr. Jackson got the opportunity to take his wife to Paris on an all-expense-paid vacation. Ms. Jackson, who rarely left the baby with a sitter, refused to go because she did not want to leave the baby for the week – although her parents or her husband's parents would have gladly taken care of the child.

Mr. Jackson was extremely disappointed and upset. He felt that the baby had taken his place. He engaged in an extramarital affair, had lots of arguments with his wife, and started spending a great deal of time with the "boys" at his club.

Questions for Discussion

- What do you think Mr. Jackson was feeling?
- What do you think Ms. Jackson was feeling?
- How would you explain Mr. Jackson's behavior?
- How would you explain Ms. Jackson's behavior?
- Could this situation have been prevented?
- What needs to happen now?
- Could these problems happen in your family?

* Adapted from **Self-Awareness, Self-Selection and Success: A Parent Preparation Guidebook for Special-Needs Adoptions** by Wilfred Hamm, Thomas D. Morton and Laurie Flynn (1985). Washington, D.C.: North American Council on Adoptable Children, p. 63.

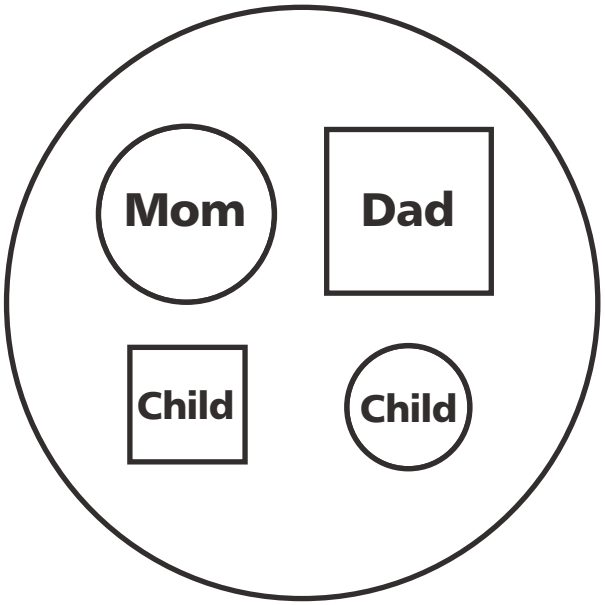
Creating an EcoMap*

The purpose of the EcoMap is to:

- Help your family consider the "quality" of your environment;
- Look at the balance you have between stress and support;
- Look at ways these stresses and supports might be affected by your decision to foster or adopt;
- Assess your strengths to foster or adopt;
- Assess the demands and needs of a new child upon your family's balance;
- Use as a tool with the child welfare worker to assess if foster care or adoption is right for your family and, if so, what child with what kind of background, personality, family ties, etc., would best fit into your family's "world;" and
- Develop preventive strategies to reduce the stresses and increase your support, if you decide to foster or adopt.

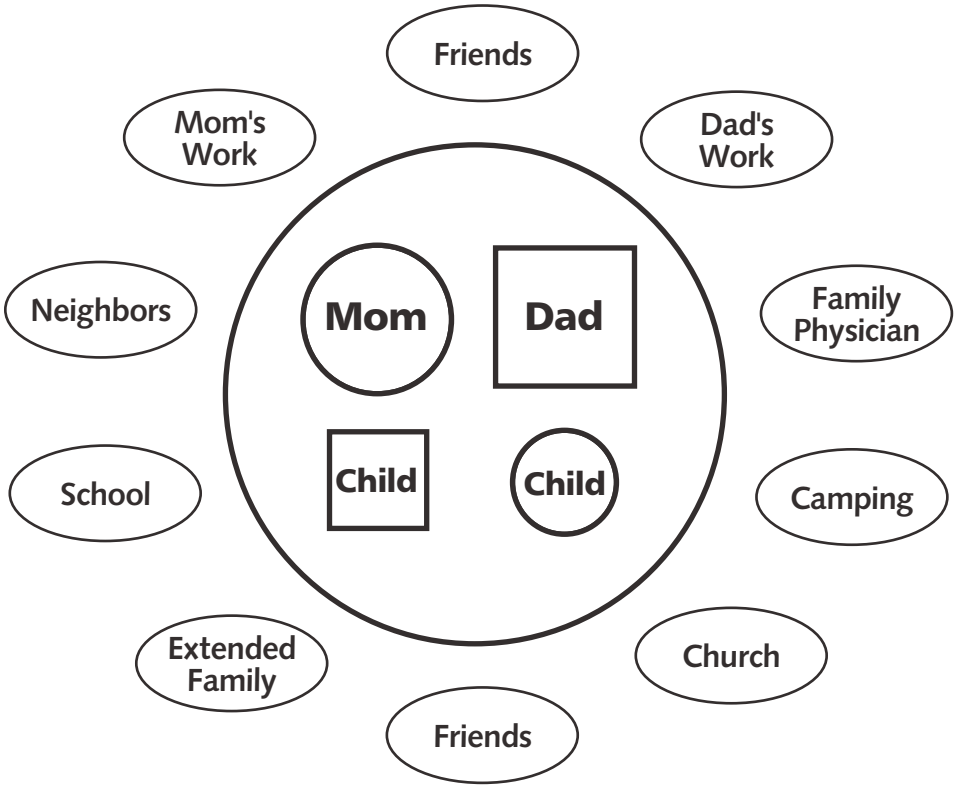
Steps for drawing the EcoMap:

1. In a large circle put the names of all the people who live in your household (pets are allowed, too). Males are represented by squares and females by circles. Pets are usually represented by triangles.



* From Ann Hartman, **Finding Families: An Ecological Approach to Family Assessment in Adoption**, Sage Publications, Inc., Beverly Hills/London, p. 35., 1979.

2. Next, draw circles outside your family circle which indicate the systems that give and take away energy. Label the other circles for different aspects of your family life. For example, a "Work" circle, a "School" circle, "Religion," "Recreation," "Extended Family," "Friends," "Neighbors," "Health Care," "Hobbies," etc. Here is an example.



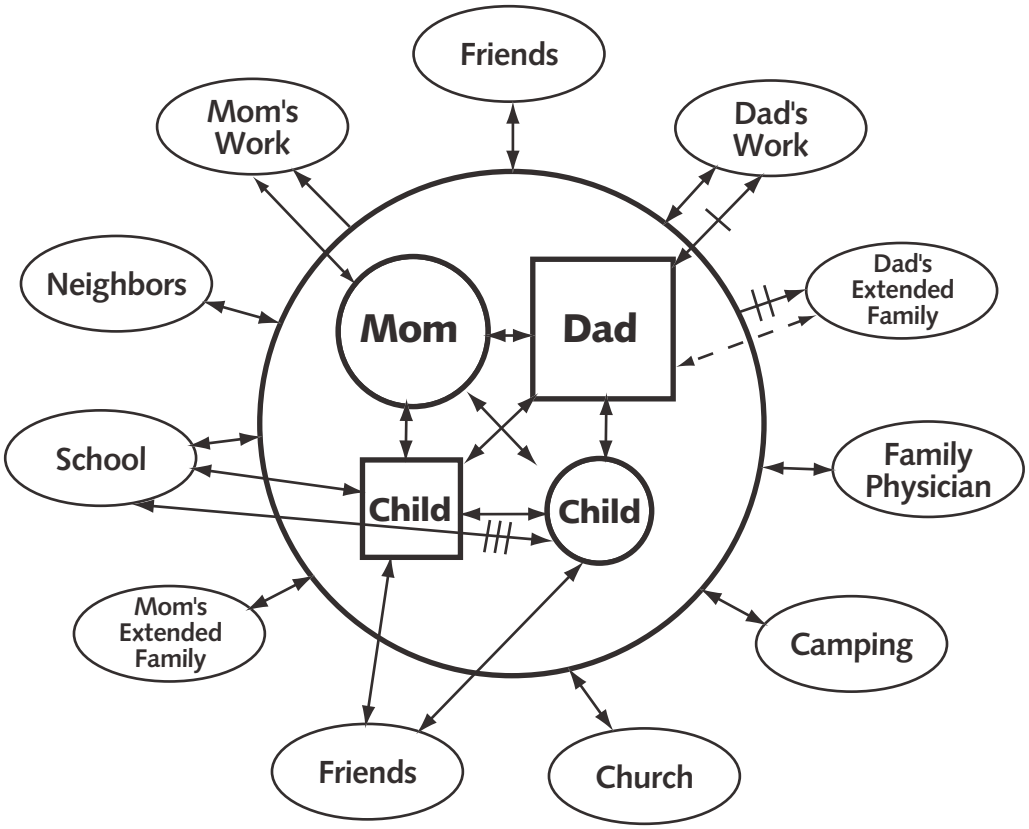
3. For each of these circles and for the people in your family, draw one of three kinds of lines from a person in the circle to the circle with which that person has a relationship. The three types of lines are:

   - Solid for a strong relationship or energy flow. ———————
   - Heavy solid for an especially strong relationship. ━━━━━━━━
   - Dotted for a weak relationship. – – – – – – – -
   - Hash marks for a difficult relationship. ////////////

If the outside circle affects the family as a whole, draw the line to the family.

4. If you both give and receive energy from the area, draw arrows in both directions. If the giving or receiving is one-way, draw the arrow in the appropriate direction.

Following is an example:



5. Discuss your EcoMap, considering the following issues:

   - How would you describe most of your relationships? Are they strong, weak, or difficult?
   - How will the strong relationships support your involvement in foster care or adoption?
   - How will the weak or difficult relationships, or those having significant stress, be weakened or made more difficult through foster care or adoption?
   - How will a new child affect each family member – especially in terms of sharing time, space, and resources?
   - How will the extended family and friends react to the new child?
   - What potential problems do you see?
   - What resources do you have to deal with these problems?
   - What new resources or supports could you develop to help you deal with these problems?
   - Children come to you with their own EcoMaps. Will you be prepared to talk with the child welfare worker about how a child's EcoMap fits together with yours?

Creating an EcoMap – Worksheet

Name: _____

On this page, please create your own EcoMap.

Name: _____

Now that you have completed your EcoMap, consider the following questions:

1. What are at least five additional "systems" you know would likely be added to your EcoMap with the addition of a child through foster care or adoption? List them here:

   _____

   _____

   _____

   _____

   _____

2. For each of the above systems, which would be a source of energy and which would require energy?

   _____

   _____

   _____

   _____

3. Which of your sources of energy might be negatively affected by your becoming a foster or adoptive family?

   _____

   _____

   _____

   _____

4. Which of your sources of energy might remain strong should you become a foster or adoptive family?

   _____

   _____

   _____

   _____

First Day

Possible Events	Issues
◆ Children home from school	◆ Get acquainted. Are there pets?
◆ Kids use the bathroom	◆ How comfortable does a 5-year-old or a 15-year-old feel about using the bathroom in a "strange" house?
◆ Get ready for dinner	◆ Who takes care of child while dinner is being prepared and table is being set? Does the child know to wash up?
◆ Parent comes home from work	◆ Child gets acquainted with another person.
◆ Eat dinner	◆ Where will new child sit? What will child eat? Does child say grace if your family does not; or vice-versa?
◆ Evening activities	◆ What does child do while dishes, homework are being done? Does child watch TV? Is TV allowed on school nights? Do your friends or family call to hear about new child; what do you say?
◆ Get ready for bed	◆ One more person in the bathroom – does a 5-year-old bathe alone; will the child want to do that in a "strange" house? What will the child sleep in if he or she doesn't have pajamas?
◆ Go to bed	◆ Where will the child sleep?
◆ Middle of night	◆ Is the child afraid? Does the child have nightmares? Does the child wet the bed?

Possible Events	Issues
◆ Get up in the morning	◆ What does the child do after waking up while people get ready for school, work, etc.?
◆ Eat breakfast	◆ Same issues as for dinner.
◆ Leaving for school, work	◆ Will child go to school? If both parents work, who takes off to stay with child or enroll child in school?
◆ Morning activities	◆ If child stays home, what will you do with child; what activities will you plan?
◆ Eating lunch	◆ Same issues as for dinner.

Additional issue: The child may need clothes or medical care – how will that be handled?

How will the following issues be handled in your family?

- ◆ How will boundaries change?
- ◆ How will decisions be made?
- ◆ How will space be rearranged?
- ◆ How will time frames change?
- ◆ How will patterns of communication change?
- ◆ Who probably will be devoting the most time to care for the child and how will other family relationships be affected, i.e., how will roles change?
- ◆ Which events and issues would be similar and different had there been pre-placement visits?

On the following page list the events in your family's typical day. Then list the issues or questions that will arise because of the events.

Event	Issue	Ways of Resolving Issue

Event	Issue	Ways of Resolving Issue

Teamwork Roles of Foster and Adoptive Parents' Worksheet

Important Concepts in Child Welfare

In the spaces provided, please jot down what you remember about each of these concepts which we covered in Meeting 1. Some of the terms are already defined for you. Then jot down what you remember about the possible teamwork role of foster or adoptive parents relative to each concept.

Concept	**What I Remember About this Concept:**	**The Teamwork Role of Foster or Adoptive Parents Relative to this Concept is:**
Foster Care		
Adoption		
Child Protective Services		
Termination of Parental Rights (TPR)		
Physical Abuse		
Sexual Abuse		

Concept	**What I Remember About this Concept:**	**The Teamwork Role of Foster or Adoptive Parents Relative to this Concept is:**
Neglect		
Well-being		
Risk		
Permanence		
Permanency Planning		
Concurrent Planning		
Safety		

Concept	**Explanation or Definition:**	**The Teamwork Role of Foster or Adoptive Parents Relative to this Concept is:**
Case Review	Law requires that every child in foster care have a review of his or her case, to confirm that policy and law are being assured. Case review can be administered by a citizen review board or by an agency administrative system. Judicial review also happens periodically for every child in out of home care.	
Timeliness	Because a child experiences time differently than adults, it is important to make decisions based upon a child's sense of time. Legally, because of passage of the Adoption and Safe Families Act (ASFA), the permanency planning hearing must be held 12 months after a child enters foster care. The child welfare agency must initiate or join in termination proceedings for all children who have been in foster care for 15 out of the most recent 22 months. (The law also provides for circumstances in which it is not necessary to file such proceedings.)	
Reasonable Efforts	Although defined by state law, this term simply means that the child welfare agency has done everything reasonably possible to prevent removal and to achieve reunification.	
Full Disclosure	Parents of children in foster care must know everything the agency staff knows. They need full information about all the alternatives they face, as well as the legal timeframes. Likewise, foster parents must receive all information about a child available at the time of placement.	

Concept	**Explanation or Definition:**	**The Teamwork Role of Foster or Adoptive Parents Relative to This Concept is:**
Searching for Relatives	Law requires that the child welfare agency search for any relatives with whom the child can be placed, either for foster care, or for adoption if there is termination of parental rights.	
Case or Family Conferencing	The caseworker is responsible for periodically bringing together key stakeholders involved with a family and child, to review progress, to assess strengths and needs and to plan with the family.	
Permanency Hearings	Originally called a "dispositional hearing" the "permanency planning hearing" is held 12 months after a child enters foster care. A child is considered to have entered foster care from either the date of the first judicial finding of deprivation (i.e., **adjudication**) or to the date 60 days after the date on which the child is removed from the home.	
Confidentiality	The policy or law limiting information that may be discussed about children and their families.	

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 9 Agenda
2. Partnership Building and Teamwork in Foster Care
3. From Foster Parent to Adoptive Parent: Attachment vs. Commitment
4. A Strengths/Needs Worksheet for Foster Families Considering Adoption
5. Effective Communication Techniques for Teamwork and Alliance Building
6. Partner in Permanency Planning Worksheet
7. Permanency Planning – A Family Conference
8. Strengths/Needs Worksheet
9. History of Foster Parent Adoptions in the United States

Overhead Transparencies

1. Partnership Building and Teamwork in Foster Care
2. Key Concepts in Child Welfare
3. Roadwork

Meeting 9:
Teamwork and Partnership in Foster Care and Adoption

Agenda

Time	Topic
(35 Minutes)	**A. Introduction to Meeting 9** ◆ Review of Meeting 8 Roadwork, "First Day" ◆ Introduction to Meeting 9
(40 Minutes)	**B. Teamwork and Partnership Building in Foster Care and Adoption** ◆ Partnership and teamwork roles in supporting best practice
(10 Minutes)	**BREAK**
(30 Minutes)	**C. The Family and Agency Team – Challenges to Teamwork** ◆ Challenges to agency teamwork ◆ Foster parent adoptions
(25 Minutes)	**D. Effective Communication for Teamwork and Partnership** ◆ Skills to build partnerships and teamwork
(30 Minutes)	**E. Practicing Partnership and Teamwork** ◆ Family conference

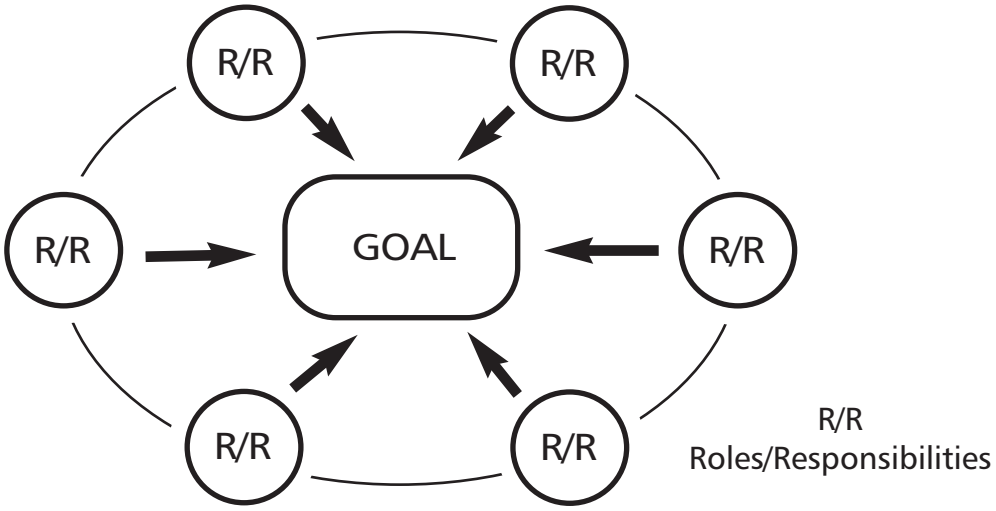
Time	**Topic**
(10 Minutes)	**F. Meeting 9 Summary and Preview of Meeting 10** ◆ Summary of Meeting 9 ◆ Preview of Meeting 10 ◆ Next step in the mutual selection process ◆ A Partnership in Parenting Experience

ROADWORK

- Complete the final "Strengths/Needs Worksheet" and bring it to Meeting 10.
- Read Handouts 7 and 10.

Partnership Building and Teamwork in Foster Care

Teamwork – *Teamwork* involves two or more people working together according to a coordinated plan, in a relationship where team members assume different roles and responsibilities, all designed to reach the same goal. Team members can be relied upon to assume their specific jobs or responsibilities.



Partnership – A *partnership* is a relationship where two or more parties each contribute something of value in order to receive benefits. The nature of the contribution and the distribution of benefits are defined by the social contract between the parties.

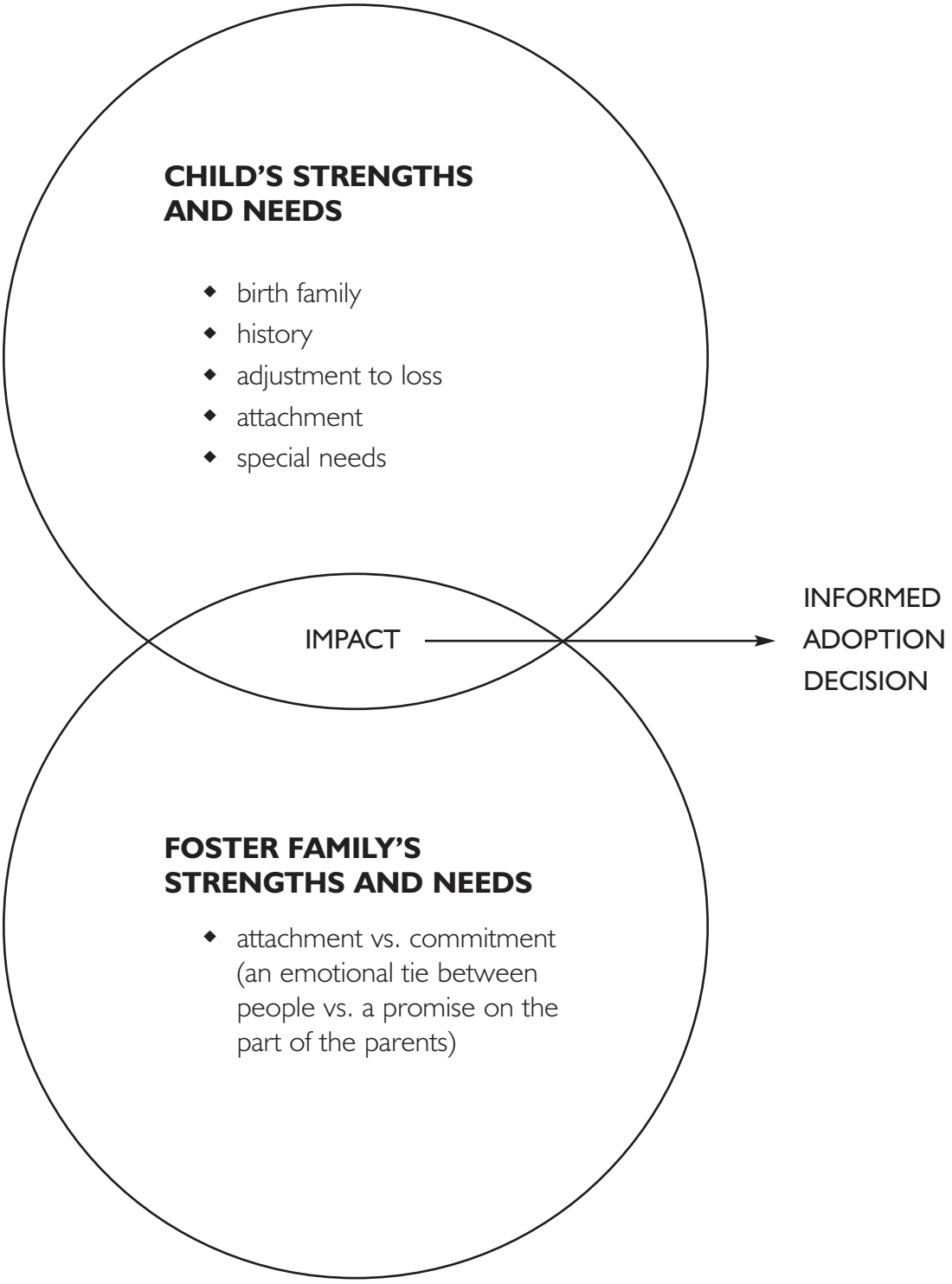
Partnership implies that there is a "give and take." Partners exchange "wants" and "offers" of real value to each other.

Within the Alliance Model, child welfare staff and foster and adoptive parents work as a team.

As in any effective team, players have different roles, responsibilities and tasks, but each team member has the same goal, in this case, to preserve, or rebuild, the family around the long-term welfare of the child.

This requires that the team members form a partnership or positive alliance with the birth parents, always seeking to keep parents focused on the well-being of the child.

From Foster Parent to Adoptive Parent: Attachment vs. Commitment



A Strengths/Needs Worksheet for Foster Families Considering Adoption

This worksheet is designed to be completed by foster parents who are considering adopting a child who has been living with them. If there are two parents, it is helpful for both to complete the worksheet separately, then compare their strengths and needs. Designed as a self-assessment tool, the worksheet should provide some ideas for next steps in the decision making process towards a foster parent adoption. Strengths will indicate some resources available to the family. Needs will indicate tasks to be accomplished.

Foster Parent Adoption Task	**Strengths** What I have done to accomplish this task:	**Needs** What remains to be accomplished:
1. I have discussed the entire placement history of my child with at least one caseworker and believe I have all information that is available.		
2. I have identified several strengths and several potential problems with this adoption.		
3. I have discussed ways to problem-solve the potential difficulties with those I consider to be family.		

Foster Parent Adoption Task	**Strengths** What I have done to accomplish this task:	**Needs** What remains to be accomplished:
4. I have all information that is available about this child's birth family and have determined ways to help this child maintain positive connections with his or her roots.		
5. I have considered levels of "openness" in adoption and have planned for a level of openness that will meet the needs of this child and work for our family.		
6. I have discussed the difference between attachment and commitment with those I consider to be family. Those close to me understand that I am making a lifetime commitment to a child who may later in life have challenges and difficulties as a result of early experiences.		

Foster Parent Adoption Task	**Strengths** What I have done to accomplish this task:	**Needs** What remains to be accomplished:
7. I have considered the ways this child expressed loss earlier in life and have anticipated and planned for ways this child may grieve at the time of adoption and at other important milestones during life (developmental grieving.)		
8. I have planned ways to help this child maintain a tie to his or her cultural, racial and ethnic roots.		
9. I have planned ways to talk with other children in the family about this adoption, including ways to help the family understand the differences between foster care and adoption.		

Foster Parent Adoption Task	**Strengths** What I have done to accomplish this task:	**Needs** What remains to be accomplished:
10. I have talked with an attorney about the legal aspects of adopting a child through foster care.		
11. I have identified people who will support me if I become discouraged.		

Foster Parent Adoption Task	**Strengths** What I have done to accomplish this task:	**Needs** What remains to be accomplished:
12. I have talked with at least one family who has adopted through the foster care system.		
13. I have considered this decision for several months and believe that adoption of this child is important for the well-being of this child, my family and myself.		

Effective Communication Techniques for Teamwork and Alliance Building

There are three main parts of communication:

1. **Verbal** – what we say (I miss you.)
2. **Paraverbal** – how we say it (**I** miss you. I **MISS** you. I miss **YOU**.)
3. **Nonverbal** – what our bodies say (body language)

When working with families and children, it is important to be aware of all three components of your communication. Following are important verbal, paraverbal and nonverbal communication techniques you can use in building positive alliances:

Use of Body (Nonverbal)

- Eye contact (Give direct eye contact when being spoken to; however, avoid prolonged stares. There are cultural differences regarding eye contact; be aware of and sensitive to those differences.)
- Leaning forward
- Nodding
- Smiling appropriately

Paraphrasing (Uses verbal and paraverbal cues)

Paraphrasing, or restating what was said, involves both verbal and paraverbal cues. The use of paraphrasing allows the first speaker to clarify meaning as well as to experience "being heard." For example: child says, "I wish my mom could help me with my homework." Foster parent paraphrases and responds, "You wish your mom were around to help you with that assignment." Child might respond, "No, I don't want help. I want my mom." (Clarifies message.) Or the child might say, "Yes, this is too much for me." (Child was heard.)

Reflecting (Includes verbal, nonverbal and paraverbal cues)

"Reflecting" is a method of restating the content (beliefs, opinions, events and facts), emotion or feeling behind the words. For example, child looks sad and says in a soft voice, "I wish my mom could help me with my homework." Foster parent reflects the verbal (child's statement), paraverbal (soft voice) and nonverbal (sad expression) cues and responds, "It sounds like you miss your mom, especially when you have a big job to do."

Use of minimal reinforcers (Verbal and Paraverbal)

- Uh-huh, yes, okay, right, etc.

Other Communication Skills

- Open questions
- Closed questions

Partner in Permanency Planning Worksheet

Foster parents have an important role on the permanency planning team. Because of their 24-hour-a-day contact with the child in foster care, and their parenting skills, they have the opportunity and responsibility to contribute information that will be important to case planning and case outcomes . . . including if and when children and their birth families will be reunited. Therefore, it is critically important that foster parents observe and report the following information to the worker.

Child's Physical Health

1. What do you observe about the child's physical condition? Is the child in good health, fair health, poor health? Please explain.

_____

_____

_____

_____

_____

2. Do you observe any of the following kinds of medical problems or situations with the child? Please explain.

   - Sight/hearing/speech problems
   - Breathing/respiratory problems
   - Bruises, burns
   - Bowel difficulties
   - Menstrual or vaginal problems
   - Urinary difficulties
   - Contagious diseases

_____

_____

_____

_____

_____

3. Are the child's physical growth, height, and weight appropriate for the child's age?

_____

_____

_____

_____

_____

4. Other observations?

_____

_____

_____

_____

_____

Child's Intellectual Ability

1. What do you observe about the child's intellectual or mental ability? Does the child seem to be of average intelligence, above average, or below average?

2. Do you observe any of the following problems or situations with the child?
   - Inability to understand consequences for behavior
   - Inability to concentrate in play or in school
   - Short attention span for child's age
   - Not functioning at appropriate age or grade level

3. Do you think the child's intellectual or mental ability is appropriate for the child's age?

4. Other observations?

Child's Emotional Health

1. What are you observing about the child's emotional health? You expect that children will be upset when they are placed in foster care. In what ways does the child show that he or she is emotionally upset?

_____

_____

_____

_____

_____

2. In what ways does the child express angry, sad, or anxious feelings about the birth family:

_____

_____

_____

_____

_____

3. In what ways are the child's ways of expressing angry and sad feelings inappropriate or appropriate for the child's age?

_____

_____

_____

_____

_____

4. Do you observe any of the following emotional problems with the child? Please explain.
   - Bed-wetting/soiling
   - Lying
   - Stealing
   - Self-inflicted injury
   - Overeating/not eating
   - Denial of feelings/withdrawn
   - Inability to follow orders
   - Fears/nightmares
   - Use of drugs or alcohol

_____

_____

_____

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_____

Child's Social Functioning

1. What are you observing about the child's relationships with other children and adults?

2. In what ways does the child interact appropriately with other children? In what ways does the child interact appropriately with adults?

3. Have you observed any of the following situations or problems regarding the child and his or her relationships with other people?
   - Injury to other children
   - Constant fighting
   - Sexual play with other children
   - "Provocative" behavior with adults
   - Poor hygiene

Child's Relationship To Birth Family

Whether children have a lot of contact, a little contact or no contact, with their birth families, they still have feelings about them. These feelings will affect their emotional and physical well-being and, ultimately will affect the casework decision about family reunification. The role of the foster parent is especially important in talking with the worker about ways to help the child with these feelings.

1. What are your observations regarding the child's feelings about the birth family?

_____

_____

_____

_____

2. In what ways does the child talk positively about the birth family? In what ways does the child show that he or she is attached to the birth family, for example:

   - Talk about things they have done together?
   - Wonder how they are or where they are?
   - Compare the foster family to the birth family?
   - Disinterest in visits
   - Refusal to visit
   - Gets upset when parents make promises and don't keep them
   - Talks about bad experiences that happened at home
   - Other

_____

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Visits With Birth Family

Foster parents also have the opportunity to observe the relationship between children and parents when they visit.

1. In what ways do the visits go well, for example:
    - Parents and children seem happy or relieved to see each other
    - Parent interacts with child appropriate to child's age
    - Parents and child seem sad when visit is over
    - Other

_____

_____

_____

_____

2. In what ways do the visits not go well, for example:
    - Disinterest on part of parent or child
    - Parents can't cope with the child's behavior
    - Child seems fearful of parents
    - Other

_____

_____

_____

_____

3. How does the child behave after visits with birth family?

_____

_____

_____

_____

Permanency Planning – A Family Conference

Background

You will remember **Karen** who is 14 and has been in foster care several times during her life due to neglect and medical neglect. Karen has Fetal Alcohol Syndrome, as well as a heart murmur. She is behind grade level in school. Her mother has recurrent problems with drugs and alcohol. Karen has been in this foster home for three months; this is the second time she has lived here.

Karen's mother, **Joan**, is still actively using drugs and alcohol. The foster parents, **Pat** and **Ken Conrad**, have invited Joan to Sunday meals in the foster home, just as they did the first time Karen lived with this foster family.

The agency recognizes that the prognosis for Karen's mother is not good. It is likely that the caseworker, **Helen Shine**, will file for termination of parental rights if Joan does not begin to show progress soon. This is due to Karen's multiple placements and Joan's long history of substance abuse and inability to parent Karen adequately and meet her physical and medical needs.

Preparation for the Family Conference

This is a family conference for **Joan Smith** and her daughter, **Karen**. **Helen Shine**, caseworker, has arranged a family meeting at a time convenient for Joan and the Conrads. She has also asked Joan to invite anyone else important to her family. **Joan** has invited her new Narcotics Anonymous sponsor, **Robin**. Karen's Guardian ad Litem, **John**, is also attending. Joan is isolated and has no other family members or friends. Joan does not know who Karen's father is. Helen's supervisor, **Marie Clark**, will attend the conference too.

Roles for the Family Conference

Helen – Your job is to convene and facilitate the first family conference. You believe that the family, in this case Joan, should take as much control as possible during the first family conference. You also want to convey very clearly to Joan that she has very little time to enter into recovery and begin parenting Karen again, or to make another plan for Karen, such as adoption.

Joan – You are clean and sober for this conference, but you carry a lot of guilt and shame for being in this situation. You like and trust Pat and Ken, the foster parents. They were supportive of you last time when Karen was in foster care.

Karen – You have been part of family conferences before. You love your mother and want her to stop drinking and doing drugs. You also trust and love Pat and Ken because you lived with them for almost a year before you returned home for a year. You feel safe and comfortable with them. You appreciate their attention to your mother.

Robin – You met Joan recently. You are a recovering alcoholic and addict, clean and sober for six years. You know that Joan has attended NA (Narcotics Anonymous) meetings, but you suspect that she is still actively using drugs. You know that Joan must put her energy into recovery right now. You are concerned that the pressures Joan is experiencing right now (no job, a child in foster care, obligations with the court for visits, etc.) may conflict with her recovery.

John – You have just met Karen, and this will be your first meeting with Joan. As the Guardian ad Litem, you have read Karen's long case record and you are not optimistic that Joan can successfully parent Karen in a timely way.

Marie – As a supervisor, you have read the entire case record and are attending the family conference to support your worker, Helen.

Pat – You have participated in many family conferences. You very much want Karen to be home with her mother, but you are not optimistic about Joan's ability to get clean and sober.

Ken – You have much experience with family conferences, and you are committed to working for reunification. However, you hate seeing Karen's disappointment with her mother. You and Pat have talked about adopting Karen if Joan cannot continue parenting.

Strengths/Needs Worksheet

Now that you are completing the GPSII/MAPP Program, some of your original feelings about foster care and adoption may have changed. Please discuss your ideas on the following issues:

1. We have spent much time discussing the dynamics of both foster care and adoption. Based upon what you know about your family right now, are you willing and able to commit to being a **foster family**, an **adoptive family**, a **foster/adoptive family**, or some other **child and family advocate**? Explain below to what role you are ready to commit and why you feel that role is the right one for you and your family:

   The role to which we are ready to commit: _____

   _____

   _____

   _____

   How we know the role is the right one: _____

   _____

   _____

   _____

2. Considering the "Twelve Skills for Successful Fostering and Adopting" and all the abilities developed during the GPSII/MAPP program, what do you see as your family's major strengths in assuming the role you have chosen? _____

   _____

   _____

   _____

   How has your thinking about your strengths changed since Meeting 1? (The criteria and skills are listed at the end of this handout for your reference.)_____

   _____

   _____

   _____

3. Thinking about Twelve Skills for Successful Fostering and Adopting and all the abilities developed during the GPSII/MAPP program, in what aspects of the new role do you think you will need the most help? _____

   _____

   _____

   _____

4. As you know, children who are placed in foster or adoptive homes have many special needs and present some real child management challenges. Which special needs or behavior challenges do you feel best prepared to handle? _____

   _____

   _____

   _____

   Which special needs or behavior challenges do you feel least prepared to handle?

   _____

   _____

   _____

5. Many of the children needing foster care and adoption have had some inappropriate sexual experiences. For example, they may have observed older children or adults involved in sex or they may have been sexually abused. If you have decided that you would like to be a foster or adoptive parent, could you parent the following children?

	Could parent without help	**Could parent with help**	**Could not parent**
A. Child who masturbates			
B. Teenager who was or is sexually active			
C. Child whose mother was or is involved in prostitution			
D. Child of any age who has been sexually abused			
E. Child who talks to you about sex			
F. Child who talks to your children about sex			
G. Other behavior you want to mention here (please specify):			

6. Many of the children needing homes today have special needs. If you have decided you can be a foster or adoptive parent and given your own family's strengths and needs, could you parent the following?

	Could parent without help	**Could parent with help**	**Could not parent**
A. Child who wets the bed			
B. Child who is HIV-positive			
C. Child who has a history of running away			
D. Child who has been involved with Juvenile Court as an offender			
E. Child who has used drugs or alcohol			
F. Child who is developmentally disabled			
G. Child who must use a wheelchair			
H. Child who is blind			
I. Child who expresses interest in homosexual relationships			
J. Child who is transgender			
K. Child who has a terminal illness			
L. Other special needs - please specify:			

7. If you have decided you can be a foster or adoptive parent, imagine that the caseworker is at your door with the child you are planning to foster or adopt. Please describe the child, for example: physical appearance, family background, personality and school ability. _____

_____

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8. You and your family have contributed much time and energy to this program. What has kept you going, involved and committed? _____

_____

_____

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_____

_____

9. If you have decided you can be a foster or adoptive family and/or a child/family advocate, what will you need to keep you going, involved and committed?

_____

_____

_____

_____

_____

10. As a result of the GPSII/MAPP Program, are there other ways you think you might be able to help children who have been abused, neglected, or emotionally maltreated?

_____ Be a mentor for a youth planning to leave care

_____ Provide respite care

_____ Provide clerical support

_____ Be a recruiter

_____ Serve as a Court Appointed Special Advocate (CASA)

_____ Be a Big Brother/Big Sister

_____ Provide transportation support

_____ Be a political advocate

_____ Raise funds

_____ Volunteer for group care facilities

_____ Provide foster care or adopt in the future

_____ Other (please specify):

If you have decided that now is not the time to be a foster or adoptive parent, would you like us to keep information about your family on file? If so, for how long?

_____

_____

Twelve Skills for Successful Fostering and Adopting

1. **Know your own family.**
   Assess your individual and family strengths and needs; build on strengths and meet needs.

2. **Communicate effectively.**
   Use and develop communication skills needed to foster or adopt.

3. **Know the children.**
   Identify the strengths and needs of children and youth who have been abused, neglected, abandoned, and/or emotionally maltreated.

4. **Build strengths; meet needs.**
   Build on strengths and meet needs of children and youth who are placed with you.

5. **Work in partnership.**
   Develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency.

6. **Be loss and attachment experts.**
   Help children and youth develop skills to manage loss and attachment.

7. **Manage behaviors.**
   Help children and youth manage behaviors.

8. **Build connections.**
   Help children and youth maintain and develop relationships that keep them connected to their past.

9. **Build self-esteem.**
   Help children and youth build on positive self-concept and positive family, cultural, and racial identity.

10. **Assure health and safety.**
    Provide a healthy and safe environment for children and youth and keep them free from harm.

11. **Assess impact.**
    Assess the ways fostering and/or adopting will affect your family.

12. **Make an informed decision.**
    Make an informed decision to foster or adopt.

Abilities Developed in the GPSII/MAPP Program

The abilities developed in each of the meetings are designed to help you make an informed commitment to:

- meet the developmental and well-being needs of children and youth in foster care or adopted through foster care
- assure a child's safety in foster care
- share parenting with the birth family of a child in foster care
- support planning for permanency
- meet your own family's needs in ways that assure a child's safety and well-being

Each meeting developed several critical and enabling abilities. Following are the critical abilities developed in the first nine meetings of GPSII/MAPP.

GPSII/MAPP Meeting 1 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Describe their role in the mutual selection process.
- Define the purpose of foster care and adoption.
- Explain the goal of the GPSII/MAPP Program.
- Explain the purpose of the "Twelve Skills for Successful Fostering and Adopting."
- Define key child welfare terms.
- Explain the concept of well-being.
- Explain foster care and adoption to their family or friends, and why partnership is so important.

GPSII/MAPP Meeting 2 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Communicate a willingness to support children's connections to their birth families.
- Choose steps and strategies for assessing well-being of children and youth.

GPSII/MAPP Meeting 3 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Use strategies to help a child heal from loss.
- Create parenting interventions for children and youth at different stages of development to deal with reactions to loss.
- Assess and apply the impact of personal situational and maturational losses on their role as foster and adoptive parents.

GPSII/MAPP Meeting 4 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Select strategies for helping a child heal from loss and strengthen or build healthy attachments.
- Keep children and youth physically, mentally, emotionally, socially, and spiritually/morally healthy in the foster home.
- Promote, rebuild, and support positive attachments of children and youth in foster care.
- Assess their own strengths and needs in helping a child to recover from loss and attach.

GPSII/MAPP Meeting 5 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Explain the difference between the parental interventions of punishment and discipline.
- Explain how behaviors are indicators of underlying needs.
- Select parental interventions that will help children and youth manage their own behaviors.
- Help children and youth manage their behaviors.
- Choose discipline strategies that assure a child's safety.
- Describe policies and procedures for investigating allegations of abuse in foster families.
- Distinguish between niave and manipulative false allegations of abuse.
- Plan ways to use support and mange the family's emotions during an investigation of abuse.

GPSII/MAPP Meeting 6 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Describe how culture, race and ethnicity are tied to identity.
- State the responsibilities of foster families relative to ICWA (Indian Child Welfare Act)
- Determine the risks for a child whose cultural identity is not maintained in foster care or adoption.
- Nurture a child's cultural connections.
- Support shared parenting.
- Demonstrate support of the alliance model through visits.

GPSII/MAPP Meeting 7 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Help children and youth transition from foster care.
- Demonstrate ways to prevent disruptions or dissolutions of foster care placements or adoptions.
- Apply strategies for intervening with a child's behavior during a family crisis or preventing a crisis.

GPSII/MAPP Meeting 8 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Anticipate specific changes that might occur with the family's decision to foster or adopt.
- Manage the conflicting needs of children in foster care and members of the foster family.
- Assess how current ways for managing boundaries, family rules, family roles, decision-making, and family communication, may work or not work with the decision to foster or adopt.
- Explain how concurrent planning might affect their roles and responsibilities as foster or adoptive parents.
- Use an EcoMap to determine the energy sources and drains on the family.
- Manage the family's energy sources and drains.
- Manage changes in the family's relationships.

GPSII/MAPP Meeting 9 Abilities – By participating in this meeting, prospective foster and adoptive parents should be able to:

- Work together with child welfare staff, other service providers, court personnel, and the parents of children and youth in foster care.
- Explain the purpose and possible structure of family conferences.
- Explain the role of the foster parent in family conferencing.
- Successfully demonstrate the use of effective communication techniques.
- Explain the key terms and concepts that guide best practices for children in care and their families.
- Describe and assess the impact of foster parents adopting children in their home.

History of Foster Parent Adoptions in the United States

The Changing Emphasis in Foster Care

Foster care is, by law, a program intended to provide a child with a safe, nurturing, therapeutic family environment for a temporary period of time.

During the early 1980s, greater emphasis was placed on preventing children from becoming involved with the foster care program. With the passage of Public Law 96-272, the Adoption Assistance and Child Welfare Act, as many options as possible were considered in order to keep children out of foster care. When there was no other option by which a child could remain safely with his or her family, then, and only then, would the child become involved with the foster care program.

What has resulted is a foster care program in which most children do not enter foster care unless they have been physically or emotionally wounded. Their families are in a great deal of pain. This has meant that more foster families have had to become, through necessity, part of an intense service and treatment team for most children in foster care.

Public Law 105-89, the Adoption and Safe Families Act, clarifies and augments Public Law 96-272. With an emphasis on safety and well-being, time frames for achieving permanence for children have been shortened. Foster parents may well be asked to consider adoption at the same time they are asked to help with reunification plans, because concurrent planning is one way to achieve permanence in less time.

Another important piece of legislation which has affected foster parent adoptions is the Multiethnic Placement Act of 1994 (MEPA) and the amendment of 1996 (IEP). The act was intended to decrease the time children wait to be adopted; prevent discrimination in the placement of children on the basis of race, color, or national origin; prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placement; and facilitate the development of a diverse pool of foster and adoptive families. The 1996 amendment to the act clarifies the act's nondiscriminatory provisions and specifies stiff penalties for violation of the act.

When children have been living in foster homes of race, national origin, or ethnicity different than the child's, it is illegal to routinely consider race, national origin, or ethnicity in the adoption decision. The Children's Bureau, in its May 11, 1998 Information Memorandum, does offer some clarification of this law. "Any consideration of race, national origin, and ethnicity must be done on an individualized basis where special circumstances indicate that their consideration is warranted." If a child has lived successfully with the foster family for some time, the consideration of race, national origin, or ethnicity would be difficult to justify.

Because of the changing role of foster parents, a number of changes have occurred affecting foster parent adoptions. Foster parents are seen more as therapeutic team members, rather than solely as nurturing care givers. They have become supplements to the families of children in their care, forming alliances or partnerships with birth parents. This is a change from the role of substitute parent so commonly seen only a few years ago.

During the past few years foster families have become more intimately involved with the families of children placed in their homes through the foster care program. Public Law 105-89 will make such involvement even more critical, given the shortened time frames for decision-making. More involvement between foster families and birth families is perhaps one of the reasons why foster parent adoptions have increased. Bill Meezan and Joan Shireman have helped shed light on the phenomena of foster parent adoptions. In their research they have discovered that foster parents who have contact with parents of the children in their foster care are more likely to say "yes" to the adoption decision (Meezan and Shireman, 1988).

Foster/adoptive families offer many answers when asked why they were more likely to say "yes" to the adoption decision after contact with birth families. Following are comments heard from foster parents who helped with the development of this guidebook concerning their relationships with parents of children in foster care:

- *Knowing the parents who gave birth to my child minimized some of my fears. Reality is much less frightening than the unknown.*
- *James has always known that I cared deeply for him, because he saw that I tried to get to know his mother. It was important to James that I tried to help his mom.*
- *Karen's mother is mentally ill and there is no family who can parent Karen. I think it was very important for Karen to visit with her mother, and for us to be with her for many of those visits. We have compassion for Karen's mother. We also know that Karen's mother will never be able to do the job of parenting. Visits helped Karen to see that reality too. That was important for Karen. She needed to see that although she loves her mother and her mother loves her, living together as a family is not possible. I guess that was important for us to see too. Now my wife and I both know that Karen definitely needs to be adopted. We have no question about that.*
- *I think that developing a relationship with Tamika's mother was a very behavioral way for me to tell Tamika that I fully accepted her as a child and person. It was important to Tamika that I accept all from which her cultural, racial, and ethnic identity came.*
- *Because I was able to say honestly to Robert, Timmy and Melissa, "We have tried in every way we can to help you and your family be a family that can live together," they grew to trust me.*
- *Because we made a real effort to help Marie get her children back, it was easier for her to give us and her children permission to love each other and to be a family. Marie came to a point when she realized she couldn't do the job of parenting. When she came to that painful insight, she also knew that she couldn't give up her legal parental rights unless she was **certain** that the children would stay with us. She said to my husband and me, "I will give up my legal rights to my children, but **only** if you **promise** to adopt them. I cannot stand the thought of them getting messed around by the system." My husband and I knew instinctively that her permission message dramatically increased the chances that our adoption would be successful. It was the greatest gift she could give her children.*

With increased involvement between foster parents and the parents of children in their foster care, a number of positive outcomes occur. First, practice and research tell us that children who have contact with their parents have a better self-concept than those who do not have contact (Weinstein). Secondly, children who have frequent contacts with their parents are more likely to be reunited with them (Fanshel). Third, for those children who cannot return to their families of birth, their foster parents are more likely to say yes to the adoption decision if they have had contact with the children's parents. The quality of contact is not nearly as important as the fact that there was simply contact (Meezan and Shireman).

The Changing Emphasis in Adoption

In the past, infant adoptions were handled most often by private adoption agencies that maintained small foster care programs. Adoptions for children who had experienced abuse and neglect were managed by public agencies. Subsidy laws passed in 1967 and 1968 in California and New York affected the future of foster parent adoptions by providing a precedent for agency support of adoption of children with special needs.

In 1975 more than two-thirds of the states in this country required foster parents to sign a statement that they would not attempt to adopt children placed in their foster homes (Festinger, 1975). Although these policies were directed primarily toward infant adoption, foster parent adoptions in general were affected. Good practice dictated that every caution be taken to help foster parents understand that foster care was temporary and was not a "back door" to adoption. Agencies dealt with the issues of "back door" adoptions in many ways. One private agency in an Eastern state, as recently as 1989, explained that agency policy required that children in foster care move every six months in order to avoid an attachment to foster parents. This policy certainly discouraged foster parent adoptions at one level. This policy also harmed already vulnerable children.

Despite examples like the above-mentioned agency, changes began to occur. During the late 1970s and early 1980s, agency policies and practices began to encourage foster parent adoptions for children who had exceptional and special needs. In the late 1980s, somewhere between 40 and 75 percent of all United States public agency adoptions were by foster parents (Meezan and Shireman, 1988; Craig-Oldsen, 1987). Today, agencies report that the majority of all public agency adoptions are by foster parents. According to Child Welfare League of America (CWLA) 1996 national survey results, 65 to 75 percent of adoptions of "CPS/Special Needs Children" were by foster parents in 1995 (Barbell, 1996).

Perhaps most importantly, during the past decade there has been a strong movement in the adoption field to preach the message that every child is adoptable. Not long ago the older, more seriously wounded child was seen as "unadoptable." The advocacy of foster parents and staff willing and eager to provide a home intended to last a lifetime allowed these children to be adopted where they lived and where they were accepted. Foster parent adoptions assured that wounded children who had often experienced multiple moves were prevented from making yet another possibly devastating move.

With the passage of Public Law 105-89 (ASFA) and the implementation of the President's Adoption 2002 initiative, it is likely that foster parents will be asked at ever increasing numbers to consider adopting the children in their care.

As foster parents are asked to consider adoption, it is important to remember that foster parents who say " yes" to adoption are different from those who say "no." Foster parents who say "yes:"

- Are more likely to have met the birth parents of the child they adopt;
- Are more likely to say they know their worker well and feel comfortable in talking with their worker about difficult issues;
- Are more likely to report that the worker fully disclosed all known information about the child at the initial placement;
- Have had less turnover of workers than their foster parent counterparts who say " no" to adoption;
- Are more likely to have adopted in the past and have been committed to short term (vs. long term) foster care; and
- Are more likely to have made an immediate decision to adopt after the initial discussion with the worker (Meezan and Shireman, 1985).

Foster Care and Adoption Today: Where are We?

After the implementation of PL 96-272, the foster care population dropped dramatically from over half a million to 270,000 from 1984 to 1997 (Tartara, 1983). The American Public Welfare Association estimates the number of children in foster care subsequently grew from 285,000 in 1987 to 407,000 in 1990, a 43 percent increase in three years. The Child Welfare League of America conducted a foster care survey in 1996. According to survey results 715,743 children were in foster care during 1995. Today slightly less than 400,000 children are in care at any given time (AFCARS, 2012). About three-fourths of these children lived with foster families (Barbell, 1997).

During the years of increasing numbers of children in foster care, the estimated number of children legally freed for adoption remained constant at 35,000. This was despite the knowledge that many state adoption specialists estimate that 20 percent of children in foster care should have adoption as their plan (Kroll, 1992). ASFA, MEPA and Adoption 2002 were all proposed to address the long-standing lag in the rate of adoption of children who linger in foster care.

What Should Foster Families Think about When They are Considering Adoption?

There are four major areas foster families should examine during the time they are considering adopting a child who has been in their foster care. First, there will be many changing roles within the family. Second, there will be changes for the child, who often has a difficult time seeing that anything is different. Third, there will be changes in the team roles played between the family and the agency staff. Fourth, there will be changes in the partnership roles between the two families of the child, the foster/adoptive family, and the birth family.

Changing Roles Within the Family. Changing roles within the family focus on the commitments that every family faces in a foster parent adoption: commitment to deal with a child's birth family, commitment to deal with a child's own personal history, commitment to continue to deal with a child's developmental grieving, commitment to deal with a child's ongoing attachment needs, and commitment to those needs that are special and unique to a specific child.

Commitment to align with the child's birth family. Children need help in talking about feelings about birth parents and their extended birth family connections. If foster parents don't help the silent child verbalize, then that child may get the message that it is not OK to talk about feelings. They may think it is wrong to talk about people who were close to them in the past. A foster parent's success in this task is a clear behavioral sign of commitment to the child. Brothers, sisters, and other relatives in the foster/adoptive family must likewise be willing to listen to a child talk about birth family. Some children need more than talk. Some children will need contact with their birth families.

Commitment to incorporate the child's own history and identity. Children feel more comfortable in their part of the decision-making if they believe that their foster parents understand everything about them and fully accept their roots. Children must hear from the foster parents that being placed in foster care was not the child's fault. The foster parents can start by asking children what they remember about the reason for foster care. Foster parents can also fill in gaps and correct misconceptions. Out of these discussions can emerge the "cover story," or "an explanation," the family and child will choose. The cover story or explanation is how this family chooses to talk to people outside the family, especially about how they became a family.

Children who have spent much time in foster care are often confused about "who is who." Sometimes they confuse previous foster families with birth family. Sometimes there are gaps in their history. A **Life Book** can help eliminate some of that confusion, as well as to serve as a therapeutic tool during the adoption process. The Life Book belongs to the child and tells his or her life story through pictures, stories and mementos. If a Life Book has not been developed with the child, staff should help the foster parents develop one with the child. Foster/adoptive parents should then take most responsibility for reviewing and adding to the Life Book with the child.

Children feel accepted by a family when their entire history is accepted. Research indicates that foster parents are more likely to adopt if the child's full history is disclosed (Meezan and Shireman, 1988). That is why it is critically important for agency staff to read everything available about the child and to review all the information with the foster family. If agencies trust families with the lives of vulnerable children, then agencies must also trust families with all the information pertinent to the child.

The child's birth history is important to both the child and to the prospective adoptive family. Staff can help the family help the child understand beginnings. For many children, the issue of legal legitimacy must be addressed.

For a child who will be adopted through the foster care program, there is usually a history of moves, whether it is with the birth family or during the foster care experience. Staff can help foster parents talk openly with children about prior moves. Many children in foster care experience gaps in their memories and find it difficult to discern earlier homes and family. Staff can often clarify history through the child's records. Children who have experienced institutional living may need additional help understanding that experience and talking about associated loss and identity issues.

Commitment to deal with the child's losses and developmental grieving. The legal act of adoption is a developmental milestone for the child, as well as for the family. With all developmental milestones there are memories and losses. Because of the losses inherent in a child's becoming involved with foster care, there will undoubtedly be a remembrance of many of those losses around the time of adoption. It is helpful during the decision making process

for the parents, the rest of the family, and for the child (if old enough) to recall the ways the child grieved and expressed loss when he or she first came to the foster family. It is likely that the child will again experience shock, denial, guilt, anger and depression.

Children are likely to grieve again after the termination of parental rights and again as adoption is contemplated. Reviewing earlier grieving behaviors helps foster parents discover clues as to what they may expect during the adoption process. Anticipating grieving behaviors is an essential part of an informed decision about a foster parent adoption. It is helpful to recall and identify the behaviors and the duration of the stages of grieving when the child first came into the foster home. It is important to discuss the specific emotional and behavioral responses to the stages of grieving (Bowlby, 1969): shock; guilt/self-blame; anger; despair; and adjustment.

When the foster family adopts, the child will undoubtedly experience or re-experience loss. The adoption decision will remind the child of earlier losses. Although adoption represents a significant gain for the child, it is a gain born of a significant loss. The family must plan for its own support during a time that may be very difficult, as well as plan for the help the child will need.

According to the Sandra Sutherland Fox, there are four psychological tasks of grieving. They are 1) understanding, 2) grieving, 3) commemorating, and 4) going on (Fox, 1985). With these tasks in mind foster parents who choose to adopt must assume two important roles.

> Foster/adoptive parents assume the role of "grief specialist." This role is essential in helping the child reach a level of understanding and in honoring the natural emotional responses to loss. As a foster/adoptive parent, the role of grief specialist is often challenged with the realities of on-going foster care. Most foster parents who adopt through foster care continue to foster other children (Meezan and Shireman, 1988). Consequently children who are adopted through foster care frequently face the normal losses associated with being part of a foster family. The foster/adoptive parent must specialize in these unique issues of grief.
>
> Foster/adoptive parents also assume the role of "commemorator." Especially through the Life Book, foster parents commemorate the child's entire life, recognizing the significance of the losses the child has experienced. One foster/adoptive mother of a child who was born HIV positive and then seroreverted relates the story of going every year to the grave of her son's mother, to honor that memory. Many foster/adoptive parents include photos of the child's extended family with the adoptive family's albums or photo walls. The Video or Living Life Book, mentioned earlier in this article, is another effective tool for commemorating the child's losses.

Commitment to deal with the child's ongoing attachment needs. Since foster parents usually have a great deal of information about birth parents, their perceptions about the parents' capabilities to help with the disengagement or integration process will be helpful for the work the team must complete. Children must have help if they are going to disengage from their family of origin and integrate into their new adopted family. They need help in

allowing the foster parents to become their legal and nurturing parents intended to last a lifetime. The birth parents are often the best resource for helping a child begin this process. They often can, in some way, give permission to the child to engage with and attach to the new family. Even if the parents are unable to help in this way, they often are able to identify other important people who could help their child with this important process. Children need help learning that it is OK to love several adults.

Specific steps assure that integration occurs. These steps include:

- accurate reconstruction of the child's foster care history;
- identification of the various attachment figures in the child's life;
- decisions about the most powerful of the attachment figures;
- gaining the cooperation of the most significant attachment figure;
- communication of the permission signal to the child (Donley, 1988).

Commitment to deal with those needs that are special and unique to a specific child. Often, important pieces of medical information are hidden in old case records, or known only by earlier foster families of the birth family. During the decision making process it is important for staff to research and question relentlessly the people and records where such information may be stored. Foster families need and deserve full medical information in order to make an informed decision about adoption. Early medical problems may affect children as they mature. Moreover, the child may want and need medical information during young adulthood for many reasons.

Medical problems are not the only problems faced by foster/adoptive parents. Earlier sexual abuse has become an important concern. One study in Texas (Duehn, 1984) indicates approximately 80 percent of the children in foster care in that state have experienced sexual abuse at some time in their lives. Many foster parents now assume that children in foster care have experienced some sort of sexual maltreatment. Depending upon the severity of the maltreatment, sexual issues may emerge during critical developmental stages. Workers must discuss in detail the possible therapy needs of the child, which may occur at any age and sometimes years after the abuse occurred.

If the child who is being adopted comes from a racial, ethnic, or cultural background different from the foster family's, plans should include ways to help the child with identity needs which will arise as a result of those differences.

For the foster parents and other children in the family, there are other role changes. There are the obvious ones. The temporary change in family positions of oldest child or youngest child now becomes permanent. The cover story the family uses to explain foster care may need revision. Extended family members may begin to see the foster/adoptive family differently now that there is a lifetime commitment to the child. And there are less obvious

role changes, all of which are related to new commitments which should be made in order to ensure the success of an adoption.

Changing Roles for the Child

Involving the child in the adoption decision is important, and it is complicated by foster care. Staff and foster parents do not want to build false hopes for the child. Discussions with the child are critical to the success of the adoption. They must begin early, and they take time.

For the child, there is a definite role change when he or she is adopted by the foster family. The child no longer wears the label of "foster child." The child becomes a permanent member of the family. An important part of the foster parent adoption process is helping the child understand how adoption is different from foster care. Kathleen Proch studied adopted children in Illinois and discovered that many of them did not understand the differences between foster care and adoption (Proch, 1980).

Although children may not immediately perceive differences, foster parents who are adopting do. Foster/adoptive parents know there are legal differences because they no longer share legal liability with the agency and the court. They know the financial differences; they are personally responsible for the financial obligations and even with subsidy payments, they are fiscally liable for their adopted child. Foster/adoptive parents know the decision-making differences; they no longer share parental decision-making responsibilities with the agency and birth parents. They know there are now differences in the family dynamics; they are no longer working with the agency to reunify the child with the birth family.

For the child who has been adopted, however, the distinctions are not so clear. In their minds, there may be little, if any, difference, even when the foster parents and social workers have talked with them. For example, a child may say, "My mom and dad are still getting paid to keep me." (They perceive the foster care reimbursement and subsidy as the same.) Another child may say, "I don't remember anything special the last time I went to court." (Children who have experienced foster care have experienced many court events. An adoption legalization hearing may feel no different than the myriad court hearings that occurred in earlier days.) Yet another example is, "We still have a social worker." Most foster parents who adopt through foster care continue to foster other children (Meezan and Shireman, 1988). Consequently, there continue to be social workers in their lives and in the life of the child who has been newly adopted.

Because of the inherent confusion for children who are adopted by their foster parents, it is helpful for foster parents who are considering adoption to develop methods for helping children understand the differences between foster care and adoption. Besides suggesting specific techniques, this practice guide suggests ideas for planning the discussions, helping the child verbalize perceived differences, and helping the child draw analogies.

Talking with Children about the Differences between Foster Care and Adoption: Changing Team Roles between the Family and the Agency

A team is a group of people, working together with different roles and responsibilities, to achieve a common goal. Foster parents and agency staff ideally work together in a team relationship.

Birth parents sometimes are members of the team, but more often they are not. Often they cannot be depended upon to carry their part of the team load. Sometimes their goal is not compatible with the goal of the therapeutic team. In those cases, the team must work closely, honestly, and diligently with the birth family to reach a mutually negotiated outcome. Through that negotiation of wants and offers, partnerships are built with birth parents. The changing roles around those partnerships are important and will be discussed later.

Foster parents must be members of the team. Their role on the team changes when they become adoptive parents. The changing roles are complicated because research indicates that many foster parents who also adopt continue to foster (Meezan and Shireman, 1988).

The agency staff's job during a foster parent adoption is to support and assist the foster/adoptive family in "claiming" the child as their own. The family must be empowered to be the full parents of the child if the adoption is to be successful. This is a change from interdependency (and sometimes dependency) to independence. This change occurs possibly in the environment where the interdependent relationship must continue because of other children who continue to live with the family through foster care. It is a delicate balance for staff and parents alike.

The first step of a successful adoption is called "entitlement." Entitlement means that the adopted parents have a sense that they have the right to be parents to their child (Bourguignon and Watson, 1990). Foster parents, if they are to become successful adoptive parents, must feel entitled to parent the child. This process is complicated because, in the case of foster parenting, they have shared parenting in the past with the agency and with the birth parents of the child in foster care. Parents and staff alike try to avoid building up a child's hopes for adoption in the foster home until everyone is comfortable with the family's level of commitment. These cautions can cause complications.

The parent's job is to help the child who has been adopted to deal with significant loss and attachment issues when other children may be coming and going, confusing emotions and exacerbating resulting behaviors. It points out again the importance of helping a child understand the differences between foster care and adoption, and to continue those discussions for a long time after the adoption is legal. It may be tempting for the agency staff to step in with the child who has been adopted. It is critically important that staff be responsive to the requests of the parents, but to take a low profile with the child who has been adopted. The shared parenting with other children in foster care will be more challenging because of these important changing roles.

Changing Partnership Roles with the Birth Family

A partnership is different from a team relationship. In a partnership two or more people negotiate wants and offers in order to work together to arrive at one or more outcomes mutually agreed upon and which provide benefits for both. This is the sort of relationship that is ideally created between agency staff and parents of children in foster care. It also is the ideal relationship between foster parents and birth parents.

When a foster family decides to adopt it is likely that they have had contact with the parents of the child they are adopting (Meezan and Shireman, 1988). The relationship may have been close, painful, distant, difficult, or one of many other descriptions. Whatever the relationship, it will change through the adoption process. The foster/adoptive family can and should take a lead role in negotiating those changes.

One of the first and most important areas for negotiation is the area of "openness." Foster family adoptions vary a great deal in degree of openness, from providing information to the children to periodic letters to arranged family gatherings. If there is little chance for contact between the child and the parents at the time of the adoption, the foster family may need help to think through the implications of a later search by the child and/or by the child's birth parents for one another.

Levels of openness vary greatly. One family who adopted two young girls had developed a close relationship with the mother of the girls during the time they were in foster care. The young mom could not do the job of parenting and through a long and painful process, termination of parental rights occurred. The foster family adopted the girls, who had at least weekly contact with their mother for several years. The family decided that it was important for their girls to continue to know the mother who had given them birth. Every Sunday she joins them for the noon meal. The girls know the woman who gave them birth and loves them. They also know the parents who love them and will nurture them for a lifetime. They know their adoptive parents are capable of parenting; their birth mother is not.

Other families decide that a much more limited amount of openness will make more sense for them and for the child. Openness may also mean letters through the agency, videotapes through the agency, direct correspondence between the birth family and the child, planned phone contact, informal phone contact or gatherings on holidays. Openness may in some cases mean an open climate in which the child is encouraged to talk about his or her birth parents and the feelings that surround that relationship.

For every child there are those parents who brought the child into this world. Birth parents are important. It is important for foster/adoptive parents to carefully plan for their ongoing support of that relationship for their child.

Problems can arise in any relationship. Planning for and clearly negotiating levels of openness can help minimize problems. However, there are no guarantees. When problems arise after the adoption, the foster/adoptive parents must deal with those problems directly.

Because of the importance of empowerment, claiming and entitlement, the adoptive parents must be in charge of problem solving. If outside help is needed, the parents must ask for that help and set the boundaries for the help.

Chronological List of Handouts and Overhead Transparencies

Handouts

1. Meeting 10 Agenda
2. Professional Development Plan
3. Final Evaluation of the GPSII/MAPP Program

Supplemental Handout: COMPASS Training Program Overview

Overhead Transparency

1. Instructions for Final Strengths/Needs Discussion

Meeting 10:
Endings and Beginnings

Agenda

Time	Topic	
(15 Minutes)	**A.**	**Introduction to Meeting 10**
		◆ Welcome back
		◆ Meeting 10 Agenda
(60 Minutes)	**B.**	**Panel Discussion**
		◆ Information and question and answer session
(35 Minutes)		**BREAK**
(40 Minutes)	**C.**	**Strengths and Needs**
		◆ Informed decisions and strengths/needs identification
(30 Minutes)	**D.**	**Resources for GPSII/MAPP Families**
		◆ "Filling Your Cup"
		◆ Professional Development Plan
(30 Minutes)	**E.**	**The GPSII/MAPP Program Summary (Endings) and Next Steps (Beginnings)**
		◆ Next steps in the mutual selection process
		◆ Graduating, celebrating, and saying good-bye

Professional Development Plan

Please list the kinds of training and support your family may need during the first six months of being a foster or adoptive family.

Needs for In-Service Training:

_____

_____

_____

_____

_____

_____

_____

Needs of Other Family Members:

_____

_____

_____

_____

_____

_____

_____

Following is space for you and the GPSII/MAPP leader to write what you agree that you will do together to meet your family's development needs.

Professional Development Plan for the First Six Months:

Final Evaluation of the GPSII/MAPP Program

Leader(s): _____

Location: _____

Date: _____

1. Was this program worth your investment of time?

   ❑ Yes ❑ No

2. What were the strengths of the GPSII/MAPP program?

   _____

   _____

   _____

3. What was most helpful about this program?

   _____

   _____

   _____

4. In which content areas did the GPSII/MAPP program fail to meet your expectations?

   _____

   _____

   _____

5. How would you improve the GPSII/MAPP program?

   _____

   _____

   _____

6. How would you change the GPSII/MAPP program?

   _____

   _____

   _____

7. Thinking about the skills you learned in this program, what would help you to practice the skills in your home?

   _____

   _____

   _____

8. Compared to other programs I've attended, I would rate the benefits I've received from this program to be: (check one)

   ❑ better than others.

   ❑ about the same as others.

   ❑ less than others.

9. The content of this preparation program had: (check one)

   ❑ much practical use for me.

   ❑ moderate practical use for me.

   ❑ little practical use for me.

10. This program: (check one)

    ❑ helped me to prepare for and decide about fostering and adopting.

    ❑ left me needing additional training or support before I can put the ideas and/or skills to work.

Please provide feedback about the leader named below:

LEADER: _____

1. The leader presented instructions and guidance for activities clearly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

2. The leader presented concepts in an organized, logical and clear manner.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

3. The leader actively engaged members of the group in the learning process.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

4. The leader created an environment supportive of risk-taking.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

5. Feedback to participants was direct, supportive and helpful.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

6. The leader openly accepted feedback from participants and adjusted the session accordingly.

   1 2 3 4 5 6 7

   Strongly Disagree Strongly Agree

7. The leader successfully coached participants who needed help in learning.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

8. The leader demonstrated a sensitivity and respect for diversity and culture.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

Would you recommend this program to other people interested in becoming foster or adoptive parents?

❑ Yes ❑ No

What would you want others to know about the GPSII/MAPP program?

_____

_____

_____

Are there any areas in which you would like to receive further training, and what are they?

_____

_____

_____

Name (optional) _____

Supplemental Handout

The COMPASS Training Program Overview outlines the skills and abilities developed in the COMPASS in-service training program. This is included as a supplemental handout which may be distributed to participants if your agency provides this training.

COMPASS Training Program Overview

These nine dynamic sessions will lead foster parents through the key skills required to work in partnership to help children achieve safety, well being, and permanency. Sessions 1-3 are core sessions delivered in sequence so that foster parents will have the foundation skills and information used in the remaining six sessions. Foster parents will have the opportunity to try out proven techniques in a safe, supportive learning environment where problem situations can be discussed and success stories can be shared.

Results-Oriented Programs Sequence	By the end of the session, foster parents will:
Session 1: Fostering to Achieve Outcomes	Use the building blocks of empathy, genuineness, and respect to create a foundation for achieving the Five Foster/Adoptive Parent Role Outcomes.
Session 2: Using Helping Skills to Build Relationships	Use the verbal and nonverbal helping skills to build relationships with children and their families.
Session 3: Promoting Child Development	Use the *Child Development Guide* to assess a child's overall development and select parenting activities that will support the child's developmental progress.
Session 4: Supporting Emotional Security and Attachment	Use parenting behaviors that support emotional security and attachment in children and ask for appropriate help when "red flag" behaviors signal threats to children's well being.
Session 5: Helping Children Grieve	Talk to a grieving child using words and activities that will allow the child to express feelings associated with the loss and separation issues inherent in foster care.
Session 6: Supporting Reunification Through Visitation	Use specific strategies before, during, and after child/family visits to develop a positive parental alliance and free the child from the necessity of "taking sides."
Session 7: Providing Safety	Develop strategies to help to keep a child safe in the foster home, the family home, and the community.
Session 8: Preparing Youth for Independent Living	Assess the youth's "readiness" to live independently, and use interventions to prepare the youth for life outside of foster care.
Session 9: Creating Partnerships and Working as a Team	Use the social contracting skills to create partnerships and positive alliances that will support permanency.

COMPASS

* "Stand alone" delivery options for individual sessions are available to meet agency and foster parent needs.