National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

Participant Resource Manual

for Families Who Foster, Provide Kinship Care, and/or Adopt Children from the Child Welfare System

June 2022

We believe that foster care, kinship care, and adoption require a commitment to lifelong learning and hopeful curiosity. The most effective families are those who are aware that the journey of both the child and the family is ever-changing and requires continual growth. We know that knowledge and training help parents expand their skill toolboxes so that they are better prepared to care for children who are entering their homes.

Acknowledgements

These agencies have worked collaboratively with staff; families who have fostered, adopted, and provided kinship care; young adults with lived experience in the child welfare systems; and expert consultants to develop the curriculum and all accompanying documents.

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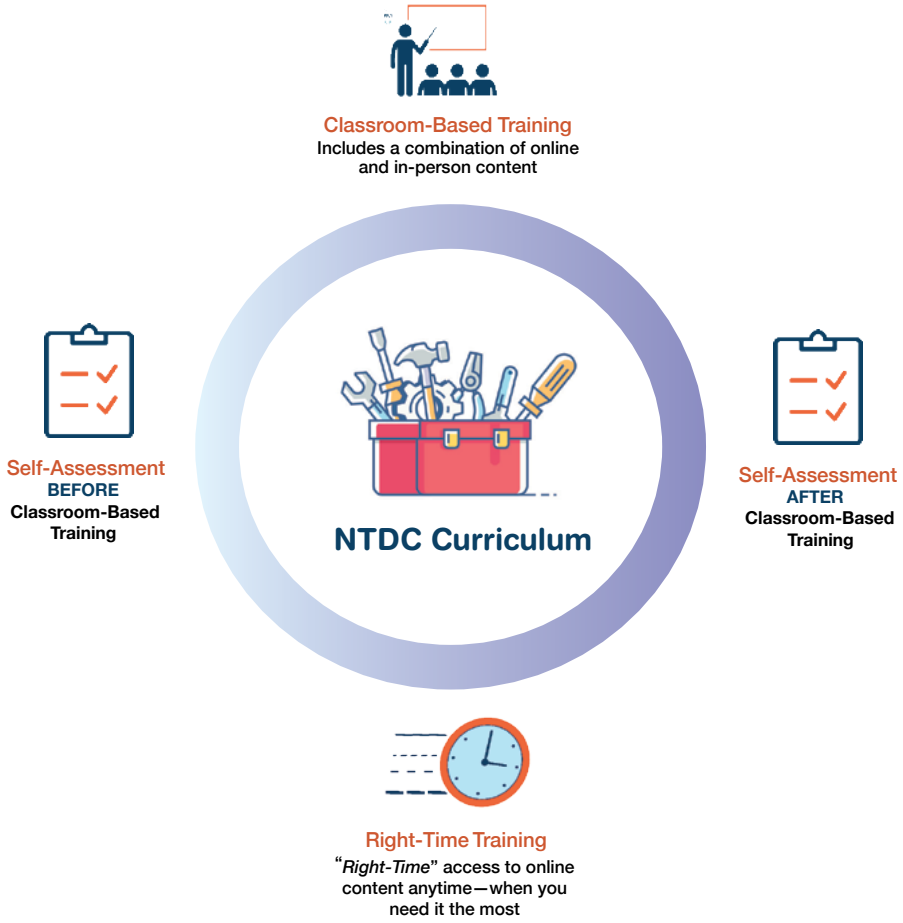
Introduction

Congratulations on starting the most rewarding and beneficial journey a parent can take: fostering or adopting a child. You will play an important role in the child's life that is crucial to their well-being and permanency outcome.

Overview of the National Training Development and Curriculum (NTDC)

The National Training and Development Curriculum (NTDC) is a curriculum based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. It provides potential foster or adoptive parents with the information and tools needed to parent a child who has experienced trauma, separation, and loss. It is a state-of-the-art classroom and online program that helps to prepare prospective foster and adoptive parents to be successful parents. In addition, the NTDC gives parents access to information and resources needed to continue building skills once they have a child in their home.



Facilitators will guide you to additional resources, including articles, videos, and podcasts. We hope you will share these resources and what you learn with people in your life. The more your circle of friends and family knows about and feels involved in the journey, the better they will be able to support you and the child who moves into your home. Greater knowledge about foster care and adoption can lead to greater understanding and acceptance.

The "Introduction and Welcome" theme that will be covered in class will help you learn how the parts of the curriculum fit together and build on each other.

Self-Assessment

The Self-Assessment is an important part of the NTDC experience and was developed to help you discover more about your parenting style. The Self-Assessment is designed to be completed both before and after the Classroom-Based Training. The assessment is a survey tool that includes questions that correlate to the themes taught in the classroom and to the characteristics that have been found important for those who foster or adopt.

The Self-Assessment is designed to be self-administered, allowing you to identify your areas of strength, areas where you would benefit from additional support and information, and areas that may be challenging for you when parenting children or teens. The survey is also a great way to determine how one parent's strengths and areas of growth complement their parenting partner's or support systems.

Understanding your parenting strengths and areas for growth will be a powerful tool in your parenting toolbox. You will be encouraged to refer back to your Self-Assessment scores throughout the classroom-based training to further enhance learning. We recommend that the Self-Assessment be completed two times to provide you with a comparison of scores; demonstrating your growth or identifying those areas that would benefit from additional information or practice. We would suggest the survey be completed at these times:

- **Before the Classroom-Based Training**
- **90 days after the last classroom session**

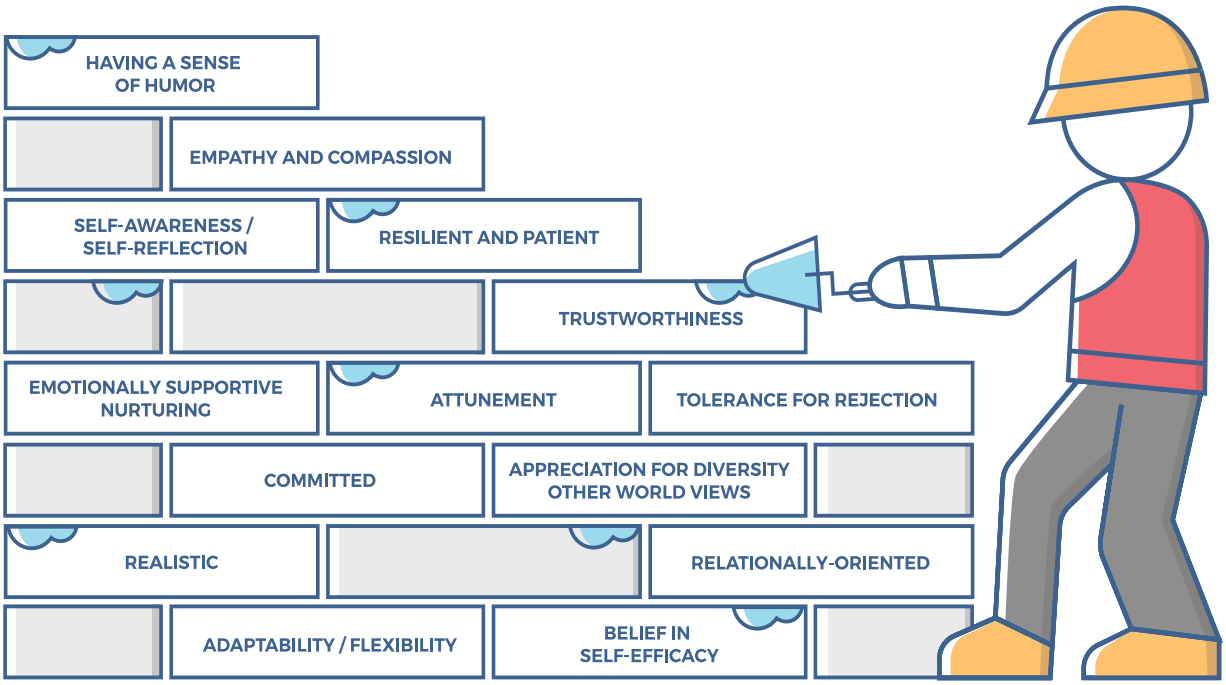
Classroom-Based Training

The Classroom-Based Training content comprises 19 themes that are essential for families who want to foster, adopt, or be a kinship care provider. Two additional themes are specific to those families who support kin children. *Themes* are the individual topic areas that may be covered in the classroom and consist of one to two hours of classroom instruction. Each of the Classroom-Based Training themes has a list of several resources related to the topic. These resources are available for you to review outside the classroom. You can use these resources again and again as different issues, challenges, or questions come up about the topic.

Characteristics for Successful Parents Who Foster or Adopt and the Connection to NTDC Training Components

This graphic illustrates characteristics of parents who effectively foster or adopt. These characteristics are based on parent interviews, focus groups from different sources around the country, and a literature review. Several of the characteristics seen on the brick wall graphic will be highlighted in each theme. As you think about these characteristics, think about how you can use them to help build a strong foundation for your home to be as nurturing as possible for children who have experienced trauma, separation, and loss.

The questions on the Self-Assessment are designed to measure your strengths in each of these characteristics. When you receive your Self-Assessment feedback, you will also get information about how you can strengthen or maintain each of these characteristics.



Each Classroom-Based and Right-Time Training theme will highlight several of these characteristics.

The definitions for each characteristic and the themes where each characteristic is highlighted are shown in the table below.

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Adaptability and Flexibility	Caregivers have the willingness and ability to make changes in their parenting style to adjust, encourage, and support the child's physical, emotional, and mental needs. As part of a parenting team, they each share the responsibility of caring for children. Successful parents are comfortable acknowledging when something is not working and are able to try a different approach and/or modify their expectations for the child(ren) they are parenting.	• Reunification: The Primary Permanency Planning Goal • Cultural Humility • Mental Health Considerations • Impact of Substance Use • Building Resilience for Kinship Caregivers	• Sensory Integration • Preparing for Adulthood • Education • Preparing for and Managing Visitation • Family Dynamics
Appreciation for Diversity and Other World Views	An understanding and appreciation for children who bring a different set of values with them. These parents are able to accept that the child's behaviors and values may not be the same as their personal values and that this will feel uncomfortable and, at times, very wrong. They know that if not resolved/accepted, this can be a real source of upset, tension, and conflict.	• Maintaining Children's Connections • Cultural Humility • Parenting in Racially and Culturally Diverse Families	• Preparing for and Managing Visitation • Sexual Development and Identity • Common Feelings Associated with Being Adopted

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Attunement	The ability to be aware of, understand, and be sensitive to the specific responses and needs of a child at any given time, even if the child does or does not express these needs directly. Being in tune with a child's moods, exhaustion, hunger, rhythms, and responses, as well as the child's needs for physical contact, affection, security, stimulation, and movement, with the goal of building a trusting relationship. Staying calm in moments of stress while helping the child manage their own emotions.	• Child Development • Attachment • Trauma-Related Behavior • Effective Communication • Creating a Stable, Nurturing, and Safe Home Environment	• Responding to Children in Crisis • Preparing for and Managing Visitation • Family Dynamics • Sensory Integration • Sexual Trauma
Belief in Self-Efficacy	Feel competent and have confidence in one's ability to effectively parent.	• Foster Care: A Means to Support Families • Preparing for and Managing Intrusive Questions	• Education • Accessing Services and Support • Intercountry Adoptions: Medical Considerations • Managing Placement Transitions

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Committed	The ability to be dedicated to a child, sticking with them no matter how difficult the journey. Carefully and thoughtfully considering the requirements of parenting a child and understanding that it is not about fulfilling their own parental needs. They recognize that the role may not offer much appreciation or valuing of their skills and talents, but they are willing to commit to the long-term work of unconditional parenting and supporting child well-being. They believe in commitment and are able to persevere in the face of adversity. They are secure in their commitment to the children in their care and know that they are doing the right thing.	• Trauma-Related Behavior • Mental Health Considerations • Impact of Substance Use	• Preparing for Adulthood • Intercountry Adoptions: Medical Considerations

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Emotionally Supportive and Nurturing	Creating an emotionally supportive environment that gives the child a safe space to talk about their emotions, including the positive ones. Children need a supportive space to share and a calming guide to listen and empathize so that they feel heard and understood. This could mean listening more than you speak, allowing the child to find solutions for their problems.	• Child Development • Separation, Grief, and Loss • Effective Communication • Preparing for and Managing Intrusive Questions • Creating a Stable, Nurturing, and Safe Home Environment	• Life Story: Birth Story & Adoption Story • Managing Placement Transitions • Sexual Development and Identity
Empathy and Compassion	The ability to perceive/ feel others' emotions, particularly others' disappointment or sadness. It requires that the parent look past the current behavior and find the core distress related to the child's response. They know they cannot shield the child from pain; rather, they must allow the child to experience and express pain and grief.	• Separation, Grief, and Loss • Reunification: The Primary Permanency Planning Goal • Foster Care: A Means to Support Families	• Building Children's Resilience • Sexual Trauma

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Having a Sense of Humor	The ability to laugh at themselves and not take everything too seriously. Successful foster or adoptive parents are able to use humor to manage the stress that can result from parenting. Humor can be used to vent feelings and de-escalate tense situations, without the use of sarcasm or insults. Humor can be used to build rapport and relationships with a child.	• Preparing for and Managing Intrusive Questions • Kinship Parenting • Building Resilience for Kinship Caregivers	• Building Parental Resilience
Realistic	Understand that there are different kinds of success with different situations and with each child. Parents understand that their efforts may not result in a change in a child's understanding or behavior until much later. They know what their expectations are for the child, and they can identify when those expectations are not being met and when they may need to change their expectations.	• Child Development • Mental Health Considerations	• Preparing for Adulthood • Education • Accessing Services and Supports • Intercountry Adoptions: Medical Considerations

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Relationally Oriented	The ability to recognize and value the importance of relationships to the child. Shows respect for the family, previous relationships, and the child. Caregivers move beyond any anger or jealousy they may feel toward families in order to help the children resolve relationship issues with family members and former foster families to ultimately grieve losses, maintain connections, and feel good about themselves.	• Attachment • Foster Care: A Means to Support Families • Maintaining Children's Connections • Effective Communication	• Life Story: Birth Story and Adoption Story • Common Feelings Associated with Being Adopted • Preparing for and Managing Visitations
Resilient and Patient	Foster and adoptive parents see their role as helping children achieve success in small steps, beginning with measurable daily tasks. They do not dwell on past mistakes or the future to pressure themselves or the children. They celebrate small successes, teaching the child to appreciate each effort, no matter how small. They have an ability to wait for answers/solutions without giving up. They are able to handle and tolerate a child's "testing" behaviors, including hurtful, angry, or rejecting comments and actions.	• Trauma-Informed Parenting • Trauma-Related Behavior • Impact of Substance Use • Kinship Parenting	• Responding to Children in Crisis • Preparing for Adulthood • Building Children's Resilience • Accessing Services and Support • Building Parental Resilience

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Self-Awareness and Self-Reflection	These parents are able to understand and be aware of why they have responded to a child in the manner that they have. They can identify what was good, bad, and different about the way they were raised while adjusting their own parenting to meet a child's needs. Parents can identify and forgive themselves for having negative feelings toward a child, moving from disappointment to acceptance. They know their own history of experiencing loss and being hurt and can identify how they might bring their experience into their parenting in negative ways if they are not careful.	• Attachment • Separation, Grief, and Loss • Trauma-Informed Parenting • Maintaining Children's Connections • Cultural Humility • Parenting in Racially and Culturally Diverse Families • Kinship Parenting • Building Resilience for Kinship Caregivers	• Sexual Trauma • Sexual Development and Identity • Responding to Children in Crisis • Building Parental Resilience • Life Story: Birth Story and Adoption Story
Tolerance For Rejection	These parents do not take it personally when a child directs hurtful comments or behaviors at them. Parents acknowledge that the rewards of parenting are not immediate and, in fact, may take a long time before they experience them. Parents are able to provide a loving, nurturing environment to a child without receiving any acknowledgment, gratitude, or love in return.	• Trauma-Informed Parenting • Trauma-Related Behavior	• Responding to Children in Crisis • Common Feelings Associated with Being Adopted

Caregiver Characteristic	Characteristic Descriptions	Classroom-Based Training Themes	Right-Time Training Themes
Trustworthiness	Creating an environment of trust is the role of the parent. Trust is based on understanding the importance of honesty, consistency, routines, and rituals—and then being able to put that understanding into practice. It requires the ability to be careful in what is promised to a child so that the parents can keep their word and meet the expectations they have set.	• Attachment • Creating a Stable, Nurturing, and Safe Home Environment • Trauma-Informed Parenting	• Family Dynamics • Building Children's Resilience • Managing Placement Transitions

Tips for Making the Most of Your NTDC Training Experience

It is important for parents who are fostering or adopting to be very involved with the information. To get the most from the training, you will need to take time to consider all the information and think about what it means for your life. Everything in the training was included because other parents and professionals said it was something they thought was key to becoming an effective foster, kinship, or adoptive parent.

Take time to think about the information and how it applies to you and your life. Deciding to become a foster, kinship, or adoptive parent is a big decision that will have a ripple effect on every part of your life. Because it is a life-changing decision, it is extremely important for prospective parents to take the time at the beginning of their journey to get all the information and to gather the basic tools that will help them parent a child who has experienced trauma, separation, and loss.

Sometimes when participants start the training, they want to move through it quickly so that they can have a child move into their home. Although it is great to see parents who are excited about starting this journey, we also know that it is important for them to really take the time to prepare for the journey. The best preparation comes from learning and identifying the things that need to be put in place so that you can be an effective foster or adoptive parent. If you have a partner on the parenting journey, we hope you will talk with each other about the various topics and discuss the skills each person brings to the journey.

In addition, we hope this information will help you talk with your parenting partner about how differing understandings or beliefs about parenting. For many parenting partners, these conversations can lead to powerful and effective strategies for meeting the child's needs according to your unique abilities.

You can't be just a parent. You need to be an advocate for every child who comes through your home.

TIP FROM A FOSTER/ADOPTIVE PARENT

How to Use This Resource Manual

The manual is intended to be a tool that helps prospective foster and adoptive parents to reflect on the journey they are about to take and to jot down their thoughts throughout the learning. The manual is divided into four sections:

- **Introduction (you are here now!)**
- **Classroom-Based Training Themes**
- **Moving Forward in Your Parenting Journey**

In each section, journaling space is provided for you to write down your responses, thoughts and reflections, or questions. We encourage you to use the journaling space to write about your journey. You could write about what you found important or challenging along the way. For example, make note of "aha" moments, challenges you face, and successes you achieve. As you do this, you might start to see patterns that can help you build on your successes.

Throughout the manual, we have included photographs of foster and adoptive parents and children who have been in care along with quotes that we hope will inspire and motivate you on your journey. Keep the manual handy at home, and be sure to bring it with you to each classroom session because you will be writing in it throughout the Classroom-Based Training portion of the curriculum.

There is no expiration date for trauma.It may pop up at times throughout our lives because it is part of our story.

TIP FROM A FOSTER/ADOPTIVE PARENT

Classroom-Based Training Themes

For each Classroom-Based Training theme, this manual provides the following:

- The competencies to be gained.
- Handouts that will be used in the theme.
- Space for "Reflection/Relevance" where you can answer questions related to the information covered in the theme.
- Space for journaling where you can write notes, thoughts, or questions about the information covered in the theme.
- A list of additional resources you can access outside of class to help you build upon your learning for the theme.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

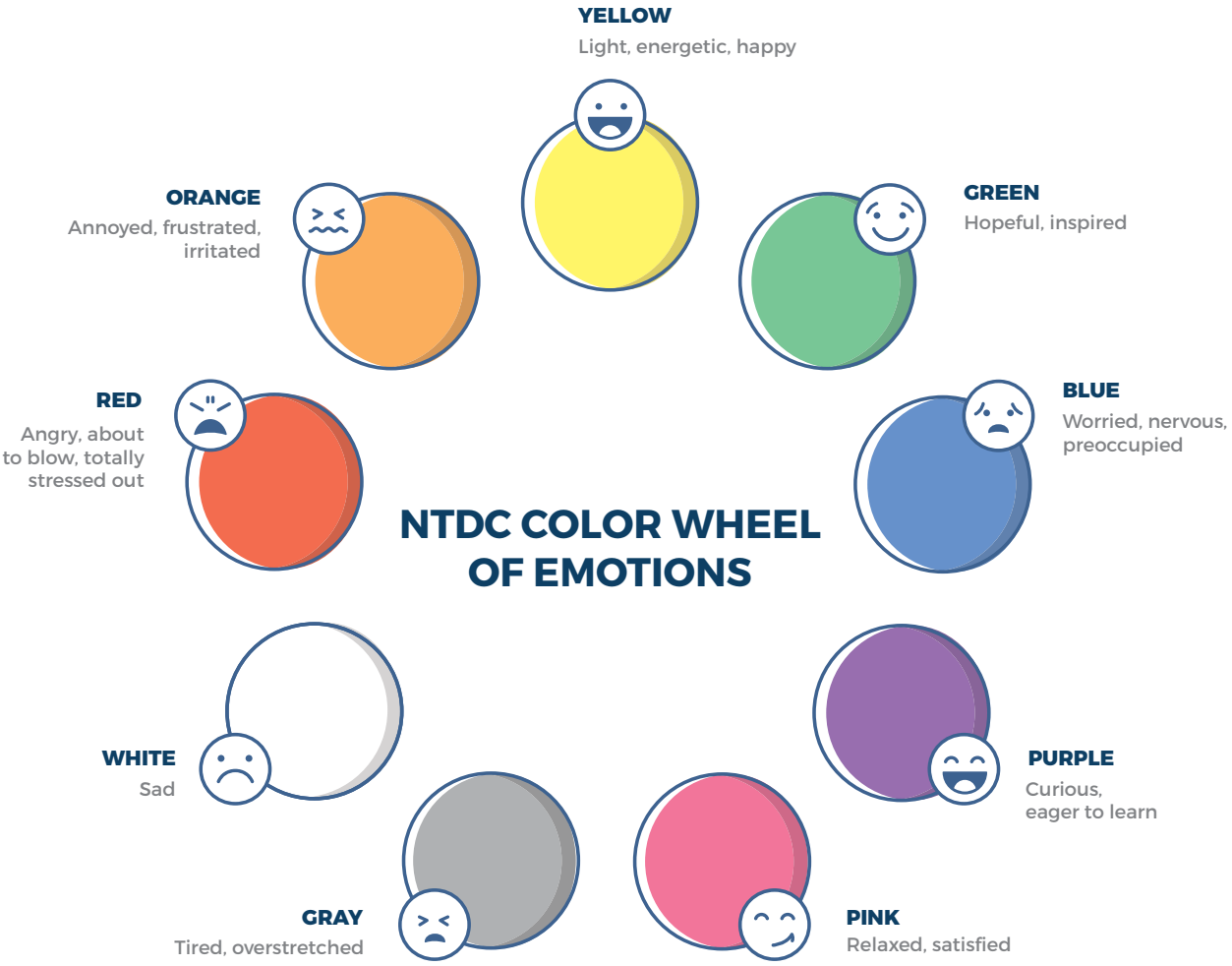
Session 1: Introduction & Welcome and Kinship Parenting

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

IINTRODUCTION & WELCOME

SESSION 1

Color Wheel of Emotions



The Color Wheel of Emotions is a self-check activity that parents are encouraged to do at the start of every classroom session. This type of regular self-check is important for parents who are adopting or fostering children who may have experienced trauma, separation, and loss because it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise, but be assured that knowing how you are doing emotionally on any given day strengthens your ability to know when you need to get support or need a different balance. Doing this type of check-in will also help you teach and/or model this skill for children.

Parents are encouraged to think of the Color Wheel activity as a self-care tool to assess how they are feeling and to focus on emotionally hot areas that may need attention to lessen or resolve. Parents should pay attention to their own emotions so that they can better monitor and regulate themselves—particularly when they are around children who may not be well-regulated. This activity supports parents' awareness of their feelings and offers a way to talk about those feelings with another caring adult. The facilitator will guide you through this activity at every class session and introduce the tool as something that you can use with children in your home.

Competencies

Knowledge

- Identify the characteristics of parents that are more effective when parenting children who have experienced trauma, separation, and loss.
- Understand the parenting techniques that may need to be adjusted in order to meet the emotional, developmental, social, and physical needs of children.
- Understand why traditional parenting techniques are not always effective for children who have experienced trauma, separation, and loss.

Attitude

- Willing to learn and expand their set of parenting skills and strategies to support children who have experienced trauma, separation, and loss.
- Embrace the role of creating an environment that helps children heal.
- Willing to understand and validate the intersecting identities and lived experience of the child.
- Willing to see discipline as an opportunity to support children in learning and growing, rather than punishment for behavior.

Discussion Guide for the Video

1. As you reflect on the information presented in the video, has your view about how to parent a child whom you are fostering or adopting changed? If so, how has it changed?
2. Which areas of your parenting do you think you might need to adjust in order to accommodate the needs of a child who has experienced trauma, separation, and loss?
3. What challenges do you anticipate facing as you expand your parenting paradigm? (Look back at your report from your Self-Assessment to obtain ideas.) How might these challenges affect others within your family?
4. Which characteristics or skills did your Self-Assessment reveal as needing the greatest attention?
5. What are some ways that you believe you can create a consistent and predictable environment when a child you are fostering or adopting enters your home?
6. Which kinds of visual reminders can you place in your home to help you stay focused on the root causes of the child's behaviors, rather than the behaviors themselves (for example, calming pictures, resource books, pictures of joyful times, notes with reassuring words)?
7. Do you think that changes in your routines or traditions will cause any of your family members discomfort or stress? (For example: If your family travels every Sunday to your mother's home for dinner, how will your mother feel if that tradition cannot be accommodated easily?)
8. How can you help to prepare members of your family and support system for the journey of fostering or adopting a child?

HANDOUT #1: CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS

An essential component of NTDC curriculum is the inclusion of 14 characteristics of successful foster and adoptive parents that were identified through a review of literature, stakeholder interviews, and evaluation of existing curricula. Self-assessment and self-reflection are essential components of the NTDC curriculum. Several characteristics are highlighted in each theme, allowing continued opportunity to think about their importance and to reflect on your parenting characteristics as they relate to each theme. The online self-assessment will provide you with feedback and suggest resources based on your self-rating.

Choosing to reflect on one's own parenting characteristics, knowledge, skills, and abilities begins with a recognition that all parents have areas of strength as well as challenges. This self-assessment is designed to help you identify both strengths and challenges. As you use this self-assessment tool, be honest with yourself and use your self-ratings to identify areas for growth and change. If you already completed the online self-assessment, use the feedback you received to jot down the strengths and challenges you already identified. If you have not yet completed the online self-assessment, you can use the information below to help identify two characteristics that you see as strengths and two characteristics that you see as challenges for yourself.

Identify your top 2 strengths:	**Identify your top 2 challenges:**
1.	**1.**
2.	**2.**

Tolerance for Rejection:

It is not unusual for a child who has been hurt and felt let down or rejected by caretakers in the past to direct their anger and hurt at others who take on a caretaking role. The child who has felt rejection may try to defend against being hurt and feeling rejected again by being the first to "reject," rather than wait on the expected rejection from the parent. Foster and adoptive parents will need to keep the long game in mind. The child will feel less need to reject after they feel increased safety and security in their relationship with you. That said, there is nothing easy about hurtful comments and experiencing rejection, even when we are aware of what is going on. Parents are only human. It is important to remember to get support and validation from others who know how hard the parent is working to best meet the child's needs.

Adaptable/Flexible:

Parents who are adaptable/flexible have the willingness and ability to make changes in parenting style and/or responses to accommodate, encourage, and support children's physical, emotional, and cognitive needs. Parents who are adaptable and flexible are not restricted by stereotypical or societal roles/expectations. Instead, these parents are comfortable acknowledging when something is not working and are open to trying a different approach or modifying their expectations of the children they are parenting. The ability to be adaptable/flexible allows more responsiveness to children's needs.

Have a Sense of Humor:

Parents who have a sense of humor can laugh at themselves and do not take everything too seriously. These parents can use humor to manage the stress of parenting, vent feelings, and deescalate tense situations to build rapport and relationship with a child. It is important for these parents to be mindful to use humor without sarcasm or insults since children who have experienced trauma may not understand the distinction between joking and comments that are uncaring or belittling.

Believe in Self-Efficacy:

Self-efficacy is the feeling of competence and confidence in the ability to effectively parent. Parenting children who have experienced trauma, separation, or loss will sometimes challenge parents to expand their parenting strategies. Parents who believe in self-efficacy acknowledge that they don't know the answer to every problem but are confident that they can resolve problems and issues that inevitably arise.

Realistic:

Parents who are realistic understand that there will be varying degrees of success with different situations and with each child. Realistic parents understand that their efforts may not result in a change in a child's understanding or behavior until much later and they are able to make mistakes, adjustments, and allowances as they re-evaluate expectations. Parents know what their expectations are for the child and can identify when those expectations are not being met and may need to change. They also know that children will make mistakes and that "two steps forward and one step back" is a natural part of growth. Realistic parents help the child understand this too as they celebrate the small steps and see mistakes as learning opportunities.

Trustworthy:

Parents who are trustworthy can create an environment of confidence and safety in their home. Trust is based on understanding the importance of honesty, consistency, routines, and rituals, and then being able to implement these. It requires the ability to be prudent about what is promised to a child, so that the child's expectations are met. Trustworthy parents are careful about their communication so that they consistently prove to the child and the child's birth family that they are reliable.

Attuned:

Being an attuned parent is the ability to be aware of, understand, and be sensitive to the needs of a child at any given time, despite the degree to which the child expresses or does not express their needs with words. Being in tune with moods, level of exhaustion, hunger, rhythms, responses, and needs for physical contact, affection, security, and movement will help the parent respond positively to the child and build trust and a sense of safety. Attunement also requires that the parent stay calm and emotionally regulated so they can help the child regulate their own emotions.

Resilient and Patient:

Parents who are resilient and patient understand their role as helping children achieve success in small steps, beginning with measurable, daily tasks. They don't dwell on past mistakes or the future to pressure themselves, their partners, or the children they parent. These parents notice and celebrate small successes, teaching children to appreciate the accumulative effect of their efforts. Patient and resilient parents have an ability to wait for answers or change without giving up and can withstand "testing behaviors" including hurtful, angry, or rejecting comments and actions. Children with resilient and patient parents have a steady, consistent support as they grow and develop.

Emotionally Supportive/Nurturing:

For children who have experienced separations, loss, and trauma, their behaviors are often tied to a lack of emotional safety as they oftentimes have difficulty feeling calm, safe, and secure. Emotionally supportive and nurturing parents create a sense of safety for the child. Be present for the child by showing up physically and creating a safe place for the child to process and talk. Find quiet times each day to give the child your full attention. Practice your listening and communication skills, avoid interrupting, and be careful not to jump in too much with advice. Your ability to be empathetic, emotionally supportive, and nurturing when children share feelings or memories will help create a sense of felt safety.

Appreciative of Diversity / Other World Views:

Parents who are appreciative of diversity and other world views have an understanding and a sense of respect for children who bring a different set of values with them. For parents, it means having an ability to reconcile that the child's behaviors and values may not align with their own behaviors and values. They accept that this will feel uncomfortable and, at times, may feel wrong as dealing with differences in beliefs and cultural expectations may be challenging. If not resolved, this can be a source of discontent, tension, and conflict. Parents with an appreciation for diversity and other world views show their children and their children's family respect and acceptance.

Committed:

Parenting a child who has a history of loss and trauma contains many challenges. Commitment is the ability to be dedicated to a child, sticking with them no matter how difficult the journey. Parents will need to carefully and consciously consider the requirements of parenting a child and understand that it is not about fulfilling their own parental needs. A parent who is committed recognizes the role may not offer much validation or reinforcement of their skills and talents, but they are determined to engage in the long-term work of unconditional parenting and promoting child well-being. Commitment allows parents to persevere in the face of adversity, knowing that they are doing the right thing.

Empathetic/Compassionate:

Parents who are empathetic and compassionate can perceive or feel others' emotions, particularly disappointment or sadness. It requires that the parent look past the current behavior and find the core distress related to the child's response. Parents who practice empathy and compassion know they cannot shield the child from pain but can allow the child to express the pain and grief they experience. These practices help children identify and process their own emotions and create an environment conducive to healing and change.

Self-Aware/Self-Reflective:

Effectively parenting a child who has experienced loss and trauma will require self-awareness and the ability to self-reflect. We are all impacted by our upbringing as children. It will be important to be aware of how our upbringing impacts our parenting and reflect on when this does and does not translate into parenting that meets the needs of the child. Also, parenting a child whose history includes loss and trauma may bring up a parent's history of unresolved losses and traumas. For example, a child's grief reactions may trigger the parent's unresolved loss and grief which may prevent them from being able to respond to the child in a supportive, nurturing way if the parent is not self-aware.

Relationally-oriented:

Relationally-oriented parents recognize and value the importance of relationships to the child. They show respect for the child's birth family and previous relationships, as well as their own relationship directly with the child. These parents know how to move beyond any anger or jealousy they may feel toward birth families to help children resolve relationship issues with birth family members, former foster families, and others so the children can ultimately grieve losses, maintain connections, and feel good about themselves.

✏️ Journaling Thoughts

Reflection/Relevance

Refer to Handout 1: Characteristics of Successful Foster and Adoptive Parents. Identify one characteristic that you consider a strength and one that is a challenge for you.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

KINSHIP PARENTING

SESSION 1

Competencies

Knowledge

- Understand how kinship care can change family roles, causing tensions with extended family members, families, and children.
- Know strategies to handle relations with extended family.
- Be aware of their own feelings and triggers associated with redefining their family role.

Attitude

- Believe it is the kinship caregivers' responsibility to protect children from the circumstances that brought them into protective care, even if it creates family strife.
- Believe it is a sign of strength to accept help managing complex family relationships.
- Believe it is important to support the child's relationship with their paternal and maternal family members.
- Willing to process the emotional impact of raising a family member's child.
- Willing to understand the responses and feelings that children experience in kinship care

Skill

- Set limits with the child's parents in ways that protect the child's safety while demonstrating the importance of the parent to the child.

Although it may not have been the path that I planned for myself or for my family, I can't imagine having it any other way.

TIP FROM A YOUNG ADULT WITH LIVED EXPERIENCE

Podcast Transcript

Kinship Parenting Podcast: Kathleen Assaad & April Dinwoodie

April Dinwoodie: Welcome to the NTDC Podcast, Kinship. I'm your host, April Dinwoodie. In this episode, we welcome Kathleen Assaad. Kathleen is a parent liaison for Lilliput Families Kinship Support Services Program, or KSSP. Kathleen's primary role in KSSP is facilitator of four monthly caregiver support groups for kinship caregivers. Kinship care has played an important part in her personal life. Since 1997, after the birth of their first child, Kathleen and her husband began taking care of and eventually adopting four of her nieces who had been placed into emergency foster care. So often the best way to learn is to hear directly from those who have experienced it firsthand. Before we jump right in, I want to thank you, Kathleen, for being so willing to share your personal experiences and, with that, what circumstances led you to your great nieces coming to live with you?

Kathleen Assaad: Yes. Hello. My niece was a habitual drug user and was experiencing domestic violence and financial instability. One day, my father showed up at her home to find her four small children were alone and the house in disarray. It was unclear how long she had been gone, only that she had left during the night. CPS was involved and the call to the sheriff was made. My great nieces were placed in protective custody and I spent the next several days trying to find out where the children were and what steps needed to be taken to have them placed with our family. At the time, my great nieces were ages six, three, and twins, who were two. Initially, the two oldest children were placed with my husband and I and the twins with my sister. Given I worked and had a newborn, we thought this was the best solution for all involved. My sister and her family were very close to us so the children were together often. Not long after, the twins also came to live with us.

April Dinwoodie: Kathleen, I'm certain there were many adjustments and changes that needed to take place as you figured out how to manage this new reality. What were some of the things you experienced when the children came to live with you?

Kathleen Assaad: Huge adjustments had to be made to accommodate our expanding family. We put my car up for sale and purchased the van and squeezed the children into our tiny home. My husband went from working during the day to working at night to assist with childcare. As a working mom, my day was extremely busy. Going from having one small infant to having four other children was daunting. I also had to put my education on hold. Until we were in it, we really didn't know what an impact kinship Care would have on our lives. Every aspect of our lives, every goal we made as a couple and almost every relationship we had changed.

April Dinwoodie: What were two or three of the changes that you maybe struggled with or were the most challenging?

Kathleen Assaad: My husband and I were parents to a newborn before the girls were placed with us. She was our first child. We had waited years to start our family and were relishing in being new parents. We had a beautiful little home and enjoyed our time together with family and friends. In taking the girls into our home, we

struggled with the adjustment of raising older children, two of them school age, and giving up our family time with our baby. I questioned whether we were doing our daughter a disservice. I felt guilty for wanting to spend time alone with my husband and baby and for not accommodating visitations if they interfered with our daily life, and for being so limited in my time with each of the children. These feelings of guilt were surprising. Questioning our ability to parent was a struggle. I was a new mom. Could I parent five children successfully.

It was imperative but challenging to put everyone on a tight schedule, homework, baths, laundry meals, bedtime. We also had to manage the scheduled visitation with my nieces. She had been given weekly visits which encroached into our weekends. At times, I resented having to accommodate her. Her anger towards me took me off guard. I was trying to help her and her children. She didn't see it that way. To her, we became the reason her children were taken away from her. We were the enemy. Also going from a family of three to a family of seven stretched our finances to the brink.

April Dinwoodie: Kathleen, you mentioned being surprised by your guilt as well as the feelings of anger towards you from your niece. Were there other things that surprised you?

Kathleen Assaad: Yes. I was surprised by the changes in relationships we had with our extended family members, for example, my parents and my siblings. Because they had been so involved with the children prior to placement, they had difficulty with boundaries we had set. It was important to us that we parented the children. Decisions we made were often questioned. Our relationships with my family became strained.

April Dinwoodie: Thank you for sharing, Kathleen. This is all so, so important. When did you first realize that you needed to make long term plans for the children?

Kathleen Assaad: During the reunification process, the two oldest children were returned to their mom on a trial basis. The twins remained in our care. My parents had purchased her a home to help her get the children back and we were hopeful. Mom was going through drug testing, taking parenting classes, and seemed to be doing better. That was in January '99. By June, things had changed. She had tested positive for drugs. The girls were returned to our care and the question of adoption was brought up by the county. We immediately said, yes, and started the process. We sold our home. We bought one that would accommodate all of us. I cut back on my hours at work, took time off from school. My husband changed jobs to cut travel time and his hours. I think the one thing that made this such an easy decision was our daughter. She was now two and talking and when we would point to the girls and ask who they were, she would say, "My sisters." It was all the confirmation we needed. We were a family.

April Dinwoodie: What a beautiful example of your family, Kathleen. I'd love to know if you or the children experienced divided loyalties. And if so, how?

Kathleen Assaad: Divided loyalty can be a huge issue in kinship care. The loyalty issue was most pervasive with our oldest daughter. I believe it was because they were the two that spent most time with their mom. From birth, the twins spent much more time with other family members. Even today they have almost no memory of their mother. We went from being auntie and uncle to mommy and daddy very quickly with them. But with the older two, however, it was a struggle. Visitations were difficult. This is when it came up most. I found them very guarded around their mom. They were very careful not to address my husband or I, refer to our home or our life in any way. During the reunification process, we often had family gatherings or school outings. The two older children would make great efforts to sit next to her, hold her hand, and include her in activities.

April Dinwoodie: How did things shift and change over time?

Kathleen Assaad: Once our adoption was granted, I find my oldest daughter still struggling with our new role in her life. The younger children immediately accepted us as mommy and daddy. It took our oldest daughter longer to do so. She continued to refer to us as auntie and uncle and we were okay with that. She understood the adoption and agreed to it wholeheartedly. It was this transition to mom and dad she struggled with. It wasn't until one day months into the adoption that she quietly called me mom. I think she was trying it out. My heart soared but I knew I had to make sure she was okay with it. I asked her if that was what she really wanted to do and her answer was yes.

April Dinwoodie: Again, these examples are so poignant and we appreciate you sharing so openly with us today, Kathleen. What are some of the supports that you found helpful or necessary as you navigated the challenges of kinship care?

Kathleen Assaad: Our guardianship was nearly 22 years ago. Again, we had issues with extended family members and their interference in our parenting. I had to figure out a support system outside of my family. I had a friend who also had a kinship family. We discussed issues at times, but for the most part, we were doing this alone. There was very little talk about kinship care at the time. We navigated the kinship process blind. I read everything I could on guardianship and raising adopted children. It was a challenge. It's extremely important for caregivers to find their support. Peer to peer groups are vital to kinship success. Who better to understand what a caregiver is going through than another caregiver? It's amazing how alike our stories are.

Regardless of the circumstances that brought about the kinship care, churches, community services and organizations can be a resource that offer support groups, parenting classes, trauma education, as well as family activities. Another source of support comes from your child's school. Teachers, administration, and other parents can play a key part in understanding the educational system and forging bonds. With a clear understanding of kinship care and your role as a caregiver, family and friends can also play an important role in raising happy, healthy children. With that said, a number one necessity to kinship care is self-

care, physically and mentally. Caregivers must put their health and wellbeing first. They need to be able to recognize when they are struggling and ask for help. It's vital.

April Dinwoodie: I hope everyone listening heard that. But just in case you missed it, the number one necessity to kinship care is self-care, physically and mentally. Caregivers must put their health and wellbeing first. I'm going to close this podcast the same way I opened it, with a heartfelt thank you to you, Kathleen. I know so many people will benefit from what you shared so openly today.

Kathleen Assaad: Thank you.

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Reflection/Relevance

Activity 1

Reflect on some of the feelings the child is having about living apart from their mom or dad and how have they displayed these feelings with their behavior.

- When you see the behavior, how have you responded in the past?
- What did you learn today that can help you respond differently when this comes up in the future?
- Write a letter/response for how you would like to respond to the child next time you notice these feelings on display.

Reflection/Relevance

Activity 2

Think about a recent situation where the child's parent or other family member argued with you about something related to the child in your care.

- How did you respond?
- If you changed your response, do you think there would have been a better outcome to the situation?
- Write a short letter to the individual describing your preferred response, taking into consideration some of the responses that we have discussed in the session today.

✏️ Journaling Thoughts

Kinship Parenting: Participant Resources

Listen

NDTC Podcast: Kinship Parenting

Hosted by April Dinwoodie with guest Kathleen Assaad, Kinship Caregiver and Adoptive Parent
Hear the story of one kinship caregiver who shares the many adjustments and changes that needed to take place as she figured out how to manage the new reality in her family, what is was like to be surprised by feelings of guilt and anger, the effect of relationships with family becoming strained, and the experience of divided loyalties.

Watch

Kinship Parenting: Managing Hopes for Kinship Caregivers

Dr. Joseph Crumbley
Learn about the hopes of kinship caregivers and the management of those hopes over time as circumstances change. Are those hopes in the best interests of the child?

Read

Kinship Caregivers and the Child Welfare System

Child Welfare Information Gateway
This fact sheet is designed to help kinship or relative caregivers navigate the child welfare system. Resource links to services and supports that may be available to kinship caregivers are included.

Kinship Care Resource Kit

Children's Defense Fund
This is a comprehensive guide for kinship caregivers. The kit describes tangible services such as Temporary Assistance for Needy Families TANF cash assistance, child care, and Medicaid and gives specific guidance on a host of topics kinship caregivers need to know.

Resources for Relative and Kinship Caregivers

Child Welfare Information Gateway
This resource page features links to guides and handbooks; legal and financial Information; and establishing permanency. There are also state-by-state resources for grandparents and other relatives.

Adjusting to Life as a Kinship Caregiver

NTDC
What was life like before becoming a kinship caregiver? What is it like after? This worksheet can help kinship caregivers identify how life has changed and their hopes and fears for the future.

Ask about Guardianship

National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)
In some cases, kinship caregivers may pursue legal guardianship of the child or youth. Guardianship, though not adoption, is difficult to undo and gives the kinship caregiver legal authority to care for the child. There are services and supports, including financial assistance, available to guardianship families.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 2: Child Development and Attachment

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

CHILD DEVELOPMENT

SESSION 2

Competencies

Knowledge

- Understand typical child development as well as disrupted child development.
- Understand developmental delays and how to meet children's developmental needs.
- Recognize the unique challenges associated with parenting children from each developmental stage.

Attitude

- Believe it is important to support children in reaching their unique and full developmental potential.
- Commit to parenting children based upon their developmental level and not their chronological age.
- Willing to adapt expectations based upon the unique developmental needs of children.

Be willing to make yourself vulnerable.

TIP FROM A FOSTER/ADOPTIVE PARENT

GLOSSARY: CHILD DEVELOPMENT PODCAST

Domain:
Within the context of child development, domains refer to specific areas of development: cognitive, social/emotional, language/communication and physical.

In Utero or Intrauterine:
From the Latin, in utero means “in the womb” and refers to the period before birth. In utero and intrauterine are used interchangeably.

Developmental Disruption:

This occurs when trauma, attachment issues or in utero exposure to alcohol or other substances interrupts the normal developmental processes of early childhood. Such interruption can result in splintered development (defined below).

Synchronous Development:
This refers to similar development or growth across all domains at essentially the same rate. For example, a 3-year-old child is physically on target and is demonstrating the language skills of a 3-year-old. Therefore, this child is developmentally “in sync.”

Splintered Development:
The child’s development is on target in some domains (see definition of domains above) but behind the typical level of development for the child’s age in other domains. In other words, children with splintered development perform at their age level in some areas but at the level of a younger child in one or more other areas.

Chronological Age vs. Developmental Age:
Chronological age is based on the date of birth. For example, if you were born 35 years ago, your chronological age is 35.

Developmental age refers to the age level at which a child functions emotionally, physically, cognitively and socially. A child may be 10 years old at the time of adoption but developmentally may display the behaviors and capacity of a much younger child.

Regulatory Skills:
Regulatory skills are an individual’s ability to control one’s own emotions, thoughts and behaviors. For example, a child’s ability to control discomfort when frustrated is a regulatory skill.

Cognitive Skills:
Cognition is the acquisition of knowledge and understanding. The term “cognitive skills” refers to the ability to learn, think, explore and solve problems.

Developmental Trauma:
This refers to chronic abuse and neglect in early childhood at the hands of a parent or other significant caregiver. Developmental trauma generally is characterized by multiple, adverse episodes. It puts children at risk of future emotional, social and physical challenges.

Maladaptive Techniques:
A child using maladaptive techniques exhibits behavior that is reactionary rather than effective because the child is developmentally unable to respond in an age-appropriate manner. Dr. Perry discusses running away and disruption as examples of maladaptive techniques or behaviors used to deal with frustration and disappointment.

Scaffolding:
This refers to breaking up a complex activity into tasks and providing guidance and support while the child masters each task. Scaffolding involves both modeling and demonstrating how to solve a problem or how to complete a complex task. An example of scaffolding is in Dr. Perry’s discussion of the multiple tasks needed to get ready for school.

Podcast Transcript

Child Development: Dr. Bruce Perry & April Dinwoodie

April Dinwoodie: Welcome to the NTDC podcast, Child Development. I'm your host, April Dinwoodie. The National Training and Development Curriculum for Foster and Adoptive Parents, or NTDC, is a five-year cooperative agreement from the Administration on Children, Youth and Families Children's Bureau. In this episode, we welcome Dr. Bruce Perry. Dr. Perry is a senior fellow of the ChildTrauma Academy in Houston, Texas, an adjunct professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. Welcome to the podcast Dr. Perry.

Dr. Bruce Perry: Thank you very much, April.

April Dinwoodie: Great. Thank you so much. We are going to dig into a big topic today of child development. And I think for most parents, they're not necessarily experts on child development. So what information do you think they really need to know?

Dr. Bruce Perry: Whenever I'm trying to talk about child development, I try to anchor people in their own personal experiences, children that they've seen, children they've known, and remind people that they're pretty good observers. And then we go from there. The key thing I think about development is that most of us as adults, when we are living and working with children, we see them grow up, and they get bigger. And we see them develop certain skills, and it might be a motor skill. They learn how to stand, and they learn how to walk. It might be a regulation skill. They kind of are easily frustrated when they're really little, and then they learn how to control their feelings of discomfort. And then we see kids develop social skills and cognitive skills. They learn language, and then they learn how to put sentences together. And then they learn how to think in an abstract way.

And so, we see the sequence of development in all of these different domains. And one of the things that becomes a real challenge for parents, who are living with children who've had developmental disruptions, whether it's trauma or attachment problems or intrauterine alcohol or any kind of developmental insult, is that the normal sort of synchronous development starts to fall apart. And what I mean by that is that you grow physically, and you get to be chronologically four, five, six, and seven, but you may not be like a seven year old when it comes to your emotional regulation or your social skills. And so you end up with what we call splinter development. And that is one of the hallmarks of the children that we tend to work with, who've been impacted by developmental trauma.

April Dinwoodie: Bruce, can you give us some specific examples here?

Dr. Bruce Perry: It can happen in a lot of different ways. So you'll have a five-year-old child, who has the self-regulation skills of a two-year-old. And imagine the terrible twos in a five-year-old body. And then let's imagine that they get even older, and then you have the terrible twos in a ten-year-old body. And so this is where some of the behavioral problems and parenting problems emerge is when there are

these splinter capabilities. The adult world expects your six-year-old to be able to act like a six-year-old. And so when they're in kindergarten, and the teacher tells them to do something, gives them a complex command to do A and then B and then C, the child is only cognitively capable of doing what a normal two year old would do. And they can only follow through with command number one. And they don't do two and three. And so the teacher gets frustrated. And this sort of out-of-sync development is a major challenge for those of us that work with kids in foster and adoptive care.

April Dinwoodie: So what I'm hearing you say, Bruce, is that early neglect and trauma can, in fact, impact a child's development, and that a child may be on target developmentally in some areas, but behind in others. Would you say that's true?

Dr. Bruce Perry: Oh, absolutely. And in fact, that's kind of the hallmark. That's the most characteristic aspect of a child who's experienced adversity growing up. And what I mean by that is that in the first nine months in utero, there's explosive growth of the brain. And things that happen in utero can play a major role in how these key systems in the brain develop. So that even after you're born, if you get into an environment where everything is consistent and predictable and loving, you've got all kinds of good parenting and good opportunities, but if the intrauterine experience was disrupted, if brain development was impacted by intrauterine alcohol, intrauterine drug, intrauterine stress and distress for the mother, normal development is going to be impacted as a child gets to be one, two, three, four, five.

And again, this is one of the challenging aspects of normal child development versus disrupted child development is that the brain is so sensitive to experiences early on. That sponge-like quality that allows children to develop language really quickly, to absorb good things really quickly, also means that sponge-like quality makes the child, in those early years, quite vulnerable to chaos, threat, violence, attachment problems. And then the cascade of issues and problems that come from that will impact these kids as they get older and older and older. For parents, who have either adopted or are fostering a child, who has had these early developmental disruptions, it gets confusing. You look at this child, and they've been in your home for five, six, seven, eight, nine years, and they've been away from the toxic developmental experiences for a long time, and they happened a long time ago, but the consequences of that will still be present in the child's life. And that's a very challenging and sometimes hard to understand aspect.

April Dinwoodie: I want to talk about a couple of different things. The first one is just, if you can just go back quickly, you mentioned the difference between developmental age and chronological age. Could you talk a little bit more about that? And then I do want to ask you what parents should be thinking about and concerned about when recognizing some of the delays that may come from early trauma. So there's two things I want you to talk about there.

Dr. Bruce Perry: Sure. So let's go back and sort of revisit that chronological age. Every child that's conceived, nine months in utero, you're born. You live a year, and you're called one-year-old. You're one-year-old. And then the next year, you're two. The next year, you're three. And so you age. You get chronologically older and older and older. But if during that time, you don't get sufficient experiences to stimulate the development of parts of the brain in what we would call an age typical way, you end up falling behind your chronological age with regards to some of these developmental capabilities.

April Dinwoodie: This is so important, Bruce. Can you give us an example?

Dr. Bruce Perry: Let me give you a simple example. Little child grows up. He is born into a family where there is a depressed, overwhelmed caregiver, who is not very verbal, and doesn't really talk to the baby, and then doesn't talk to the toddler, and is so exhausted and worn out, after the end of the day, doesn't read to the child. So what'll happen is, if you look at the part of the brain of that child that's involved in speech and language, it will have received less stimulation than a child, who has a parent who's not depressed, who has other people around in his life, who talks to him conversationally, who reads to him every night before he goes to bed. One child will have heard a lot of words in context of relational interactions, and then the other child will have not. And so they end up being the same age, but they have very different experiences with language.

And so, one child will be age typical with speech and language, and the other child will be developmentally behind. And the same thing can happen with motor opportunities, kids that are not given opportunities to sort move and crawl and explore and climb. And it could be social development, where children really don't have opportunities to interact with other human beings. They're kept in a very isolated situation. They don't hang out with peers. They don't have any siblings. They're kept at that home, and they aren't given these opportunities for social development, and on and on.

So again, one of the things that we see with many of the kids that enter foster care and many kids who are adopted is that their early developmental experiences were skewed in some way, so that they get older, but they don't get the same kind of cognitive, social, emotional, or motor enrichment that leads to synchronous development of all of these domains. And so that's kind of where that splinter development comes from that I was referring to.

April Dinwoodie: And then with this, I mean, you gave us a lot of examples of real engagement or disengagement with a child on some level. What should parents that are fostering adopting be looking for specifically with the children they're parenting?

Dr. Bruce Perry: Yeah, that's a great question. And oddly enough, it goes to the very heart of the creation of a successful relationship between the parent and the child. And really what they need to do, and this is hard to do sometimes, is be aware of the

fact that even though Billy is ten, he may not have ten-year-old skills. And he may not have ten-year-old cognitive capabilities. He may not have ten-year-old social skills. He may not have ten-year-old motor skills. He may not have ten-year-old regulatory skills. And so, as you get to know your child, recognize that, "You know what> he may be socially like a four-year-old, even though he's chronologically ten." And so what that means is, as a parent, you start to have expectations of his behavior that are developmentally matched to what he can really do.

And then you provide developmental opportunities, learning opportunities, that are matched to his developmental age. And so if you give somebody who's got four-year-old social skills social learning opportunities of a four-and-a-half year old, you're asking him to leave his comfort zone and practice new things, but the expectation is realistic. If you asked your chronologically ten-year-old child to participate in a social activity that was appropriate for ten-year-olds, your socially four-year-old child would fail. And in that failure, their self-esteem would be impacted. And they will use usually maladaptive techniques to deal with the disappointment and the failure. So they'll disrupt, or they'll run away, or they'll use some sort of distraction technique. But really, they won't end up learning.

And so that in a nutshell is one of the biggest challenges of parenting. You have to meet them where they are. And it's hard to meet them where they are, if you don't know where they are in these different domains. That's why assessment, coming into care, is a really important component of successful fostering and adopting as a parent.

April Dinwoodie: Well, you're leading me right into the next set of questions here, because I know parents will want to know, based on your expertise and your experiences, what types of support they can seek or they'll need. And you mentioned assessments, which is the starting place. So if you start with that, and you have knowledge, which is power, then what types of things might they need to support a developmentally delayed child?

Dr. Bruce Perry: The key is if you can find a clinician, a pediatrician, and a teacher, who are aware of these issues, and you can work with, you're really going to have a much easier time of it.

April Dinwoodie: So thanks so much, Bruce. Can you give us some examples or tips of how a parent might adjust their parenting to the developmental stage rather than the chronicle age of a child that they are parenting?

Dr. Bruce Perry: In the beginning, the smartest thing to do is to sort have a default that even though they're ten, and you expect them to act like a ten-year-old, you need to remind yourself that you know what? He may not have those skills yet. So walk him through, or walk her through, your expectations. If you want them to get up in the morning and go through a certain routine of getting dressed, make your

bed, come to breakfast, brush your teeth, get your homework, make sure everything's in your backpack, you can't just tell them. The first time you do that, actually walk them through it. And what you'll see is, as you are doing this in parallel with them, you'll recognize that they do find, if they have a single command, and you're there to help scaffold them... That's what we call scaffolding, is that you're present while they're doing this new skill. I'm using the example of getting ready for school, but you should do this with everything.

You should basically assume that the child that you've brought into your home, brought into your life is going to need much more adult help than a child, who is chronologically ten. And then by doing this, by kind of spending time with the child, seeing what they can do, what they can't do, seeing where they struggle, you can begin to get an assessment in your own head of where they are in these developmental characteristics. And then you can set realistic expectations. So instead of giving them five things to do in the morning on their own, you give them one thing to do in their morning on their own. And then you'll kind of walk with them through the next four. And then once they do that successfully for a couple weeks, then you give them two things to do on their own in a row. And then you do three things with them in parallel. And literally the idea is if you meet a child where they are, and you help them sort of progress and mature with repetitions and success, then they'll start to recapture a healthier developmental trajectory. But if you continue to have unrealistic expectations, all you're doing is setting yourself up for miserable mornings and fighting and dysregulation. And it actually helps them stay stuck where they are developmentally.

April Dinwoodie: Bruce, it's been so great to have you on this podcast about child development. Your expertise, and your examples, and your advice are really gold for parents. So thank you for being here.

Dr. Bruce Perry: Oh, believe me, it's my pleasure, April. Thank you.

April Dinwoodie: NTDC was funded by the Children's Bureau Administration on Children, Youth and Families, Administration for Children and Families, US Department of Health and Human Services under grant number 90CO1134. The contents of this podcast are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

HANDOUT #2:

BROAD DEVELOPMENTAL THEMES FROM BIRTH TO AGE 21 YEARS

All observable developmental steps are linked to growth in the brain (neurobiological changes) that set the stage for the child to reach the next developmental step. With the mastery of a developmental step (a greater capacity), new connections in the brain (synapses, neural networks, neurotransmitters, myelination) and memory allow the new developmental capacity to be incorporated, consistently used, and finally mastered - - thus setting the stage for the next developmental step to happen.

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
INFANCY/FIRST YEAR (0-12 MOS)	REFLEXES AT BIRTH REACHING, ROLLING OVER, SITTING UP HOLDS ITEMS WITH ONE HAND, THEN BOTH PULLING UP/CRUISING/STANDING, MAY WALK BY 12 MOS WEIGHT 2 ½ TO 3 TIMES BIRTH WEIGHT BY 1 YEAR LENGTH TYPICALLY INCREASES 10" IN FIRST YEAR	EARLY VOCALIZATIONS (COOING, BABBLING) BACK-AND-FORTH VOCAL EXCHANGES CAN MIMIC ADULT CONVERSATIONS WITH VOCALIZATIONS MAY SIGN SIMPLE WORDS AT 1 YEAR, IF TAUGHT SINGLE WORDS MAY COME LATE IN THIS RANGE, OR MAY HAVE SPECIAL SOUNDS FOR CAREGIVER(S), FOOD, PETS, ETC.	BONDING & ATTACHMENT UNDERWAY MUTUAL EYE CONTACT & SMILING RESPONSIVITY TO CAREGIVER(S) GROWS SHOWS JOY & PLEASURE WITH FAVORITE PEOPLE; LAUGHS & SMILES CAN BE SOOTHED/REGULATED BY CAREGIVER SLEEP GRADUALLY ORGANIZES IN FIRST YEAR	IMITATION & TRACKING (AT BIRTH) MOUTHING & VISUAL EXPLORATION RECOGNIZING IMPORTANT PEOPLE; RESPONDS TO NAME 6-9 MOS POINTING & JOINT ATTENTION 6-9 MONTHS STRANGER AWARENESS 6-9 MOS/STRANGER ANXIETY 9-12 MOS
EARLY TODDLER/1 YR (12-24 MOS)	BALANCE IMPROVES AND WIDE GAIT WALKING DISAPPEARS WALKING TO RUNNING IN THIS YEAR WALKING WHILE HOLDING SMALL OBJECTS NOW POSSIBLE WEIGHT & HEIGHT INCREASES SLOW BANGS TWO BLOCKS TOGETHER USES INDEX FINGER TO POINT & POKE	TYPICALLY 50 WORDS BY 18 MONTHS 200 WORDS BY 24 MONTHS LOOKS AT CAREGIVER (SOCIAL REFERENCING) AS A MEANS FOR COMMUNICATING WITH CAREGIVER IN TIMES OF AMBIGUITY OR STRESS CAN UNDERSTAND AND RESPOND TO WORDS CAN SHAKE HEAD "NO" & WAVE "BYE-BYE"	CAN ENGAGE IN SHARED ATTENTION WITH CAREGIVER CRIES WHEN CAREGIVER LEAVES WILL GRAVITATE TOWARD OR WATCH OTHER CHILDREN PLAY SHOWS AFFECTION & PREFERENCE FOR CERTAIN CAREGIVERS BEGINS TO SHOW FEAR OF SOUNDS, SITUATIONS OR STORIES PLAYS "PEEK-A-BOO" OR "PATTY-CAKE"	KNOWS DIFFERENCE BETWEEN "ME" AND "YOU" POINT TO OBJECTS/PEOPLE IN A PICTURE BOOK WILL LOOK OR POINT TO BODY PARTS DURING EXPLORATION, RECOGNIZES DISTANCE FROM CAREGIVER WHEN EXPLORING & MAY RETURN TOWARD CAREGIVER CAN TAKE A BOOK TO PARENT WHEN WANTING A STORY
LATE TODDLER/2 YR (24-36 MOS)	ABLE TO WALK FASTER HAND DOMINANCE CLEAR CAN PULL A TOY WHILE WALKING CAN STAND ON TIPTOE; CAN KICK A BALL CLIMBS ONTO AND DOWN FROM FURNITURE UNASSISTED WALK UP & DOWN STAIRS WHILE HOLDING ON TO SUPPORT	SAYS 200+ WORDS & CAN ANSWER SIMPLE QUESTIONS POINTS TO THINGS WHEN THEY ARE NAMED KNOWS NAMES OF FAMILIAR PEOPLE SAYS SENTENCES WITH 2 TO 4 WORDS CAN FOLLOW 1-2 STEP INSTRUCTIONS KNOWS NAMES OF BODY PARTS	IMITATES BEHAVIOR OF OTHERS, ESPECIALLY ADULTS AND SHOWS BUDDING INDEPENDENCE/AUTONOMY MAY HAVE DEFIANT BEHAVIOR & TANTRUMS SEPARATION ANXIETY CAN OCCUR WILL PLAY ALONGSIDE OTHER CHILDREN MAY REQUIRE EXTRA SUPPORT DURING TRANSITIONS	SORTS SHAPES & COLORS NAMES ITEMS IN A PICTURE BOOK (E.G. CAT, BIRD, DOG) FINISHES SENTENCES & RHYMES IN FAMILIAR BOOKS PLAYS SIMPLE MAKE-BELIEVE GAMES BUILDS TOWERS OF 4 OR MORE BLOCKS FINDS OBJECTS EVEN WHEN HIDDEN
EARLY CHILDHOOD/3 YR (36-48 MOS)	BETTER BLADDER & BOWL CONTROL/FEWER ACCIDENTS FINE MOTOR CONTROL: CAN SCRIBBLE HOLDING CRAYON OR PENCIL, USE A FORK/SPOON WELL, CUT WITH SCISSORS FULL SET OF BABY TEETH IN & FACIAL STRUCTURE CHANGES ABLE TO PEDDLE A TRICYCLE CAN HOP, JUMP & SOMERSAULT	500-1,000 WORDS IN EXPRESSIVE & RECEPTIVE LANGUAGE ABLE TO SAY NAME AND AGE CAN ANSWER SIMPLE QUESTIONS SPEAKS IN 5-6 WORD SENTENCES SPEAKS CLEARLY & CAN BE UNDERSTOOD BY CAREGIVERS UNDERSTANDS "ON", "IN" & "UNDER"	MAY GET ANGRY OR FRUSTRATED WITH DIFFICULT TASKS USES BODY GESTURES TO CONVEY EMOTION (STOMPING FOOT IF ANGRY; JUMPING UP & DOWN IF HAPPY) BEGINS PLAYING WITH OTHERS FOR SHORT PERIODS OF TIME DRESS-UP ENJOYED IN PARENT'S CLOTHES OR COSTUMES MAY GET UPSET WITH CHANGES IN ROUTINES	STACK 6 OR MORE BLOCKS CHOOSE FACES THAT ARE HAPPY & SAD PUT TOGETHER A 3-4 PIECE PUZZLE CAN OPEN DOORS AND OPEN CONTAINERS COPY SIMPLE SHAPES WITH CRAYON (CIRCLE OR SQUARE) WORK TOYS WITH BUTTONS, SWITCHES & MOVING PARTS
MIDDLE CHILDHOOD/4 YR (48-60 MOS)	ABLE TO CLIMB, HOP ON ONE FOOT, KICK, THROW & CATCH CAN STAND ON ONE FOOT FOR 3-5 SECONDS WALKS UP AND DOWN STAIRS WITHOUT HELP FINE MOTOR SKILLS ADVANCE/BUTTON, DRAW, USE A ZIPPER INCREASED HEIGHT & MUSCLE MASS CHANGE BODY SHAPE DAY & NIGHT BLADDER/BOWEL CONTROL ACHIEVED	VOCABULARY IS 2000+ WORKS CAN SPEAK IN FULL SENTENCES & BE UNDERSTOOD EASILY ABLE TO FOLLOW 2-3 PART DIRECTIONS ("TAKE THIS BOOK TO YOUR ROOM, GET YOUR JACKET AND MEET ME IN THE KITCHEN") . RECOGNIZES FAMILIAR WORD SIGNS (LIKE "STOP") RECOGNIZES & CAN PRINT SOME LETTERS WORDS & NUMBERS	CAN DRESS/UNDRESS & BRUSH TEETH CAN ASK FOR HELP BEFORE BECOMING FRUSTRATED BETTER AT EXPRESSING ANGER VERBALLY OVER PHYSICALLY ENGAGES IN EXTENDED ASSOCIATIVE PLAY WITH OTHER CHILDREN ENJOYS IMAGINATIVE PLAY AND DRESS UP LIKES PLAYING GAMES BUT RULES MAY BE CHANGED OFTEN	UNDERSTANDS THE ORDER OF DAILY ACTIVITIES (BREAKFAST, LUNCH, DINNER, BEDTIME, ETC.) COUNT TEN OR MORE OBJECTS CORRECTLY NAME AT LEAST FOUR COLORS & 3 SHAPES ABLE TO DRAW A PERSON WITH A BODY & LIMBS CAN COPY A CIRCLE, SQUARE OR OTHER SIMPLE SHAPES
LATE CHILDHOOD/5 YR (60-72 MOS)	SKIP AND RUN WITH AGILITY AND SPEED INCORPORATE MOTOR SKILLS INTO GAMES WALK A 2" BALANCE BEAM EASILY; JUMP OVER OBJECTS JUMP ROPE & RUN UP AND DOWN STAIRS COORDINATE MOVEMENTS FOR SWIMMING OR BIKING SHOW UNEVEN PERCEPTUAL JUDGMENT	EXPRESSIVE VOCABULARY OF 3000+ WORDS ABLE TO CARRY ON AN INTERESTING CONVERSATION CAN ANSWER SIMPLE QUESTIONS EASILY & LOGICALLY ENJOYS SINGING, RHYMING & MAKING UP WORDS CAN RECITE PHONE NUMBER & ADDRESS, IF TAUGHT CAN SPEAK IN FUTURE TENSE ("MY BIRTHDAY IS TOMORROW)	SELF-REGULATION ADVANCES, BETTER ABLE TO CONTROL FRUSTRATION, ANGER, DISAPPOINTMENT, ETC. MORAL REASONING BEGINS WITH A SENSE OF RIGHT & WRONG FAIRNESS, STEALING, CHEATING, TAKING TURNS & SHARING CLOSE FRIENDSHIPS EMERGE ENJOYS PLAYING GAMES, BUT MIGHT CHANGE THE RULES AS	CAN DRAW A PERSON WITH 6 BODY PARTS CAN COUNTS 10 OR MORE ITEMS CAN COUNT TO 100 OUT LOUD UNDERSTANDS CONCEPT OF MONEY, BUT NOT THE VALUE UNDERSTANDS CONCEPT OF GENDER CAN TELL THE DIFFERENCE BETWEEN REAL & MAKE BELIEVE
EARLY LATENCY (6-7 YEARS OLD)	WALK BACKWARD QUICKLY HIGH ENERGY LEVELS IN PLAY & RARELY SHOWS FATIGUE FINE MOTOR SKILLS IMPROVE/CAN WRITE, TIE SHOELACES CAN USE SCISSORS AND CATCH A SMALL BALL MUSCLE STRENGTH IMPROVES GOOD SENSE OF BALANCE.	EXPRESSIVE VOCABULARY OF 5000+ WORDS ENJOYS READING INDEPENDENTLY AND HAS FAVORITES CAN GIVE AN ORAL REPORT IN CLASS EXPRESSES SELF THROUGH ARTS AND CRAFTS CAN TELL COMPLEX STORIES CAN DESCRIBE THE PLOT OF A MOVIE	STRONG DESIRE TO DO THINGS WELL. ACCEPTING CORRECTION OR CRITICISM IS DIFFICULT PLAYS WITH YOUNGER CHILDREN TAKING ON A CAREGIVER OR EDUCATOR ATTITUDE/ROLE EMPATHIZES WITH OTHER CHILDREN'S FEELINGS MAY HAVE TROUBLE GETTING ALONG WITH SOME CHILDREN.	IS ABLE TO PLAN AND BUILD THINGS ATTENTION SPAN IMPROVES WITH SELF-REGULATION STARTS TO UNDERSTAND THE VALUE OF MONEY PROBLEM SOLVING MORE RAPID AND MORE GLOBAL UNDERSTANDS DAYS OF THE WEEK & MONTHS OF THE YEAR ABLE TO TELL TIME

HANDOUT #2

Late Latency (8-10 years old)	Increasing coordination & balance in throwing, catching, kicking, running, etc. Hand-eye coordination improves & reaction time lessens Sequenced motor activities improve (e.g. shooting baskets, gymnastics, etc.) Early signs of puberty may appear	Vocabulary grows with school & social contexts Episodes of slang or swearing may occur Physical writing improves/able to write in a straight line with same sized letters Can put ideas into writing Can describe complex ideas & defend opinion	begins to talk to parent about feelings & emotions Friendships & opinions of friends important May be more internalized/quiet & thinking Social affiliation grows with participation in organized group activities Able to understand proper behavior in settings	able to participate in active games with rules able to participate in team sports Mastering more complex math (decimals, long division) reads chapter books and remembers content Can explore or research a topic of interest Building concept of the value of money & savings
Early Adolescence (11-14 years old)	Rapid height & muscle development Pre-pubescence followed by puberty Secondary sex characteristics appear Epiphyseal fusion starting Greater levels of coordination and balance reached as body mass & center of gravity change	Rapid vocabulary advancement Ability to express self in writing advances rapidly Communication includes use of emotion-based logic Can defend opinions with greater logic writes a 2-3 page report on a topic active arguing with parent	Limited judgement Peer relationships & standards are priority Distancing from parents Sexual interest emerging with puberty Group membership/acceptance important Labile moods and emotions	Concrete thinking moving to formal operational reasoning as metacognition emerges Social interest & educational pursuits complete Coordination of theory with evidence. Argues more logically and effectively Idealistic and critical
Middle Adolescence (15-17 years old)	Secondary sex characteristics advance 90-95% of adult height reached Epiphyseal fusion completed in girls Epiphyseal fusion may finish in boys Nearing full adult physical capacities, reaction time, and hand-eye coordination	Advanced vocabulary level Communicate includes rational logic Written communication levels advance Can construct advanced papers & reports Can debate ideas from two perspectives Complexity in written language exceeds spoken	Peer relationships dominate Social & relational capacities strengthen Forming 1:1 relationship w/ same or opposite gender Sexual exploration or experimentation Mood & emotional regulation increases Values testing & Decrease conflict with parents	Reasoning skills improve Abstract thinking becomes more advanced Full grasp of constructs (e.g. freedom, trust, honesty, etc.) possible when regulated Consideration of education or vocational pursuits with planning for post high school direction
Late Adolescence (18-21 years old)	Physical maturity reached Adult physical capacities achieved Epiphyseal fusion and adult reproductive maturity reached in boys Girls reproductive maturity will finalize with/if first pregnancy occurs	Adult level receptive, expressive & written communication/language capacities able to articulate perspectives & life goals Social communication advances to adult levels Specialized vocabulary development will occur relative to education and work contexts	Influence of peer relationships lessens Future oriented thinking Autonomy & Self-Sufficiency moving to mature levels Affect regulation & Self-Regulation Advance Able to act in consort with personal values Relationships w/ parents/adults re-emerge	Greater understanding of consequences of behaviors/actions with decrease in risk taking Capacity for mature grasp of constructs (e.g. freedom, trust, honesty, etc.); Realistic Vocational & Educational Decisions Fully established practices for studying

Developed by Dr. Kristie Brandt using the following references:

1. Brazelton. (1992). Touchpoints: Your Child's Emotional and Behavioral Development, Birth to 3: The Essential Reference for the Early Years. Da Capo Lifelong Books.
2. Centers for Disease Control & Prevention, Child Development; https://www.cdc.gov/ncbddd/childdevelopment/facts.html
3. Crowder & Austin, (2005). "Age ranges of epiphyseal fusion in the distal tibia and fibula of contemporary males and females". Journal of Forensic Sciences. 50 (5): 1001–7.
4. Hauser-Cram, Nugent, Thies, Travers. (2013). The Development of Children and Adolescents. Wiley.
5. Kiwi Families https://www.kiwifamilies.co.nz/articles/child-development/
6. Rosselli, Ardila, Matute & Vélez-Uribe. (2014). Language Development across the Life Span: A Neuropsychological/Neuroimaging Perspective. Neuroscience Journal; Article ID 585237, 21 pages.
7. Wisconsin Child Welfare Professional Development System – Caseworker Pre-Service Training Document last updated 9/18/2015

HANDOUT #3: SEXUAL DEVELOPMENT

Healthy sexual development is an important part of the journey from childhood into adulthood. Parents who are fostering or adopting need to understand what healthy sexual development looks like and how they can support children in building their own healthy sexual development and identify. Healthy sexual development takes place over time and entails various types of activities and exploration along the way. A part of sexual health means having a positive sense of one's sexuality.

AGE	HEALTHY SEXUAL DEVELOPMENT
Birth to 18 months	• Boys have penile erection and girls lubricate shortly after birth • Do not differentiate genitals from rest of body • Will explore all parts of their body they can reach • Physical touching, nurturing essential for healthy development (Holding, rocking, feeding, bathing, play)
18 months to 3 years	• Discovers own body parts, explores genitals, other parts of body • Shows interest in different positions of urinating between boys and girls, little modesty • May want to show you their genitals • Physical touching, nurturing still essential for healthy development • Young children may be seen masturbating, but it is important to remember that this type of masturbation is done for pleasure and exploration, not for orgasm
3-6 years	• Begin to identify themselves as boys/girls- notice difference between themselves and others and begin to compare • Increased interest in body • Development of modesty • Develops social consciousness (feelings of guilt) • Identification with same sex parent • Start to determine where they fit in their gender roles, and they start to search for gender identity. For children who do not feel like they fit in the gender they were born into, it is a natural time for these thoughts and feelings to appear • Will continue to explore their own bodies and will be curious about the bodies of others. It is not uncommon to see children of this age attempt to explore another child's body parts, "playing doctor"

AGE	HEALTHY SEXUAL DEVELOPMENT
7-12 years	• Social expectations become more important • Conforms to expectations of others, concerned with fairness and rules • Develops self-esteem through accomplishments and positive relationships with adults • Sexual experimentation increases, also curiosity about body may lead to looking at pictures, mutual touching of genitals • Some children go through puberty and may start to have concerns about their body images • Sexual attraction may intensify and children might start leaning toward a certain sexual orientation • Gender identity will begin to solidify
13-18 years	• Children who have not gone through puberty earlier will go through puberty now • Increased concern about physical appearance • Uneven emotional growth, impulse control varies • Opinion of Peers often more important than family • Conflict with parents to test authority, independence • Begins exploring sexual intimacy with sex partner (age for this varies with social/cultural norms) • Begins development of own value system • Learn about biological sex roles and those that society has created, in order find where they fit along these lines

Positive Parenting Tips for Healthy Child Development

HANDOUT #4

Infants (0-1 year of age)

Developmental Milestones

Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping).

In the first year, babies learn to focus their vision, reach out, explore, and learn about the things that are around them. Cognitive, or brain development means the learning process of memory, language, thinking, and reasoning.Learning language is more than making sounds ("babble"), or saying "ma-ma" and "da-da". Listening, understanding, and knowing the names of people and things are all a part of language development. During this stage, babies also are developing bonds of love and trust with their parents and others as part of social and emotional development. The way parents cuddle, hold, and play with their baby will set the basis for how they will interact with them and others.

For more details on developmental milestones, warning signs of possible developmental delays, and information on how to help your child's development, visit the "Learn the Signs. Act Early." campaign website.
http://www.cdc.gov/ncbddd/actearly/index.html

Positive Parenting Tips

Following are some things you, as a parent, can do to help your baby during this time:

- Talk to your baby. She will find your voice calming.
- Answer when your baby makes sounds by repeating the sounds and adding words. This will help him learn to use language.
- Read to your baby. This will help her develop and understand language and sounds.
- Sing to your baby and play music. This will help your baby develop a love for music and will help his brain development.
- Praise your baby and give her lots of loving attention.
- Spend time cuddling and holding your baby. This will help him feel cared for and secure.
- Play with your baby when she's alert and relaxed. Watch your baby closely for signs of being tired or fussy so that she can take a break from playing.
- Distract your baby with toys and move him to safe areas when he starts moving and touching things that he shouldn't touch.
- Take care of yourself physically, mentally, and emotionally. Parenting can be hard work! It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.

Child Safety First

When a baby becomes part of your family, it is time to make sure that your home is a safe place. Look around your home for things that could be dangerous to your baby. As a parent, it is your job to ensure that you create a safe home for your baby. It also is important that you take the necessary steps to make sure that you are mentally and emotionally ready for your new baby. Here are a few tips to keep your baby safe:

- Do not shake your baby—*ever*! Babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby, you can damage his brain or even cause his death.
- Make sure you always put your baby to sleep on her back to prevent sudden infant death syndrome (commonly known as SIDS).
- Protect your baby and family from secondhand smoke. Do not allow anyone to smoke in your home.
- Place your baby in a rear-facing car seat in the back seat while he is riding in a car. This is recommended by the National Highway Traffic Safety Administration.
- Prevent your baby from choking by cutting her food into small bites. Also, don't let her play with small toys and other things that might be easy for her to swallow.
- Don't allow your baby to play with anything that might cover her face.
- Never carry hot liquids or foods near your baby or while holding him.
- Vaccines (shots) are important to protect your child's health and safety. Because children can get serious diseases, it is important that your child get the right shots at the right time. Talk with your child's doctor to make sure that your child is up-to-date on her vaccinations.

Healthy Bodies

- Breast milk meets all your baby's needs for about the first 6 months of life. Between 6 and 12 months of age, your baby will learn about new tastes and textures with healthy solid food, but breast milk should still be an important source of nutrition.
- Feed your baby slowly and patiently, encourage your baby to try new tastes but without force, and watch closely to see if he's still hungry.
- Breastfeeding is the natural way to feed your baby, but it can be challenging. If you need help, you can call the National Breastfeeding Helpline at 800-994-9662 or get help on-line at http://www.womenshealth.gov/breastfeeding. You can also call your local WIC Program to see if you qualify for breastfeeding support by health professionals as well as peer counselors. Or go to http://gotwww.net/ilca to find an International Board-Certified Lactation Consultant in your community.
- Keep your baby active. She might not be able to run and play like the "big kids" just yet, but there's lots she can do to keep her little arms and legs moving throughout the day. Getting down on the floor to move helps your baby become strong, learn, and explore.
- Try not to keep your baby in swings, strollers, bouncer seats, and exercise saucers for too long.
- Limit screen time to a minimum. For children younger than 2 years of age, the American Academy of Pediatrics (AAP) recommends that it's best if babies do not watch any screen media.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/infants.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT: #5

Toddlers (1-2 years of age)

Developmental Milestones

Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping).

During the second year, toddlers are moving around more, and are aware of themselves and their surroundings. Their desire to explore new objects and people also is increasing. During this stage, toddlers will show greater independence; begin to show defiant behavior; recognize themselves in pictures or a mirror; and imitate the behavior of others, especially adults and older children. Toddlers also should be able to recognize the names of familiar people and objects, form simple phrases and sentences, and follow simple instructions and directions.

For more details on developmental milestones, warning signs of possible developmental delays, and information on how to help your child's development, visit the "Learn the Signs. Act Early." campaign website.
http://www.cdc.gov/ncbddd/actearly/index.html

Positive Parenting Tips

Following are some things you, as a parent, can do to help your toddler during this time:

- Read to your toddler daily.
- Ask her to find objects for you or name body parts and objects.
- Play matching games with your toddler, like shape sorting and simple puzzles.
- Encourage him to explore and try new things.
- Help to develop your toddler's language by talking with her and adding to words she starts. For example, if your toddler says "baba", you can respond, "Yes, you are right—that is a *bottle*."
- Encourage your child's growing independence by letting him help with dressing himself and feeding himself.
- Respond to wanted behaviors more than you punish unwanted behaviors (use only very brief time outs). Always tell or show your child what she should do instead.
- Encourage your toddler's curiosity and ability to recognize common objects by taking field trips together to the park or going on a bus ride.

Child Safety First

Because your child is moving around more, he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child. Here are a few tips to help keep your growing toddler safe:

- Do NOT leave your toddler near or around water (for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group.
- Block off stairs with a small gate or fence. Lock doors to dangerous places such as the garage or basement.
- Ensure that your home is toddler proof by placing plug covers on all unused electrical outlets.
- Keep kitchen appliances, irons, and heaters out of reach of your toddler. Turn pot handles toward the back of the stove.
- Keep sharp objects such as scissors, knives, and pens in a safe place.
- Lock up medicines, household cleaners, and poisons.
- Do NOT leave your toddler alone in any vehicle (that means a car, truck, or van) even for a few moments.
- Store any guns in a safe place out of his reach.
- Keep your child's car seat rear-facing as long as possible. According to the National Highway Traffic Safety Administration, it's the best way to keep her safe. Your child should remain in a rear-facing car seat until she reaches the top height or weight limit allowed by the car seat's manufacturer. Once your child outgrows the rear-facing car seat, she is ready to travel in a forward-facing car seat with a harness.

Healthy Bodies

- Give your child water and plain milk instead of sugary drinks. After the first year, when your nursing toddler is eating more and different solid foods, breast milk is still an ideal addition to his diet.
- Your toddler might become a very picky and erratic eater. Toddlers need less food because they don't grow as fast. It's best not to battle with him over this. Offer a selection of healthy foods and let him choose what she wants. Keep trying new foods; it might take time for him to learn to like them.
- Limit screen time. For children younger than 2 years of age, the AAP recommends that it's best if toddlers not watch any screen media.
- Your toddler will seem to be moving continually—running, kicking, climbing, or jumping. Let him be active—he's developing his coordination and becoming strong.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/toddlers.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT: #6

Toddlers (2-3 years of age)

Developmental Milestones

Skills such as taking turns, playing make believe, and kicking a ball, are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like jumping, running, or balancing).

Because of children's growing desire to be independent, this stage is often called the "terrible twos." However, this can be an exciting time for parents and toddlers. Toddlers will experience huge thinking, learning, social, and emotional changes that will help them to explore their new world, and make sense of it. During this stage, toddlers should be able to follow two- or three-step directions, sort objects by shape and color, imitate the actions of adults and playmates, and express a wide range of emotions.

For more details on developmental milestones, warning signs of possible developmental delays, and information on how to help your child's development, visit the "Learn the Signs. Act Early." campaign website.
http://www.cdc.gov/ncbddd/actearly/index.html

Positive Parenting Tips

Following are some things you, as a parent, can do to help your toddler during this time:

- Set up a special time to read books with your toddler.
- Encourage your child to take part in pretend play.
- Play parade or follow the leader with your toddler.
- Help your child to explore things around her by taking her on a walk or wagon ride.
- Encourage your child to tell you his name and age.
- Teach your child simple songs like Itsy Bitsy Spider, or other cultural childhood rhymes.
- Give your child attention and praise when she follows instructions and shows positive behavior and limit attention for defiant behavior like tantrums. Teach your child acceptable ways to show that she's upset.

Child Safety First

Because your child is moving around more, he will come across more dangers as well. Dangerous situations can happen quickly, so keep a close eye on your child. Here are a few tips to help keep your growing toddler safe:

- Do NOT leave your toddler near or around water (for example, bathtubs, pools, ponds, lakes, whirlpools, or the ocean) without someone watching her. Fence off backyard pools. Drowning is the leading cause of injury and death among this age group.
- Encourage your toddler to sit when eating and to chew his food thoroughly to prevent choking.
- Check toys often for loose or broken parts.
- Encourage your toddler not to put pencils or crayons in her mouth when coloring or drawing.
- Do NOT hold hot drinks while your child is sitting on your lap. Sudden movements can cause a spill and might result in your child's being burned.
- Make sure that your child sits in the back seat and is buckled up properly in a car seat with a harness.

Healthy Bodies

- Talk with staff at your child care provider to see if they serve healthier foods and drinks, and if they limit television and other screen time.
- Your toddler might change what food she likes from day to day. It's normal behavior, and it's best not to make an issue of it. Encourage her to try new foods by offering her small bites to taste.
- Keep television sets out of your child's bedroom. Limit screen time, including video and electronic games, to no more than 1 to 2 hours per day.
- Encourage free play as much as possible. It helps your toddler stay active and strong and helps him develop motor skills.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/toddlers2.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Preschoolers (3-5 years of age)

Developmental Milestones

Skills such as naming colors, showing affection, and hopping on one foot are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping).

As children grow into early childhood, their world will begin to open up. They will become more independent and begin to focus more on adults and children outside of the family. They will want to explore and ask about the things around them even more. Their interactions with family and those around them will help to shape their personality and their own ways of thinking and moving. During this stage, children should be able to ride a tricycle, use safety scissors, notice a difference between girls and boys, help to dress and undress themselves, play with other children, recall part of a story, and sing a song.

For more details on developmental milestones, warning signs of possible developmental delays, and information on how to help your child's development, visit the "Learn the Signs. Act Early." campaign website.
http://www.cdc.gov/ncbddd/actearly/index.html

Positive Parenting Tips

Following are some things you, as a parent, can do to help your preschooler during this time:

- Continue to read to your child. Nurture her love for books by taking her to the library or bookstore.
- Let your child help with simple chores.
- Encourage your child to play with other children. This helps him to learn the value of sharing and friendship.
- Be clear and consistent when disciplining your child. Explain and show the behavior that you expect from her. Whenever you tell her no, follow up with what he should be doing instead.
- Help your child develop good language skills by speaking to him in complete sentences and using "grown up" words. Help him to use the correct words and phrases.
- Help your child through the steps to solve problems when she is upset.
- Give your child a limited number of simple choices (for example, deciding what to wear, when to play, and what to eat for snack).

Child Safety First

As your child becomes more independent and spends more time in the outside world, it is important that you and your child are aware of ways to stay safe. Here are a few tips to protect your child:

- Tell your child why it is important to stay out of traffic. Tell him not to play in the street or run after stray balls.
- Be cautious when letting your child ride her tricycle. Keep her on the sidewalk and away from the street and always have her wear a helmet.
- Check outdoor playground equipment. Make sure there are no loose parts or sharp edges.
- Watch your child at all times, especially when he is playing outside.
- Be safe in the water. Teach your child to swim, but watch her at all times when she is in or around any body of water (this includes kiddie pools).
- Teach your child how to be safe around strangers.
- Keep your child in a forward-facing car seat with a harness until he reaches the top height or weight limit allowed by the car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it will be time for him to travel in a booster seat, but still in the back seat of the vehicle. The National Highway Traffic Safety Administration has information on how to keep your child safe while riding in a vehicle.

Healthy Bodies

- Eat meals with your child whenever possible. Let your child see you enjoying fruits, vegetables, and whole grains at meals and snacks. Your child should eat and drink only a limited amount of food and beverages that contain added sugars, solid fats, or salt.
- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or child care.
- Provide your child with age-appropriate play equipment, like balls and plastic bats, but let your preschooler choose what to play. This makes moving and being active fun for your preschooler.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/preschoolers.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT #:88

Middle Childhood (6-8 years of age)

Developmental Milestones

Middle childhood brings many changes in a child's life. By this time, children can dress themselves, catch a ball more easily using only their hands, and tie their shoes. Having independence from family becomes more important now. Events such as starting school bring children this age into regular contact with the larger world. Friendships become more and more important. Physical, social, and mental skills develop quickly at this time. This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork, and sports.

Here is some information on how children develop during middle childhood:

Emotional/Social Changes

Children in this age group might:

- Show more independence from parents and family.
- Start to think about the future.
- Understand more about his or her place in the world.
- Pay more attention to friendships and teamwork.
- Want to be liked and accepted by friends.

Thinking and Learning

Children in this age group might:

- Show rapid development of mental skills.
- Learn better ways to describe experiences and talk about thoughts and feelings.
- Have less focus on one's self and more concern for others.

Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Show affection for your child. Recognize her accomplishments.
- Help your child develop a sense of responsibility—ask him to help with household tasks, such as setting the table.
- Talk with your child about school, friends, and things she looks forward to in the future.
- Talk with your child about respecting others. Encourage him to help people in need.
- Help your child set her own achievable goals—she'll learn to take pride in herself and rely less on approval or reward from others.
- Help your child learn patience by letting others go first or by finishing a task before going out to play. Encourage him to think about possible consequences before acting.
- Make clear rules and stick to them, such as how long your child can watch TV or when she has to go to bed. Be clear about what behavior is okay and what is not okay.
- Do fun things together as a family, such as playing games, reading, and going to events in your community.

- Get involved with your child's school. Meet the teachers and staff and get to understand their learning goals and how you and the school can work together to help your child do well.
- Continue reading to your child. As your child learns to read, take turns reading to each other.
- Use discipline to guide and protect your child, rather than punishment to make him feel bad about himself. Follow up any discussion about what *not* to do with a discussion of what *to* do instead.
- Praise your child for good behavior. It's best to focus praise more on what your child does ("you worked hard to figure this out") than on traits she can't change ("you are smart").
- Support your child in taking on new challenges. Encourage her to solve problems, such as a disagreement with another child, on her own.
- Encourage your child to join school and community groups, such as a team sports, or to take advantage of volunteer opportunities.

Child Safety First

More physical ability and more independence can put children at risk for injuries from falls and other accidents. Motor vehicle crashes are the most common cause of death from unintentional injury among children this age.

- Protect your child properly in the car. For detailed information, see the American Academy of Pediatrics' Car Safety Seats: A Guide for Families.
- Teach your child to watch out for traffic and how to be safe when walking to school, riding a bike, and playing outside.
- Make sure your child understands water safety, and always supervise her when she's swimming or playing near water.
- Supervise your child when he's engaged in risky activities, such as climbing.
- Talk with your child about how to ask for help when she needs it.
- Keep potentially harmful household products, tools, equipment, and firearms out of your child's reach.

Healthy Bodies

- Parents can help make schools healthier. Work with your child's school to limit access to foods and drinks with added sugar, solid fat, and salt that can be purchased outside the school lunch program.
- Make sure your child has 1 hour or more of physical activity each day.
- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or afterschool care.
- Practice healthy eating habits and physical activity early. Encourage active play, and be a role model by eating healthy at family mealtimes and having an active lifestyle.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT: #9

Middle Childhood (9-11 years of age)

Developmental Milestones

Your child's growing independence from the family and interest in friends might be obvious by now. Healthy friendships are very important to your child's development, but peer pressure can become strong during this time. Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves. This is an important time for children to gain a sense of responsibility along with their growing independence. Also, physical changes of puberty might be showing by now, especially for girls. Another big change children need to prepare for during this time is starting middle or junior high school.

Here is some information on how children develop during middle childhood:

Emotional/Social Changes

Children in this age group might:

- Start to form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experience more peer pressure.
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.

Thinking and Learning

Children in this age group might:

- Face more academic challenges at school.
- Become more independent from the family.
- Begin to see the point of view of others more clearly.
- Have an increased attention span.

Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Spend time with your child. Talk with her about her friends, her accomplishments, and what challenges she will face.
- Be involved with your child's school. Go to school events; meet your child's teachers.
- Encourage your child to join school and community groups, such as a sports team, or to be a volunteer for a charity.
- Help your child develop his own sense of right and wrong. Talk with him about risky things friends might pressure him to do, like smoking or dangerous physical dares.
- Help your child develop a sense of responsibility—involve your child in household tasks like cleaning and cooking. Talk with your child about saving and spending money wisely.
- Meet the families of your child's friends.
- Talk with your child about respecting others. Encourage her to help people in need. Talk with her about what to do when others are not kind or are disrespectful.

- Help your child set his own goals. Encourage him to think about skills and abilities he would like to have and about how to develop them.
- Make clear rules and stick to them. Talk with your child about what you expect from her (behavior) when no adults are present. If you provide reasons for rules, it will help her to know what to do in most situations.
- Use discipline to guide and protect your child, instead of punishment to make him feel badly about himself.
- When using praise, help your child think about her own accomplishments. Saying "you must be proud of yourself" rather than simply "I'm proud of you" can encourage your child to make good choices when nobody is around to praise her.
- Talk with your child about the normal physical and emotional changes of puberty.
- Encourage your child to read every day. Talk with him about his homework.
- Be affectionate and honest with your child, and do things together as a family.

Child Safety First

More independence and less adult supervision can put children at risk for injuries from falls and other accidents. Here are a few tips to help protect your child:

- Protect your child in the car. The National Highway Traffic Safety Administration recommends that you keep your child in a booster seat until he is big enough to fit in a seat belt properly. Remember: your child should still ride in the back seat until he or she is 12 years of age because it's safer there. Motor vehicle crashes are the most common cause of death from unintentional injury among children of this age.
- Know where your child is and whether a responsible adult is present. Make plans with your child for when he will call you, where you can find him, and what time you expect him home.
- Make sure your child wears a helmet when riding a bike or a skateboard or using inline skates; riding on a motorcycle, snowmobile, or all-terrain vehicle; or playing contact sports.
- Many children get home from school before their parents get home from work. It is important to have clear rules and plans for your child when she is home alone.

Healthy Bodies

- Provide plenty of fruits and vegetables; limit foods high in solid fats, added sugars, or salt, and prepare healthier foods for family meals.
- Keep television sets out of your child's bedroom. Limit screen time, including computers and video games, to no more than 1 to 2 hours.
- Encourage your child to participate in an hour a day of physical activities that are age appropriate and enjoyable and that offer variety! Just make sure your child is doing three types of activity: aerobic activity like running, muscle strengthening like climbing, and bone strengthening – like jumping rope – at least three days per week.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/middle2.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT: #10

Young Teens (12-14 years of age)

Developmental Milestones

This is a time of many physical, mental, emotional, and social changes. Hormones change as puberty begins. Most boys grow facial and pubic hair and their voices deepen. Most girls grow pubic hair and breasts, and start their period. They might be worried about these changes and how they are looked at by others. This also will be a time when your teen might face peer pressure to use alcohol, tobacco products, and drugs, and to have sex. Other challenges can be eating disorders, depression, and family problems. At this age, teens make more of their own choices about friends, sports, studying, and school. They become more independent, with their own personality and interests, although parents are still very important.

Here is some information on how young teens develop:

Emotional/Social Changes

Children in this age group might:

- Show more concern about body image, looks, and clothes.
- Focus on themselves; going back and forth between high expectations and lack of confidence.
- Experience more moodiness.
- Show more interest in and influence by peer group.
- Express less affection toward parents; sometimes might seem rude or short-tempered.
- Feel stress from more challenging school work.
- Develop eating problems.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

Thinking and Learning

Children in this age group might:

- Have more ability for complex thought.
- Be better able to express feelings through talking.
- Develop a stronger sense of right and wrong.

Positive Parenting Tips

Following are some things you, as a parent, can do to help your child during this time:

- Be honest and direct with your teen when talking about sensitive subjects such as drugs, drinking, smoking, and sex.
- Meet and get to know your teen's friends.
- Show an interest in your teen's school life.
- Help your teen make healthy choices while encouraging him to make his own decisions.

- Respect your teen's opinions and take into account her thoughts and feelings. It is important that she knows you are listening to her.
- When there is a conflict, be clear about goals and expectations (like getting good grades, keeping things clean, and showing respect), but allow your teen input on how to reach those goals (like when and how to study or clean).

Child Safety First

You play an important role in keeping your child safe—no matter how old he or she is. Here are a few tips to help protect your child:

- Make sure your teen knows about the importance of wearing seatbelts. Motor vehicle crashes are the leading cause of death among 12- to 14-year-olds.
- Encourage your teen to wear a helmet when riding a bike or a skateboard or using inline skates; riding on a motorcycle, snowmobile, or all-terrain vehicle; or playing contact sports. Injuries from sports and other activities are common.
- Talk with your teen about the dangers of drugs, drinking, smoking, and risky sexual activity. Ask him what he knows and thinks about these issues, and share your thoughts and feelings with him. Listen to what she says and answer her questions honestly and directly.
- Talk with your teen about the importance of having friends who are interested in positive activities. Encourage her to avoid peers who pressure her to make unhealthy choices.
- Know where your teen is and whether an adult is present. Make plans with him for when he will call you, where you can find him, and what time you expect him home.
- Set clear rules for your teen when she is home alone. Talk about such issues as having friends at the house, how to handle situations that can be dangerous (emergencies, fire, drugs, sex, etc.), and completing homework or household tasks.

Healthy Bodies

- Encourage your teen to be physically active. She might join a team sport or take up an individual sport. Helping with household tasks such as mowing the lawn, walking the dog, or washing the car also will keep your teen active.
- Meal time is very important for families. Eating together helps teens make better choices about the foods they eat, promotes healthy weight, and gives your family members time to talk with each other.
- Limit screen time for your child to no more than 1 to 2 hours per day of quality programming, at home, school, or afterschool care.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html

Additional Information:

http://www.cdc.gov/childdevelopment
1-800-CDC-INFO (800-232-4636) http://www.cdc.gov/info

Positive Parenting Tips for Healthy Child Development

HANDOUT: #11

Teenagers (15-17 years of age)

Developmental Milestones

This is a time of changes for how teenagers think, feel, and interact with others, and how their bodies grow. Most girls will be physically mature by now, and most will have completed puberty. Boys might still be maturing physically during this time. Your teen might have concerns about her body size, shape, or weight. Eating disorders also can be common, especially among girls. During this time, your teen is developing his unique personality and opinions. Relationships with friends are still important, yet your teen will have other interests as he develops a more clear sense of who he is. This is also an important time to prepare for more independence and responsibility; many teenagers start working, and many will be leaving home soon after high school.

Here is some information on how teens develop:

Emotional/Social Changes

Children in this age group might:

- Have more interest in romantic relationships and sexuality.
- Go through less conflict with parents.
- Show more independence from parents.
- Have a deeper capacity for caring and sharing and for developing more intimate relationships.
- Spend less time with parents and more time with friends.
- Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

Thinking and Learning

Children in this age group might:

- Learn more defined work habits.
- Show more concern about future school and work plans.
- Be better able to give reasons for their own choices, including about what is right or wrong.

Positive Parenting Tips

Following are some things you, as a parent, can do to help your teen during this time:

- Talk with your teen about her concerns and pay attention to any changes in her behavior. Ask her if she has had suicidal thoughts, particularly if she seems sad or depressed. Asking about suicidal thoughts will not cause her to have these thoughts, but it will let her know that you care about how she feels. Seek professional help if necessary.
- Show interest in your teen's school and extracurricular interests and activities and encourage him to become involved in activities such as sports, music, theater, and art.
- Encourage your teen to volunteer and become involved in civic activities in her community.
- Compliment your teen and celebrate his efforts and accomplishments.
- Show affection for your teen. Spend time together doing things you enjoy.

- Respect your teen's opinion. Listen to her without playing down her concerns.
- Encourage your teen to develop solutions to problems or conflicts. Help your teenager learn to make good decisions. Create opportunities for him to use his own judgment, and be available for advice and support.
- If your teen engages in interactive internet media such as games, chat rooms, and instant messaging, encourage her to make good decisions about what she posts and the amount of time she spends on these activities.
- If your teen works, use the opportunity to talk about expectations, responsibilities, and other ways of behaving respectfully in a public setting.
- Talk with your teen and help him plan ahead for difficult or uncomfortable situations. Discuss what he can do if he is in a group and someone is using drugs or under pressure to have sex, or is offered a ride by someone who has been drinking.
- Respect your teen's need for privacy.
- Encourage your teen to get enough sleep and exercise, and to eat healthy, balanced meals.
- Encourage your teen to have meals with the family. Eating together will help your teen make better choices about the foods she eats, promote healthy weight, and give family members time to talk with each other. In addition, a teen who eats meals with the family is more likely to have better grades and less likely to smoke, drink, or use drugs. She is also less likely to get into fights, think about suicide, or engage in sexual activity.

Child Safety First

You play an important role in keeping your child safe—no matter how old he or she is. Here are a few tips to help protect your child:

- Talk with your teen about the dangers of driving and how to be safe on the road. You can steer your teen in the right direction. CDC's "Parents Are the Key" campaign has steps that can help. Motor vehicle crashes are the leading cause of death from unintentional injury among teens, yet few teens take measures to reduce their risk of injury.
- Remind your teen to wear a helmet when riding a bike, motorcycle, or all-terrain vehicle. Unintentional injuries resulting from participation in sports and other activities are common.
- Talk with your teen about suicide and pay attention to warning signs. Suicide is the third leading cause of death among youth 15 through 24 years of age.
- Talk with your teen about the dangers of drugs, drinking, smoking, and risky sexual activity. Ask him what he knows and thinks about these issues, and share your feelings with him. Listen to what he says and answer his questions honestly and directly.
- Discuss with your teen the importance of choosing friends who do not act in dangerous or unhealthy ways.
- Know where your teen is and whether a responsible adult is present. Make plans with her for when she will call you, where you can find her, and what time you expect her home.

A pdf of this document for reprinting is available free of charge from
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence2.html

Additional Information:

www.cdc.gov/childdevelopment
***1-800-CDC-INFO (800-232-4636),* www.cdc.gov/info**

Reflection/Relevance

Think about “Randy” from the Classroom-Based Training activity. What do you think would be most challenging to you if you were caring for him, as a child with such a mixture in developmental stages? What support might you need?

✏️ Journaling Thoughts

Child Development: Participant Resources

Listen

NTDC Podcast: Child Development

Hosted by April Dinwoodie with guest Bruce D. Perry, MD, PhD

This podcast describes the effects of early neglect and trauma on a child's development, the difference between developmental age and chronological age, and what parents should be thinking about when recognizing some of the delays that may come from early trauma.

Read

Connecting with Your Teen

Child Welfare Information Gateway

This tip sheet identifies behaviors typical of teens and includes suggestions for activities and tips for parents to maintain and reinforce their connection to their teens.

Parenting Your School-Age Child

Child Welfare Information Gateway

Children ages 6 to 12 experience tremendous growth. In this tip sheet, find descriptions for the behaviors typical of children in this age and tips to provide them with the structure and support they need.

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

ATTACHMENT

Session 2

Attachment

Competencies

Knowledge

- Identify caregiver behaviors that enhance and strengthen relationships.
- Understand the importance of parents' own attachment history and style in developing and maintaining relationships with children.
- Describe the relationship between attachment, safety, attunement, and relationships.
- Define the impact of fractured attachments/lack of stable relationships on children's ability to connect with others.
- Understand the importance of supporting children's primary attachments to their families in order for them to connect to others.

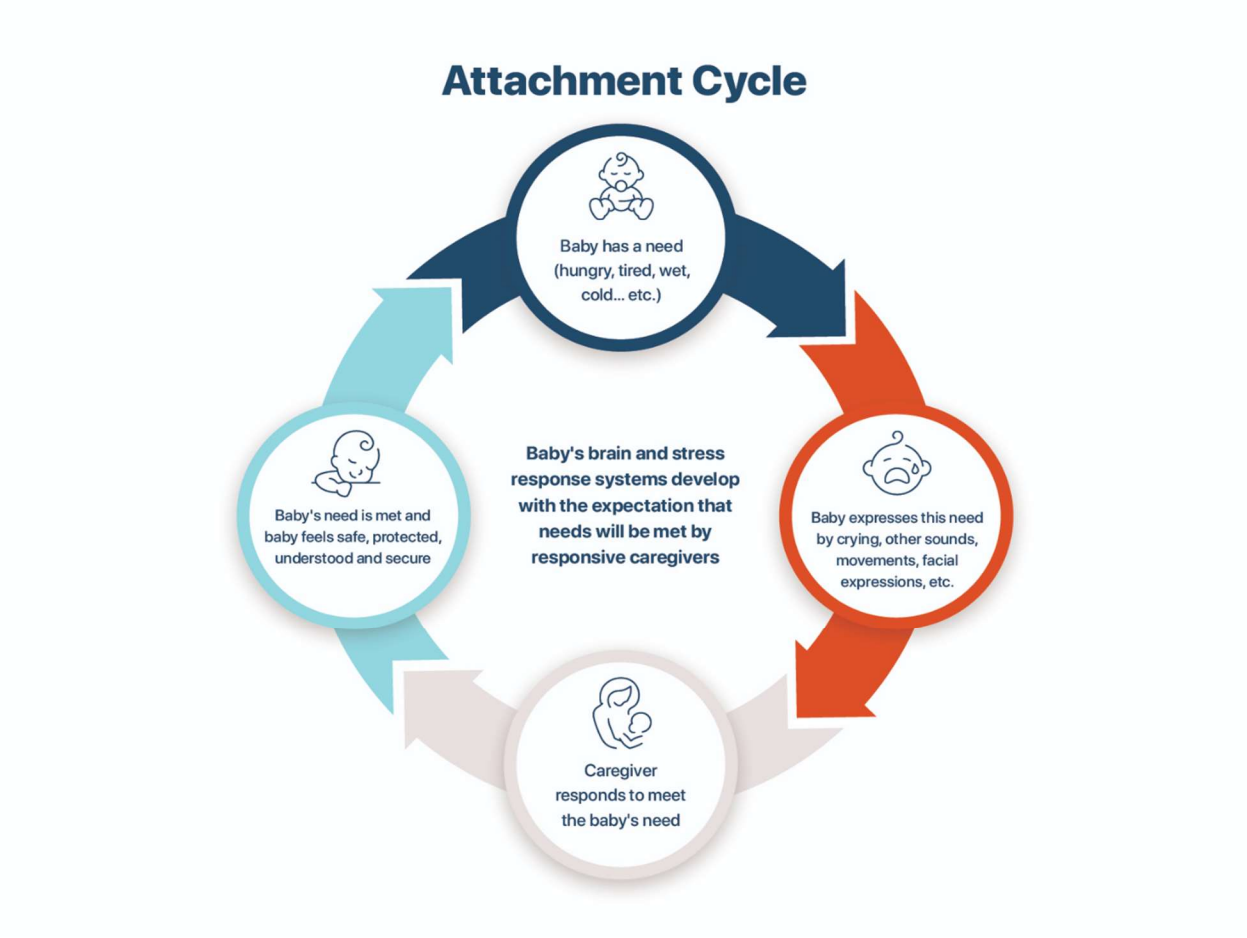
Attitude

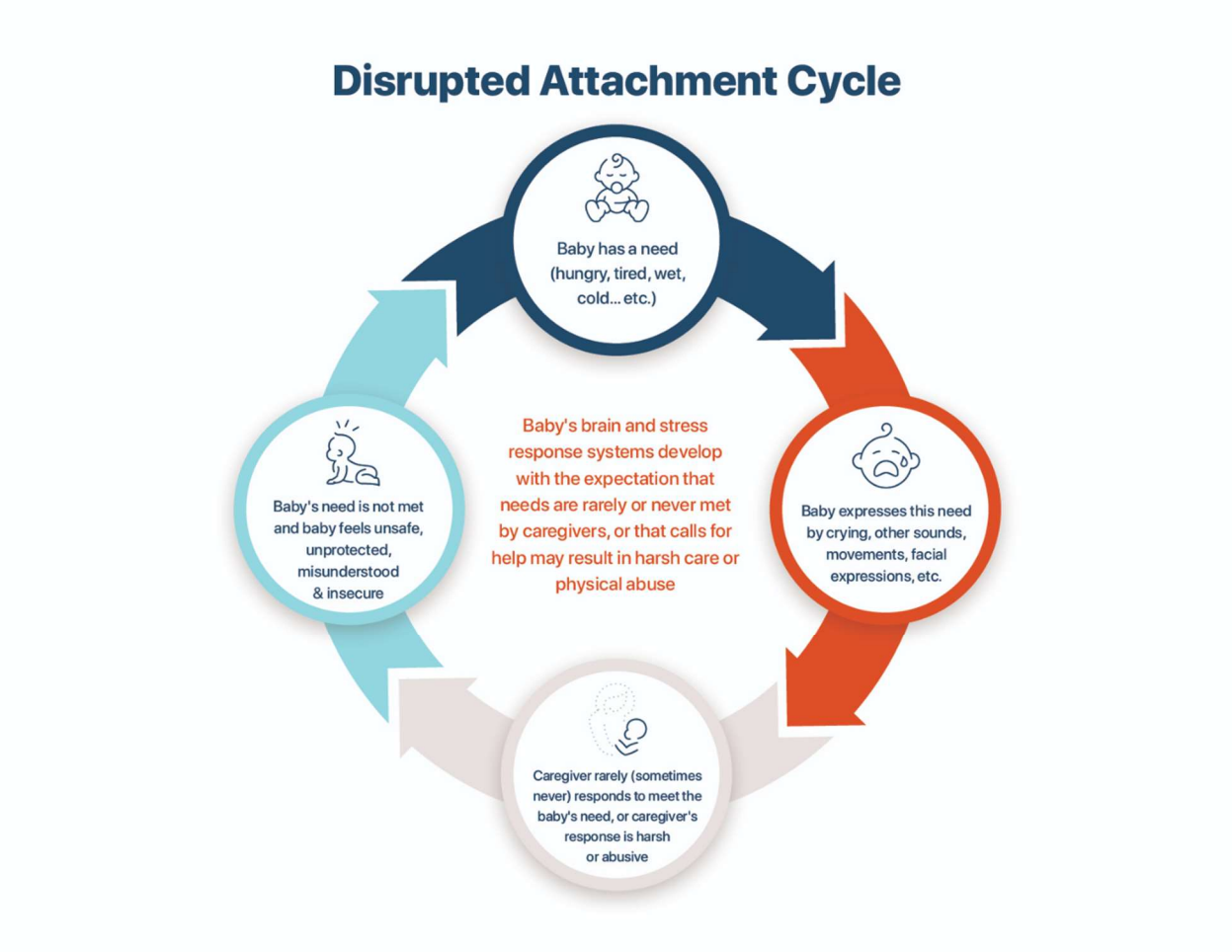
- Willing to accept the idea that children may have difficulty with relationships due to previous circumstances.
- Willing to work on developing healthy relationships with children over an extended period of time.
- Willing to commit the time needed to be attuned and present for children.
- Willing to support the concept that children are expanding family versus replacing their families.

Skill

- Demonstrate how to discipline in ways that protect and/or build the parent-child relationship.

HANDOUT #1: CYCLES OF ATTACHMENT




Disrupted Attachment Cycle
Baby has a need (hungry, tired, wet, cold... etc.)
Baby expresses this need by crying, other sounds, movements, facial expressions, etc.
Caregiver rarely (sometimes never) responds to meet the baby's need, or caregiver's response is harsh or abusive
Baby's need is not met and baby feels unsafe, unprotected, misunderstood & insecure
Baby's brain and stress response systems develop with the expectation that needs are rarely or never met by caregivers, or that calls for help may result in harsh care or physical abuse

Reflection/Relevance

We all have a primary attachment style or ways that we tend to interact with others. Our adult attachment style will influence the way we parent. Consider your own attachment history for a moment and reflect on how that may affect your parenting.

- Think about your own attachment history—the way that your parent or earliest caregivers took care of you. Consider for a moment how you were parented.
- How might you categorize your parent(s)' style of attachment? How did that feel for you as a child?
- Now picture the child you hope to foster or adopt. Think about how you might want to parent this child differently or similarly. Take a moment to write any reflections down. If you find that some thoughts and feelings surface outside of class, it would be good to continue reflecting on the effect on your parenting.

Being such a thoughtful and aware parent means taking good care of yourself. This allows everyone to keep stress to reasonable levels and minimize regression to old or unhealthy relationship patterns. Just like when children are infants and crying out for help, children with backgrounds of trauma, separation, and loss need consistent, present, attuned caregiving to meet their needs. Learning new and effective patterns can be gratifying and, at the same time, exhausting for caregivers. You will need to give yourself permission for rest, healthy nutrition, pleasurable experiences (with and without children), time away, and activities that rejuvenate.

HANDOUT #2: EXAMPLES OF RELATIONSHIP-PROMOTING ACTIVITIES

Sensory rich
Action oriented
Pleasurable

- Going for a walk, hike or run together
- Cooking or baking together
- Games with eye contact like patty cake, peek-a-boo
- Find a swing or trampoline, and swing or jump the time away. Try different speeds or mimicking each other's moves.
- Brushing hair
- Playing sports where you have time alone and fun together like basketball, tennis, ping pong, etc.
- Eating together as a family, anywhere, everywhere
- Sharing all forms of music, especially singing, dancing, or drumming together
- Creating messy art together, like finger-painting and clay or playdoh
- Scream loudly in jubilation together, such as at a concert, a sporting event, or on a roller coaster
- Swimming, water fights, jumping into a wave or a lake together
- Read snuggled up or rocking together

HANDOUT #3: JAR ACTIVITY WORKSHEET

A neighbor knocks on your door and says he saw your 8-year-old break his window yesterday while playing ball. Your child has not told you anything about this, but you did notice that the child came straight home from school today and went to her room, which is not typical. The neighbor says there is no mistaking it was your child, because he watched her run into your house after she broke the window. The neighbor seems sincere and believes it was an accident.

J (JOINING):

_____

_____

_____

A (AMENDS-MAKING):

_____

_____

_____

R (RE-DO'S):

_____

_____

_____

✏️ Journaling Thoughts

Attachment: Participant Resources

Listen

NTDC Podcast: The Importance of Understanding Attachment

Hosted by April Dinwoodie with guest Laura Ornelas, LCSW

This podcast describes how important attachment in early relationships is to children and how healthy attachments contribute to our ability to build our identities and secure connections. It also provides concrete strategies that parents can use to develop healthy attachment with children and youth moving into a new home.

Watch

Secure Attachment

Dr. Jacob Ham

In this video, Dr. Jacob Ham provides a simple description of secure attachment and its effect on behaviors.

Read

Understanding Attachment Styles

NTDC

Attachment styles are formed early in life through our initial interactions with our parents or caregivers. These interactions influence how we feel about ourselves, others, and the world. Your attachment style and history will influence how you relate to your child. This resource identifies the four styles of adult attachment.

Summary of the Seven Core Issues in Adoption

NTDC

Awareness of the Seven Core Issues in adoption can help address the lifelong challenges experienced by all those affected by adoption and permanency, including children, parents, and adoptive parents.

Attachment Through the Senses

Margaret A. Creek, MFT, ATR-BC, and Laura Ornelas, MSW, LCSW

Nonverbal communication is key to developing a relationship. Children continually receive information through their senses. This article describes techniques using the five senses that parents and caregivers can use to increase attachment.

Finding and Working with Adoption-Competent Therapists

Child Welfare Information Gateway

This fact sheet provides suggestions for finding an adoption-competent therapist and offers information about the different types of therapy available.

27 S' of Attachment-Focused Parenting

Dan Hughes, PhD

This resource provides clear and simple suggestions to promote attachment in the parent–child relationship and describes the actions parents should take to avoid that decrease or prevent attachment.

Seeking Meaningful Therapy: Thoughts from an Adoptive Mother

Debbie Schugg

An adoptive mother of eight discusses the importance of selecting an adoption-competent therapist with specialized knowledge about the complexities of adoption and the importance of therapy with a focus on finding ways to strengthen attachment.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 3: Separation, Grief, & Loss and Building Parental Resilience for Kinship Caregivers

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

SEPARATION, GRIEF, & LOSS

SESSION 3

Competencies

Knowledge

- Explain the various losses that children may experience and how these losses can impact their feelings and behaviors currently and in the future.
- Describe the grieving process for children and behaviors that may be associated with it.
- Define ways that children grieve and how it often looks different than the way adults express grief.
- Understand how ambiguous loss and unrecognized grief impacts children.
- Understand how to support children in acknowledging their losses and grieving them over the life cycle.
- Learn how to recognize grief and loss as the possible underlying cause of behaviors.

Attitude

- Committed to recognizing and honoring children's losses and helping them to grieve.
- Willing to reflect on how one's own losses may impact their parenting experience.

Skill

- Demonstrate the ability to recognize behaviors that may result from grief and loss and respond effectively in a way that considers the underlying cause of behavior.

Know that you have to parent differently than the rest of the world, and that you will be judged by many. Learn to be OK with the judgment...

TIP FROM A FOSTER/ADOPTIVE PARENT

Podcast Transcript

Understanding Grief & Loss Podcast: Gregory Manning & April Dinwoodie

April Dinwoodie: Welcome to the NTDC Podcast, Separation, Grief and Loss. I'm your host, April Dinwoodie. In this episode, we welcome Dr. Gregory Manning, a clinical psychologist based in Orange County, California. Dr. Manning has worked in government, non-profit organizations and mental health agencies, providing case management services for youth in care. Dr. Manning is also a nationwide trainer and speaker on issues related to mental health, foster care and juvenile justice. Welcome to the podcast, Dr. Manning.

Dr. Gregory Man...: Thank you, April. Great to be with you and please call me Greg.

April Dinwoodie: Oh yes. Yes, of course. We're going to jump right in on this important topic. As a starting place, can you help our listeners understand how children may experience grief and loss?

Dr. Gregory Man...: First, we need to establish that grief is a normal reaction in response to losses and challenges in our relationships as people, and specifically for children there are a few basics. First, the experience of loss for children can be very confusing as they're less likely to comprehend and understand the reasons for a loss. And they may not know why is the person gone, or why has their relationship changed? And this can be very challenging for them and lead to very challenging and confusing behaviors.

Next, the younger the child, the more likely it is that the grief is to be expressed outwardly. And specifically we can see them demonstrating a lot of challenging behaviors, such as aggression, defiance, and/or withdrawal. Here's an example. In response to a loss, a child who otherwise is very playful and engaging at school and at home may become very physically aggressive and they may refuse to do things around the home or in the classroom. And they also may withdraw and not want to play with any friends or not want to be around their family members.

April Dinwoodie: I appreciate you so much for validating that grief is a normal response to loss and some of these challenging behaviors that come from that loss and grief. It seems so basic, but it's really an important starting place. So now do you think that children and adults experience separation, grief and loss differently?

Dr. Gregory Man...: I think there's some basic things that are similar because we're all humans, but there's also some very important and critical differences that we need to be aware of. And the similarities can be that a lot of times our feelings may be very similar, because there may be sadness. There may be anger. There also may be a loss of feeling just like feeling numb. I think all of us can experience that. However, the differences can be much more in some of the behaviors and also in the way that the people experience or understand the loss. And the behaviors can be, like I mentioned before, that the children tend to be more externalized. They tend to be more outward about their challenges. If they are not understanding their feelings and their thoughts, they turn into behaviors like

aggression and defiance and withdrawal, while as adults tend to be more reserved in their behaviors, now not all the times, but in general.

But on the experience side of it, it's a lot of it because of brain development. Children can't really fathom the fact that someone is gone, they're gone forever and not coming back. And I think when they experience that, that it goes along with confusion and disbelief, and they can't accept the loss. And so when we're trying to work with them and support them, we get really frustrated because they just don't seem to get it. And I think that's the biggest challenge, is understanding it.

One thing also, April, it's important to note that for both children and adults, they'd be more likely to deny that the loss is affecting them, that everything's okay and they just want to move on with life and move on with things without ever addressing the loss. So I think that's important to realize too.

April Dinwoodie: That makes so much sense, Greg. It might seem easier to deny or ignore the loss. Can you talk more specifically about how children experience separation, grief and loss connected to adoption and foster care?

Dr. Gregory Man...: I think the most important thing to realize that, for children experiencing foster care, is that most of their losses occur when they are no longer physically connected with the person. For example, when a child is removed from a parent and their family because of abuse or neglect, that's a loss. And I think it can be profound for them because I think a lot of times the problem is that we don't experience or acknowledge that as a loss. I think it's important to realize that for children in foster care, that separation is a huge loss for them.

April Dinwoodie: Is the same true for adoption as well, Greg?

Dr. Gregory Man...: Adoption takes it even to another level because when a child is adopted, a lot of times they are in a home which people celebrate. There's a whole big celebration that, "Hey, you're in a loving family home," and that you should feel lucky and that you should feel privileged that you're in this loving family home. While they hopefully are in a loving family home that is a positive experience for them, it doesn't negate the fact that they're not with their family of birth. That is a big challenge for the youth, but also for the caregivers because like, "Why isn't this child celebrating us? Why isn't this child happy?" Well, they may be happy that they're with you, but they still can be sad that they're not with their parents.

April Dinwoodie: Gosh, absolutely. I'm so glad that we have established these basics and now we can go a little bit deeper into some of the more complicated, sometimes harder to understand elements of grief and loss. There's something known as ambiguous loss. Can you explain what that is and how it relates to children experiencing foster care and adoption?

Dr. Gregory Man...: Ambiguous loss in a general sense is when a loss is experienced by someone without any verification or proof of death. And as a result, there's no certainty that the person will ever come back and return to them, like natural disasters, like earthquakes or floods or fires, where the person is no longer there but the body is never recovered, so there's not that finality. And when we mentioned earlier about losses related to foster care, these are still very powerful losses because the physical person, the parent in particular or the sibling, which is equally powerful, are no longer with the individual. And there may be visits, but it's not that day-to-day rhythm that you get by living with someone on a regular basis. And as a result, the adults in the children's life, whether that be in foster care and/or adoption, may not acknowledge that that loss is truly there for the child because the child is no longer being exposed to abuse or neglect.

And finally, when they're in foster care, there's this concept that, "Well, you might return," so they're in a very confusing state. So I think that's that real ambiguous loss concept is like this child especially is in this throes of loss and yet everyone around them without the right perspective sees that, "Hey, you're gaining from all this. This is a huge benefit for you." And then when they start having those behaviors and the problems, they're like, "What's your deal? You should be happy."

April Dinwoodie: I remember learning what ambiguous loss was and it was like a light bulb went off. For me as an adopted person, I had this amazing loving, adoptive home. I knew I had a birth mother and a birth father that existed, but I did not know where they were and if they were alive or dead. So I felt the loss, but I didn't know how to talk about it or let my feelings out. So all that you describe here about ambiguous loss is so powerful and poignant. And I think knowing about that can really be helpful to parents.

Dr. Gregory Man...: Absolutely. No, I think, April, your personal experience is very common.

April Dinwoodie: Thank you for that. That's appreciated. We cannot talk enough about some of these concepts that aren't talked about enough, which is this idea of the perception of things because they are physically, emotionally, psychologically safer for a child in the adoptive home, the pre-adoptive home, the foster home, that there isn't something else that may be occurring within the emotional elements of grief, loss and separation. So this is reinforced throughout this conversation that we're having and I think it's so important, so I really appreciate that. When we think about this, what can happen when these kinds of losses are not validated by others?

Dr. Gregory Man...: I think when losses are not validated, it prevents any closure. And I think if we prevent closure from someone who's experienced loss, what we're generating is that they're likely to struggle in terms of their ability to experience and process that grief and loss, that they may be the only ones experiencing it, because if everyone else neglects it, then they're the only ones experiencing it. And as a result, they don't have any resolution or any healing.

Also is that they're not given the right to grieve their loss, so they're confused, like, "I'm grieving, but I'm not allowed to." And also without this validation, they're also not provided with the sources of support and/or treatment necessary to facilitate a healthy resolution of their grief and loss. And that has a profound effect on all of their relationships, both peers and at school and especially in the family home that they're in right now.

April Dinwoodie: That makes a lot of sense. So now that we have this as a baseline, help us understand how children might express their grief and loss through behaviors.

Dr. Gregory Man...: I think parents who are fostering and/or adopting might see some of these following behaviors and these are related to the separation, the grief and loss that the children are experiencing. They could be verbal and behavioral aggression or defiance. And this could be with peers, with children in the home, with adults, also in the community. There could be isolation and/or running away, just as that avoidance of contact with others. There also can be substance abuse or use and there also could be other self-harming behaviors, such as cutting. In more severe cases, there also could be suicidal or homicidal ideation or behavior that leads to that sort of outcome. As well, a global decreased performance in or refusal to participate in activities, especially in school sports or extracurricular activities and also around the family home.

And I think what's important to realize is that in addition to the loss that they're experiencing, some of these behaviors may be ones that they've been struggling with for a long time. And so I think it's important to realize that some of those challenging behaviors that they may have had in the past, if they experienced loss and are not supported, are likely to get even worse as well as expanded on.

April Dinwoodie: Hearing your thoughts reminds me of something someone once told me in reference to their feelings of grief and loss related to the separation from their birth family. It was just simply easier for them to be angry than to be sad. So for their grief and pain, it came to life as throwing tantrums and acting out. And again, another light bulb, it was like, "Of course," I do think that this is a theme throughout this conversation, is sometimes it's just easier in the moment and these behaviors just come out. So how can parents who are fostering or adopting support children in acknowledging their grief and loss?

Dr. Gregory Man...: Number one, verbally acknowledge to the children the loss that they've experienced and that they're likely continuing to experience. Really put that to words right in them in a caring, supportive way. Number two, verbally affirm to the child that they have a right to grieve that loss and then share your feelings about loss as well. You don't have to say that your loss is similar to theirs, but you could share your experience of loss to try and connect with them. And verbally commit yourself to support the child through their grief and loss, no matter what and for how long it takes.

April Dinwoodie: I love all this so much, especially the part about the grown up sharing their feelings. I think that's so so critical to all of this. What else, Greg?

Dr. Gregory Man...: Well I think, like you mentioned earlier, April, is that parents need to remember that it's oftentimes easier to be angry and to act out than to work through the grief and loss. And this is true for us as adults as well, because when we're working through the grief and loss, we have that sadness, we have the tears, and that can be really tough to be with. I think it's important for parents to realize before solving the problem for the child, you have to really take the time to sit down and listen, engage and support the children to find out what they need, because really there's nothing you can do to solve the loss. You can just support them and be with them through the loss.

Also, you want to create partnerships with social workers and teachers and therapists to help the work around the grief and loss, to make sure that everyone acknowledges that the person is experiencing loss and to make sure that they have that support all around them. Also, you want to share, as I mentioned, with teachers and community members about the grief and loss that the child may be experiencing. Just remember that we don't want to overshare private information about the child, but provide just enough so that the people around the child can be supportive for them as well.

April Dinwoodie: So it sounds like being in tune, listening and communicating are all very vital here. What are a few more practical things that parents can do?

Dr. Gregory Man...: I think the most important thing is that parents who are foster and adoptive parents can be ready to engage the child at their current developmental stage, which is important, because a lot of times we parent according to the child's chronological age. But they may be 10, but experiencing a grief and loss they may be more developmentally acting like they're three. So we have to meet them where they're at, I think, is critically important.

Also, make sure that we provide ongoing physical and emotional safety for the child. Make sure that as a parent, that you're consulting with the foster care and mental health professionals to help you understand where the child is at and what strategies and techniques are best for this child, which may be different from other children that you may be fostering or adopting as well.

Also, you want to make sure that you're aware of some of the risk factors, like I mentioned before, about the self-harming and at-risk behaviors, and how you can develop a safety plan with the child to make sure that they stay safe.

We also want to make sure that we really focus a lot on the words we and us, because when you say, "You are experiencing this," or, "You are doing this," the child feels very isolated and judged. But when we hear we and us, then we feel that support and we experience the love in that. Be very clear to the child that you're going to work with them and help them through the difficult time, no

matter what. And it's likely going to get ugly at times, but when you commit to them that, "I'm going to be with you," it's so critically important.

The other thing that can often be overlooked is that we want to have things available for the child to do, like play or exercise or sing or dance. At the same time, maybe just provide quiet moments and calm moments, like a soothing bath or sitting outside under a tree or walk in the park. Those things can be very helpful and healing as well.

April Dinwoodie: Oh my gosh, these are such amazing practical tools and they have so much value for parents. As we bring this podcast to a close, what are some of your final thoughts?

Dr. Gregory Man...: Sure. I think the most important thing we want to take away from this is that parents need to be partners with the child and help identify what the child needs and what the child wants to do as they journey through this grief and loss experience. And last, but certainly not least, we want to recognize that the impact that caring for children with significant grief and loss challenges can have an impact on us as the parents and caregivers and adults. And we want to especially make sure that you also ensure good self care. Just like you're caring for the children, make sure that you demonstrate good self care.

Also, be ready that your own past or present experience of loss may be triggered by your journey along with the child through their grief and loss. Reach out to other mentors or support groups and respite care when necessary. And the therapist and social workers, like we mentioned before, are also critically important.

April Dinwoodie: Well, I can't think of a better way to close out this podcast. Greg, I want to thank you for sharing your knowledge, your insight, and all of these practical tools for parents. Thank you.

Dr. Gregory Man...: Thank you.

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HANDOUT #1: DEVELOPMENTAL STAGES OF GRIEF

Children cope with grief at different developmental stages, and parents might see behaviors that indicate that the child is expressing grief, rather than simply exhibiting defiant behaviors. The following will help to identify the ways in which grief may be expressed at different stages. At each stage, caring adults can help by recognizing the grief underneath the behavior and providing support to the child or youth.

Infant to 2 years

Children who come into the child-welfare system at a very young age, and who cannot yet fully understand loss intellectually, nevertheless experience loss, especially if they have had a positive attachment to their parent or other caregiver. The main developmental tasks of these early years are:

- Establishing trust
- Making attachments
- Moving toward autonomy

Separation from a primary caregiver may result in losing a basic sense of trust that adults will meet their needs, lack of trust in the world at large, and delay of the normal development toward autonomy.

A child's grief reaction to loss can be overlooked if the new caregiver is not attuned to their behavior. They will often show signs of grief immediately or soon after being moved to a new family including:

- Changes in eating or sleeping patterns
- Irritability
- Lethargy
- Separation anxiety
- Regression in attained developmental milestones

For instance, if they are toilet trained, they may regress and begin soiling themselves. If they are no longer drinking from a bottle, they may need to be offered a bottle again to be soothed. For infants and toddlers from different ethnic backgrounds, sounds, smells, and visual stimuli can all be very different and strange, contributing to discomfort with an unfamiliar environment. Today in child welfare many infants and young children entering care may be drug affected, have a Fetal Alcohol Spectrum Disorder, or both. These circumstances require special attention and knowledge on the part of caregivers.

Developmental Stages of Grief; adapted from National Adoption Competency Mental Health Training Initiative; Module 5, Lesson 2; 2019; Carol Bishop

Preschoolers: Ages 2 to 5 years

At this developmental stage children have not yet developed an understanding of cause and effect or permanence. Children who joined their foster, adoptive, or guardianship family at birth or at a very young age like to hear their story during this developmental stage, whether it is how they came to their foster or adoptive family, or how they came to live with their relative. They may enjoy telling their story and can usually repeat it word for word, but at this stage they do not understand the implications of the story. They are often confused about the facts and may miss the fact that they were born like everyone else, so this should be emphasized.

This is also the time that children become aware of differences, and for children in transracial families, these differences should be discussed in a sensitive and supportive way.

Although they may not explicitly understand the losses surrounding their move from their family, children may exhibit behaviors that indicate that they are aware of the losses, such as:

- Searching or yearning behaviors
- Asking strangers if they are their parents
- Exhibiting anxiety and sadness
- Becoming fearful of strangers and being clingy
- Exhibiting depression
- Having nightmares
- Having temper tantrums
- Becoming hyperactive
- Exhibiting behaviors around needing to be “in control” of situations

Children who are removed from their families at this age may feel responsible for being removed, blame themselves, and think that if they were only better behaved, they would not have had to move. They may exhibit phobias, such as school phobia. They may be act out in destructive and angry ways or be feel anxious, and depressed.

Developmental Stages of Grief; adapted from National Adoption Competency Mental Health Training Initiative; Module 5, Lesson 2; 2019; Carol Bishop

Ages 6 to 12 years

At these ages, children begin to understand cause and effect, and the implications of removal from their family, especially if they are adopted or in legal guardianship. They begin to understand that they are in a foster, adoptive, or guardianship family because their parents were not able to parent them. Children begin to wonder about their parents, extended family, or culture, but may not talk with their foster or adoptive parents or guardians about their interest, for fear of hurting their feelings. When children are in relative adoptions or guardianships, their feelings of loss can be exacerbated by the intermittent presence of parents or by negative family attitudes about their parents. Children at this age are often hypersensitive to the attitudes of their adoptive or guardianship families related to their race or culture as they enter the identity development tasks.

If removed from their birth parent(s) during these years, they may be worried about them and any siblings from whom they were separated. Unless discussions are openly encouraged, these concerns may go underground, which can have a negative impact on the child's functioning. They may regress in their behavior, feel a loss of control, and blame themselves for their situation.

The conversations that foster, adoptive, and guardianship parents have with their children during these years are very important. These conversations should be honest and framed in a way that supports the self-esteem of the child. No matter how positively the conversation is framed, children understand at this age that, in a child's language, "I got given away." They recognize that you don't give away something of value, and it might follow that they wonder, "What is wrong with me that they gave me away, or didn't try hard enough to keep me?" It does not help to *only* tell a child that, "Your mother loved you so much that she wanted a better life for you." It is better to be honest about the circumstances in language appropriate to the child's age.

Some behaviors that might be common during these years for any child who was removed from their family include:

- School or learning problems
- Daydreaming about family members
- Imagining reunions
- Fantasizing about how life would be different if they were raised by their birth family

The child might emotionally withdraw from the adoptive family, or insistently ask questions about their family. Children in transracial or cross-cultural families may adopt stereotypical behaviors associated with their race or culture to test the comfort of the foster, adoptive, or guardianship family or because they don't have real connections to support a healthy identity related to their race and/or culture. Some children exhibit anger to create distance and avoid the vulnerability of closeness to avoid further pain.

Adolescence

This is a pivotal time in a youth's life. Adolescents are dealing with many questions about their own identity, their story, and anxiety about growing into adulthood. They often have a keen curiosity and need clarification about the story of their separation from their family of origin, and as they move toward adulthood and leaving home, their early losses may be triggered. Their emerging identity challenges can trigger grief issues and emotional upheaval. Their anger at their birth parents may manifest in anger toward their adoptive parents or guardians, flouting of rules and engaging in behaviors they expressly know their parents would disapprove of.

Some teens may become depressed over a breakup or friends moving away or even high school graduation, all potential triggers of early losses, and in extreme cases they may have suicidal ideation. Native American children in transracial families for instance, have a suicide rate ten times that of Caucasian youth. Some teens deal with loss by turning to risky behaviors like substance abuse, eating disorders, sexual acting out, and even pregnancy perhaps seeing this as a way of aligning with their birth parents and their story. Some adolescents use pregnancy and parenthood as an opportunity to prove that they love their children more than their parents loved them; or to "break the pattern" of abuse without realizing the significant challenges this creates for them if they haven't resolved their own grief and loss.

All of the normal adolescent issues of separation and developing independence are magnified by experiences with grief and loss. Identity formation at this point is critical, whether cultural, gender, or family. Without opportunities to engage in positive identity-formation activities, the adolescent will find their own, and when complicated by grief and loss, they often turn to identities that reject both their old family and their adoptive or guardianship family, challenging the boundaries of their new family in the process.

Into Adulthood

The developmental process does not end with high school graduation. As youth grow up and move away from home, they continue to process the issues inherent in early losses. The importance of addressing the loss and grief issues in childhood becomes more evident as youth move into adulthood. Many pursue reunion with their birth parents, siblings, or other family members. This is especially true in transracial families., Native American youth are thought to have the highest rate of returning to their birth families.

Reunions can trigger many unexpected and conflicting feelings, including fear of rejection, anger, confusion, guilt, curiosity, identity confusion, and grief. Some find that feelings of loss resurface when they have their own children. Some adopted adults have difficulty with intimacy and sustaining deep relationships, especially if their grief and loss have gone unaddressed throughout their childhood.

It is important that loss and grief issues are addressed at early developmental stages, so that by adulthood there is a foundation on which to weather the normal recurrence of grief. There are many triggers in everyday life that can be challenging, including anniversaries, holidays, birthdays, contact with family members, and revisiting places, all of which can bring expected or unexpected grief reactions, as memories of losses reemerge.

HANDOUT #2: THEORIES ON THE STAGES OF GRIEF IN FOSTER CARE AND ADOPTION: COMMON GRIEF RESPONSES FOR CHILDREN

There are several theories about the grief process; the most familiar being Elisabeth Kubler-Ross' Five Stages of Grief, developed for death and dying. We now understand that people grieve in no particular order of stages, and that grieving children especially bounce between emotional states all the time. For that reason, we will be discussing children's reactions to loss as grief responses. Over time, children continue to experience these grief responses as their feelings or developmental stages change. Children who are being fostered or who have been adopted often experience complications in their grieving process, and the process can occur over a longer period. They may revisit grief at various times in their lives, as they come to understand their losses differently. The grief responses that we will be talking about are as follows: Shock, Anger or Protest, Negotiating, Deep Sadness, and Understanding, as adapted from the Kubler-Ross model.

Let's take each one and what you might see when a child or teen in foster care or who has been adopted is experiencing each grief response.

Shock

As a child comes into your home after being separated from familiar people and surroundings, you might see a child who is very compliant, somewhat emotionally removed, slow to interact, and expressing little emotion. They may deny having any feelings about their move, but their behavior will indicate that they are reacting to it.

What you might see in their behavior:

- They do not seem interested in anything
- They do not express any feelings about leaving their family
- Going through the motions of normal behavior and compliance, but not being engaged with activities that they have previously enjoyed or that other children their age would likely enjoy
- Very quiet, passive, and emotionally detached or numb

It may appear the child is moving easily into your home, but as time goes on and their behavior changes, you may in hindsight recognize this type of behavior and realize that they were experiencing the shock response of grief. The child should move to more emotional expressions, but if they remain stuck in shock over a long period of time, it may be an indication of a more serious emotional disturbance requiring professional support.

How the parent can support:

- Focus on safety and building trust; do this with reassuring words and setting a clear home structure.
- Engage the child slowly and respectfully, being mindful not to overwhelm them with your enthusiasm or lots of adult visitors.
- Follow the child's lead; if they want to play and not talk, allow for that.
- If they make requests for what is familiar to them, like familiar foods, do your best to accommodate the child.
- Be clear about why the child is with you and what your role is, but do not push this conversation.
- Be gentle and kind, validating that this must be hard for them and letting them know you are there to support them.
- Give the child time to work through their emotions and feelings.

Anger or Protest

When the child realizes their loss, then they may experience anger. They might direct their anger at the person they think is responsible for the loss, but sometimes their anger seems more general. They might feel responsible for being taken from their family, especially if they reported abuse. They also might blame others for taking them away from their family.

Their anger can be expressed in many ways, but some of the most common behaviors are:

- Tantrums
- Angry outbursts
- Being oppositional and hypersensitive
- Being withdrawn
- Being grumpy and hard to please
- Being aggressive with other children
- Breaking toys or objects
- Lying and stealing
- Refusal to comply with direction
- Eating or sleeping disturbances
- Mutism or refusing to talk
- Regression in toileting

During this grief response, you might find them confronting you, defying you, doing the opposite of what is asked of them, or breaking the rules. Though many of the behaviors are common among all children,

behaviors in the anger stage are often occur with more frequency and intensity. Sometimes this behavior is misinterpreted as a mental health issue when it is actually an expression of grief.

How the parent can support:

- ❖ Set a well-defined home structure; the parent needs to be clear, yet compassionately in charge.
- ❖ Name and validate what you think may be going on; for example, "Johnny, it makes perfect sense that you would be angry considering all that you have lost."
- ❖ Talk about what the child may be feeling and experiencing when they seem calmer and more relaxed.
- ❖ Provide consequences that show you're on their side and help them to learn; say non-judgmentally that they may not have learned these rules before, and your role is to help them learn.
- ❖ Acknowledge their losses gently out loud. They need to feel that you get it and talking about it can help if they are open to it. If not, don't push but do validate how hard the situation must be for them.
- ❖ Be mindful of physical and emotional safety, make sure the child, you, other family members and pets, are safe at all times. This may require changing things physically in the home environment or the routine.
- ❖ Offer physical outlets for their anger, such as playing sports, throwing things in safe places (like balls or frisbees or wet paper towels against a garage door), yelling outdoors, etc.
- ❖ Continue to share experiences of joy and pleasure, regardless of what the child may have done.

Negotiating

Some children can respond to grief by trying to "fix" the situation by attempting to change their behavior or promising to "be good" if they can only go back home. Some children try to negotiate with the person who they think can influence the outcome, such as their social worker. You can see this at any age, from quite young children to teenagers who have been in foster care a long time.

When they are having this grief response, you might see a change in the child's behavior in the following ways:

- They are overly eager to please you
- They are following the rules and your directions very carefully
- They are doing the things they had not done before but now believe will look like good behavior, such as making their bed every morning or helping with household chores

These are ways the child may be trying to control their environment and prevent the inevitable loss.

How the parent can support:

- ❖ Be clear that children do not decide things like custody. Explain who makes decisions in age-appropriate ways.

- ❖ Redirect children to jobs that actually are theirs; for example: doing homework for school, performing chores, having fun playing, and focusing on growing up.
- ❖ Do not reinforce them too frequently for being "good", but rather try encouraging them to spend time in free-flowing activities, like using messy paint, playing in dirt or rain, using a free pass to get out of a chore, etc. Remind them that you care about them regardless of how they are behaving; tell them that it's ok not to be perfect- it can actually good to learn how to make mistakes, especially when you learn from them!
- ❖ Help children find and practice things that give them opportunities for control and building mastery, such as cooking, playing sports, music, academics, etc.
- ❖ Give children choices in things that are safe to have power over, like choosing what's for lunch or dinner, picking out their own clothing, making choices for entertainment, etc.

Deep Sadness

Whenever the child realizes that the losses are real and they cannot stop it, the child may express feelings of despair, helplessness, fear and panic, and a lack of interest in people, surroundings, or activities.

What you may see in the child's behavior may include:

- Social and emotional withdrawal
- General anxiety
- The child is easily brought to tears
- The child is easily frustrated and overwhelmed by minor stresses
- Listlessness
- Inability to concentrate and short attention span
- Robot-like activities
- In severe cases or in younger children, you might see head banging, rocking, or eating and sleeping disturbances

You may notice that these behaviors look somewhat like behaviors in the Shock grief response, but these are associated with recognition of their loss and a deep sadness inside. These are critical times in the relationship with the parent. It is important to recognize that these behaviors are part of the grieving process, and by talking about them with the child you can strengthen your relationship through support and comfort. Younger children may not recognize the permanency of the loss for a long time. Even many older children in foster care may not begin to come to this realization until after the termination of their birth parents' rights or, for some, after being adopted.

How the parent can support:

- ❖ Be available to the child; check on them often if they are withdrawn.
- ❖ Validate their sadness as completely understandable given all they have lost.
- ❖ Gently acknowledge their losses out loud. Consider having them write their losses down with your support or creating a poem, story, or song about them; share this with a therapist if they have one.

- ❖ Help the child create rituals for honoring their grief, such as lighting a candle on important holidays to honor losses.
- ❖ Support as you would anyone who is grieving, give extra time, kindness and comfort in your words and deeds.
- ❖ Continue to provide fun activities, but do not pressure them to be playful or light if they are not in the mood.
- ❖ If they are comforted by touch, then this is a time for hugs, backrubs, hand holding, etc.
- ❖ Recognize sadness at much later stages as they reach milestones that make them realize what and who they've lost, such as a wedding or birth of a child.

Understanding

Over time, we hope all children can make sense of their losses through understanding. As they begin to look toward the future and see the possibilities for themselves, the symptoms of deep sadness and distress will fade. They may not like all the final outcomes, but the child can begin to respond to people around them, plan for the future, and return to active life in the present. While grief responses may be re-visited over a lifetime, understanding is a sign that the child is moving forward and away from active grieving.

The behaviors you might see include:

- Developing new attachments in the new family
- Finding their place in the family and feeling like they belong
- Identifying as part of the family, such as wanting to use their last name or dressing more like them
- Experiencing pleasure and fun, wanting to participate in family activities
- An improved ability to concentrate
- More stability in emotional responses
- Interest and participation in activities and surroundings
- Interest in and planning for future activities

These behaviors are signs of positive movement toward more typical daily life and functioning.

How the parent can support:

- ❖ Spend time enjoying this period with your child while honoring the past and the emotions the child still carries from it.
- ❖ Talk openly with the child about good times and bad, including times with all of the families they've lived with.
- ❖ Acknowledge any longings they continue to have towards their birth family, including taking the lead in finding out more information for them when they are younger and supporting any searches they may choose to do when they are older.
- ❖ Clarify your relationship to one another and be planful about your future together.
- ❖ Let the child lead in how much "claiming" they choose to do of you, your family members, and your lifestyle.

- Keep connections to people, places, and cultures of the child's origin.
- Understand that this is not a fixed state. There may be periods, especially during life milestones, that trigger former grief responses that the person already seemed to move through at an earlier period.

Let's remember that children can move back and forth between grief responses, sometimes going backward before moving forward. Every child grieves differently and in their own time. Their age and development also influence how they understand their experiences, and they may revisit grieving responses as they get older and see their loss through a different developmental lens.

The important thing to remember about grief is behavior is not always what it seems. Sometimes behavior is a sign that a child is re-entering a grief response, and what needs to be done is to acknowledge the losses and grief and work through it. You will play a critical part in supporting the child through these painful times.

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HANDOUT #3: AMBIGUOUS LOSS HAUNTS FOSTER AND ADOPTION CHILDREN

by Jae Ran Kim

Ambiguous loss—a feeling of grief or distress combined with confusion about the lost person or relationship—is a normal aspect of adoption. Parents who adopt children with special needs may feel ambiguous loss related to what the child could have been had he not been exposed to toxic chemicals in utero, or abused and neglected after birth. Birth parents experience loss when a child is removed from their home.

For children placed in foster care, this type of loss tends to happen over and over again, and is incredibly hard to process. To help children better manage these repeated traumas, foster and adoptive parents, as well as child welfare workers, must be sensitive to the role ambiguous loss plays in foster and adopted children's behavior.

Ambiguous Loss and Child Welfare

Ambiguous loss occurs in two situations: when a person is physically present but psychologically unavailable, or when a person is physically absent but psychologically present. The latter type is most common in foster care and adoption.

Children who enter foster care lose contact with their birth parents, physical surroundings, and sometimes their siblings, and enter an extremely tenuous situation. Will the child be reunited with the birth parent and siblings? Will the parent fight to get the child back? How long will this take? Will the child remain with the same foster family until he goes home, or will he move again? What if the child can never go home?!

A child who is placed with a family of a different race loses something else. As editors Sheena McCrae and Jane MacLeod point out in *Adoption Parenting: Creating a Toolbox, Building Connections*, transracial families cannot hide. The anonymity of being in a regular family vanishes when the "conspicuous family" goes on any public outing.

School can be another source of unsettling grief. When a child moves among several schools, both social and educational continuity is broken. The child loses chances to develop lasting friendships and keep up with peers academically. If a child has FASD or another learning disability, or simply missed a lot of school earlier in life, school is an environment in which the child can feel out of place, cut off from same-age peers and their activities, or even looked down upon. Youth may mourn and be angry that prior circumstances or disabilities now keep them from fitting in at school and having a positive school experience.

The symptoms of ambiguous loss often mirror those of post-traumatic stress disorder. A child will commonly experience:

- difficulty with changes and transitions, even seemingly minor ones
- trouble making decisions
- psychic paralysis or the feeling of being overwhelmed when asked to make a choice
- problems coping with routine childhood or adolescent losses (last day of school, death of a pet, move to a new home, etc.)
- a sort of learned helplessness and hopelessness due to a sense that he has no control over his life
- depression and anxiety
- feelings of guilt

Even children adopted before age one, who have no conscious memory of their birth parents, may experience symptoms of ambiguous loss as they approach their teens. In *Ambiguous Loss: Coming to Terms with Unresolved Grief*, author Pauline Boss states, "Although the birth mother is more conscious of the actual separation than is the baby...the birth mother is thought about often and kept psychologically present in the minds of both the adoptive mother and the adopted child."

Children whose adoptive parents rarely discuss the absent birth parents or birth siblings feel the loss more keenly. In a study of young adult adoptees published in a 2005 issue of the Journal of Social and Personal Relationships, sociocultural researchers Kimberly Powell and Tamara Afifi correlate heightened ambiguous loss symptoms with children and youth who lack information about their birth parents and have lived with a family who failed to honor the adoptees' connection with their family or culture of origin.

As Pauline Boss suggests, "the greater the ambiguity surrounding one's loss, the more difficult it is to master and the greater one's depression, anxiety, and family conflict." This holds true for the following reasons:

- *It is hard to resolve grief when one does not know if the loss is temporary or permanent.* Children in foster care, and even some in adoptive families, often feel great ambivalence about accepting a new family when there is even the slightest chance the birth family may still reclaim them.
- *Uncertainty about losses prevents children from easily reorganizing roles and relationships in their family.* Children who served as their younger siblings' caregiver in the birth family, for instance, can find it exceedingly hard to relinquish that role in a new family. In fact, separation from the birth family may make a child even more determined to fulfill the task of caring for her siblings.
- *Clear, symbolic rituals do not mark foster care and adoption losses.* Society recognizes death through funeral ceremonies, but there is no somber equivalent to observe losses caused by separation from the birth family. Knowing that a parent or birth siblings are still somewhere out there can be confusing and anxiety-inducing for foster and adopted children. Will they run into members of their birth family by accident? Will their parents or siblings contact them someday?
- *The lost relationship is not socially acknowledged or is hidden from others.* For adoptive families and their relatives and friends, an adoption is cause for celebration. Children who are adopted, however, may feel confused or guilty about expressing happiness over being legally disconnected from their birth family. Extended family members and members of the community may not fully appreciate that adoption is directly tied to losing one's birth family.
- *Others negatively perceive the circumstances that led to the loss.* When children are removed from families in which they are neglected or abused and placed with foster or adoptive families, many believe that the children are being rescued. Children, however, even when parents mistreat them, often feel a fierce loyalty to their birth families. After all, life with the birth family may be all they know. It is familiar. Social workers and foster/adoptive parents who believe children should be grateful for being placed in better functioning families need to understand how very differently children in foster care may view their situation.

How to Help Children Deal with Loss

When children—like those in or adopted from foster care—experience multiple losses, the psychological damage may extend well into adulthood. Ambiguous loss can erode trust, and adults who cannot trust typically struggle with relationships—sometimes avoiding closeness to forestall loss, sometimes clinging to a bad relationship due to deep-seated abandonment issues. The sooner children can address issues raised by ambiguous loss, the more likely it is they will learn better ways to deal with the fallout.

Below are some suggestions that can benefit children troubled by loss:

- Help your child to identify what he has lost. In addition to losing birth parents, he may have lost extended family members and old friends, his home and neighborhood, contact with people who share his heritage or looks, his family surname, or even his home country and native language.
- Give voice to the ambiguity. Acknowledge and validate your child if she expresses feelings of loss. Show that you understand and sympathize.

- Redefine the parameters of what constitutes a family. Boss writes, "Acting as if the membership list of an adoptive family is etched in stone may in the end be more stressful than explicitly recognizing that the family has some ambiguous boundaries."
- Give your child permission to grieve the loss of his birth family without guilt. Suggest times and places where your child is welcome to express his grief, and ways in which he can grieve. Talking, journaling, drawing, or venting feelings through intense exercise are just a few options.
- Create a "loss box." Debbie Riley, a therapist and author who works with adopted teens, guides clients as they decorate a box into which they can put items that represent things they have lost. By creating the box, youth participate in a ritual that acknowledges their loss, and construct a controlled vehicle for revisiting their losses in the future.
- Include birth parents and other birth family members in pictorial representations of the adoptive family tree. One option would be to depict an orchard where trees grow side by side. The birth family, former foster families, or other significant people in the child's life can be other trees in the same family orchard.
- Be conscious of how certain events—birthdays, holidays, adoption day, etc.—may trigger intense feelings of loss. Add or alter family rituals to respect the child's feelings. On birthdays, for instance, you could add an extra candle to the cake in memory of the birth family. Or you might make a point of saying something like, "I bet your birth mom and dad are thinking about you today."
- Keep your expectations reasonable. A child's need to grieve over ambiguous losses will not be fully cured, fixed, or resolved in any predetermined time frame, if ever. Let your child know that feelings related to these losses will come and go at different times in her life, and provide a safe person to whom she can express those feelings.
- Model normal, healthy responses to loss. If you or your parenting partner suffers a loss, share your feelings openly. Let your children see you mourn, so they can learn how you express sadness and anger about loss. For boys, seeing a grown man cry can be especially instructive.

Losses may loom especially large when children approach adolescence. Missing pieces of their history make the task of developing a confident self-identity much more complicated. Some will feel that they are destined to make the same mistakes as their birth parents, so foster and adoptive parents must be especially careful to avoid unflattering comparisons between the teen and a birth parent, and stress that a large part of an individual's identity is a matter of personal choice, not some preordained fate.

Parents must also recognize that, by parenting a child who has experienced staggering losses, they will realize losses in their lives too. Support from other parents who are struggling with similar issues is key. Conversations with other foster/adoptive parents may bring to light a new way to approach issues linked to ambiguous loss, or just help you to feel less alone. Loss is an inevitable part of adoption; acknowledging the role of ambiguous loss in children's perceptions and actions is the first step in the long journey of healing.

Adapted, with permission, from two articles by Jae Ran Kim ("Understanding Ambiguous Loss" and "Adoption and Loss") in MN ASAP Family Voices, a publication of Minnesota Adoption Support and Preservation. MN ASAP was a collaboration of the Minnesota Adoption Resource Network and the North American Coucil on Adoptable Children (NACAC).

From the North American Council on Adoptable Children (NACAC); nacac.org

HANDOUT#4: ADDRESSING DARREN'S GRIEF

Darren is 13 years old. He was removed from his parents' care due to their drug use and placed with his paternal grandparents at birth. He was adopted by them and raised by them until age 9 when his grandmother passed away, and his grandfather was not able to care for him alone. He came back into foster care at that time and spent time in three different foster homes before a recent family finding search identified a second cousin and her husband who were interested and willing to become approved foster parents so that Darren could come to live with them.

After his great grandmother's death, Darren had some limited contact with his grandfather until he, too became ill with dementia. Neither of his birth parents have had any contact with him and Darren, who believed that his grandparents were his birth parents since he always called them Mama and Pop, only learned they were not his birth parents when family finding services were initiated for him. Darren does not want to talk about his Mama and Pop, and has made comments like, "I don't need anyone to take care of me." He does not seem to have a clear understanding of his own story or why he is in foster care.

Darren was in three different foster homes before being placed with his cousin's family. In addition to this potential adoptive placement, Darren had a potential adoptive placement previously that fell through. He is described by his current kinship foster parents as quiet and withdrawn at home, but quick to anger when he is corrected, or limits are set for him. Darren is intelligent, and he does well in school academically, although his teachers have noted that he "daydreams" in class quite a bit, sometimes has difficulty finishing projects, and is often late handing in homework. However, he has difficulty with peer relationships and gets into fights easily at school when he feels slighted by other youth.

On the positive side, Darren is good at sports and this is the one area where he feels comfortable and can participate as a team member.

Darren has difficulty sleeping and gets up during the night several times. He has been found on several occasions in the family room watching television at 3:00 or 4:00 in the morning. Once he returns to bed, he has difficulty getting up in the morning for school.

Darren has only a couple of friends outside of the sports teams and is anxious when in social situations, where he usually hangs back and does not engage with other youth he does not know. He does not answer questions about himself, or why he is living in foster care.
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Which of the following are some possible signs that Darren is dealing with grief and loss issues? Circle all that apply.

a) He is quiet and withdrawn much of the time.

b) He does not want to talk about Mama and Pop.
c) He likes watching TV.
d) He gets into fights with other children when he feels slighted.
e) He is good at sports.
f) He "daydreams" in class, has difficulty finishing projects, and hands in homework late.
g) He wasn't given accurate information about his birth parent's and other family members when he came into foster care.
h) He has trouble sleeping.
i) He is intelligent and does well academically.
j) Darren has a couple of friends outside of sports.
k) He is anxious in social situations and does not answer questions about himself.

Reflection/Relevance

Parents need to consider their own grief and loss triggers. Think back to a personal loss. Be aware that dealing with our own losses may be triggering, so remember to do what you need to do to take care of yourself.

Now that you have thought about a personal loss, consider these questions:

- Can you imagine how supporting a child's loss might stir up feelings in you?
- What are some ideas for how you will practice good self-care to help deal with these feelings?

✏️ Journaling Thoughts

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

BUILDING PARENTAL RESILIENCE FOR KINSHIP CAREGIVERS

SESSION 3

Competencies

Knowledge

- Understand why maintaining physical, emotional, and spiritual well-being contributes to successful kinship parenting.
- Know the signs of caregiver stress and burnout.
- Understand why self-care is a necessary component of good parenting and essential to strengthening resilience.
- Understand parent resilience is the ability to recover quickly after encountering a difficult or tough situation.
- Know how the trauma, separation, and loss that the children have experienced can affect the kinship caregiver.
- Know strategies to implement self-care.
- Understand behaviors that foster a protective environment for parents and children.

Attitude

- Believe self-care is an integral part of being an effective parent.
- Committed to the idea of prioritizing children's needs while balancing ways to meet their own.
- Believe resilience is important to the success of kinship caregivers.

CENTER FOR THE STUDY OF SOCIAL POLICY'S strengthening families A PROTECTIVE FACTORS FRAMEWORK

YOUTHRIVE PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Taking in a child who needs you can be one of the most rewarding experiences of your life – but it can also be stressful for you and the rest of your family. Whether you are a formal kinship care provider in the child welfare system, or you informally agree to care for the child of a family member, you play a vital role. Taking care of yourself is critically important, for your own well-being and for the well-being of the child you're caring for and others in your household.

For a child, being removed from their parents and home is stressful and can be traumatic. Even when you provide loving care, a child may have difficulty adjusting. They likely miss their parents and their home. This very natural and normal reaction can make it hard for them to respond positively to you and may impact their behavior in many ways.

This tool is designed to help you:

- reflect on your experience as a kinship care provider
- identify your strengths and where you may need more support
- be aware of how traumatic experiences may affect the child in your care and how that might impact you as a caregiver
- respond to the child in a supportive way even when their behavior is challenging

If you have a caseworker, therapist or close friend you rely on for support, you may want to discuss this information with that person so they can support you as you care for this child. You may also want to share it with other family members to help you all focus on what you can do to best support the child and each other.

Strengthening Families

Strengthening Families is an effort to help families give their children what they need to thrive. All families have unique strengths, and all families sometimes need help to stay strong.

Strengthening Families is built around five "protective factors." Protective factors are strengths families rely on, especially when life gets difficult. A parallel set of protective and promotive factors, called Youth Thrive, describes what adolescents and young adults need to thrive – but for this tool, the focus is on you as a caregiver. The protective factors discussed in this tool are:

- Parental resilience: *Be strong, even when you're stressed*
- Social connections: *Get and give support*
- Knowledge of parenting and child development: *Learn more so you can parent better*
- Concrete support in times of need: *Get help when you need it*
- Children's social-emotional competence: *Help your child learn to care for themselves and others*

For more information, visit www.strengtheningfamilies.net.

Please note that throughout this document, to keep it simple, we refer to a single child in your care. If you are caring for more than one child, it may be helpful to reflect on the tips and questions in relation to each child separately. Even siblings may react differently to a situation like this, depending on their ages, personalities and individual experiences.

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Resilience: *Be strong, even when you're stressed*

Resilience is the process of managing stress and functioning well even when things are difficult. Being resilient as a parent or caregiver means:

- Taking care of and feeling good about yourself
- Asking for help when you need it
- Being hopeful and preparing for the future
- Planning for what you will do in situations that are challenging for you and/or the child
- Not allowing stress to get in the way of providing loving care for the child
- Taking time to really enjoy the child and doing things you like to do together

The following questions help you think about your own resilience and how you can stay strong:

1. What helps you feel calm when things are stressful in your everyday life? Please list three small actions you can take to help yourself feel strong and calm. Can you make time to do these things on a regular basis?

2. What things really get under your skin as a parent? Make a plan for the things that you know have been stressful and might happen again. Think about the things this child might do differently from your other children and how you will respond.

3. Think back to other parenting or child care experiences you have had. What were some of the things you really enjoyed? Ask the child in your care about things they enjoy doing or would like to try. Building routines together around activities that you both enjoy is an important part of building a positive nurturing relationship.

Trauma Tip: It is easier to feel resilient in a parenting role when you get positive feedback from the child that what you do matters and the child feels loved. It may be hard for this child to give you that feedback at first. Don't get discouraged—it is understandable. They are likely scared and frightened. They may feel they are betraying their birth parent(s) if they let anyone else get close to them. It is very important for you to continue to provide loving care, even when the child can't let you know they want it or appreciate it. **Please remember to take care of yourself and remind yourself you are doing your best in a difficult situation.**

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Social connections: *Get and give support*

It's easier to handle parenting challenges when you have positive relationships with family, friends and neighbors. Having a network of caring people in your life helps you feel secure, confident and empowered – and this helps us all become better parents. Your social support network is an important asset, especially while you adjust to caring for this child. You can strengthen it by:

- Focusing on relationships where you feel respected and appreciated
- Accepting help from others and looking for opportunities to help them back
- Building your skills and comfort in reaching out to others, communicating, resolving conflict and doing all the other things that help to keep a friendship strong
- Building your network so you have multiple friends and connections to turn to in different situations and needs

Take a few moments to think about your social connections:

1. Who can you turn to for emotional support? Is there anyone who can provide back-up if you need child care or other help? Write their name(s) here. It may be helpful to reach out to them now and explain your situation so they can be prepared to help you.

2. Do you know other parents with a child around the same age as the child now in your care? It can be very helpful to reach out to parents with children the same age so you can plan playdates, set up carpools and make other practical arrangements. They can also be a helpful source of information if you have parenting, school or other issues.

3. Is it hard for you to reach out and make friends? If you have a caseworker, let them know if this is the case. You can also reach out to the child's teacher or doctor, or look up a family resource center to help you find a support group for foster parents, grandparents raising grandchildren, or kinship care providers. Many communities also have activities for parents and caregivers including Parent Café or Community Café. Having people to talk to who understand your situation will make things easier.

4. The important role you are playing can place a strain on your relationship with the birth parent and in the extended family if there are conflicting opinions about the child's placement or care. When conflicts arise, try to keep the focus on the child's well-being. No one needs to "take sides" if everyone is focused on what is best for the child. You may want to ask your caseworker, clergy or other trusted person to mediate conflicts and help resolve problems in child's best interest.

5. If you are married, this transition in your family will likely put a strain on the marriage as well. Talk with your spouse about the expectations and concerns you each have. Plan for how you will manage the additional stress and continue to make time to nurture your relationship.

Trauma Tip: Children who experience traumatic or stressful events often exhibit challenging behavior. This can be hard for you, of course, and can be particularly tough when you and the child are in social situations. It may be helpful to let those close to you know that the child is going through a stressful and traumatic time so they can join you in being supportive and non-judgmental even in the face of challenging behavior.

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Knowledge of parenting and child development: *Learn more so you can parent better*

Knowing what to expect makes taking care of a child a lot easier. Child development follows general patterns and there are many good sources of information that can help you if you are running into challenges. Providing the best care possible for this child may require you to learn and use some new techniques, because of this child's unique personality and experiences. Knowledge of parenting and child development helps you:

- Know what to expect as a child grows and develops
- Understand what children and youth need to help them learn and thrive
- Use new skills to help your child be happy and healthy
- Recognize a child's unique needs, strengths and interests
- Understand how to respond in a positive and effective way when a child misbehaves

Think about the following questions as you consider your own knowledge of parenting and child development:

1. Where can you go to get parenting information? There are many good sources of information, including your caseworker or the child's teachers or pediatrician. The web is also a good source – but the quality of online parenting information varies. Some reliable sources include: the Centers for Disease Control and Prevention (http://www.cdc.gov/parents/); for infants and toddlers, Zero to Three (http://www.zerotothree.org/); and, for children and youth who have had traumatic experiences, the National Child Traumatic Stress Network (http://www.nctsn.org/resources/audiences/parents-caregivers).

2. When you observe other parents with children the same age as the child in your care, what do you like about the way they parent? What have you observed that seems effective? What things do you want to do differently?

3. If you have parented before, what do you remember about the time when your child was this age? What were your favorite things about this age, and what did you find challenging? Make time for the positives, and start researching any challenging issues now so you can be prepared.

Trauma Tip: While it is important to understand typical behavior, it is also important to remember that when children experience stress or trauma they can also exhibit behaviors that are not typical, including regressing to earlier stages of development. It is important for you to understand trauma and how it impacts development. The following guide was written for those caring for a child who may have experienced child abuse or neglect: http://www.fosteringperspectives.org/fp_v10n1/Kennedy&Bennett.pdf.

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Concrete support in times of need: *Get help when you need it*

All families go through tough times and need help at times from their extended families, friends, faith community or other community services. This is a time when your family may need more support. Knowing where to get help in the community can make things a lot easier. It is important to be able to:

- Know what help is available
- Ask for help when you need it – such as financial help, a break from work or home responsibilities or therapy for yourself, a child or another family member
- Get what you need to keep your family healthy and safe
- Help others when possible

In terms of concrete supports:

1. Caring for an additional child can put a strain on your family budget. Are there things that already put a financial stress or burden on your family? Make sure to discuss any existing or expected financial costs and challenges with your caseworker, if you have one, or with someone you trust in the community. They may know of resources or benefits you may be eligible for. If you don't have someone to ask about these things, find out if your community has 2-1-1 service (through your local United Way) or call a local child care resource and referral agency.

2. Does the child in your care need specific types of supports or services? Find out through conversations with the birth parent (if possible), your caseworker (if you have one) and/or the child's pediatrician, child care provider or school.

3. Are you nervous about asking for help or support? You may be used to being the one who others come to for help – and you are certainly doing a lot to help the child in your care right now. But all families have times when they are the ones who need to ask for help. Think about what you can do to feel comfortable asking for support, and practice how you will ask for what you need.

Trauma Tip: Keep an eye out for whether or not the child is exhibiting signs of trauma. If you have concerns, discuss with a professional (such as your caseworker, child care provider/teacher or doctor). They may be able to connect you and the child to mental health services and other supports. Responding as soon as possible to any trauma the child experienced is the best way to help them recover.

TAKING CARE OF YOURSELF: TIPS FOR KINSHIP CARE PROVIDERS

Children's social emotional competence: *Help your child manage feelings and relationships*

Helping children develop social-emotional competence allows them to manage their emotions and build healthy relationships throughout their lives. The things you do to model and help children learn these skills makes a huge difference. For children who have experienced stress or trauma, an intentional effort to support and nurture their social and emotional skills can be especially important. We can help children develop these skills by:

- Responding warmly and consistently to a child
- Teaching a child the words they need to express how they feel
- Allowing a child to express their emotions
- Being a role model: showing a child how to be kind and how to interact positively with other people, even when they are upset

The child you are caring for is probably trying to manage a lot of difficult emotions. Your help and support at this time is very important. Some questions to ask yourself are:

1. What are your own emotions regarding the situation? It is important to recognize when the child's behavior is triggering emotional responses from you. Your emotions are important and valid *and* it is important to give the child the space to have their own emotional response.

2. Are there emotions you are uncomfortable with? How can you prepare yourself to deal with them? What if the child is angry? Sad? Indifferent? How will you respond? It is important for the child to have freedom to express their feelings and to deal with their emotions – even if they make you uncomfortable.

3. What do you know (or can you learn) about what gives the child comfort? How can you build these things into your everyday routine with the child?

4. If the child is old enough, help them to create a plan for themselves about what they will do when they feel angry, sad or scared. These feelings can be overwhelming and it can be hard to control behavior in the moment.

5. A child's visits with a birth parent (or another significant person) can affect the child in unpredictable ways, including an escalation in problem behaviors. Plan ahead for managing your feelings about the parent, parent-child visits and conflicting emotions the child may experience.

Trauma Tip: Not surprisingly, trauma can impact a child's social emotional competence. It can be hard to remember that a child's challenging behavior may be a normal response to difficult experiences. Try to respond with empathy rather than anger and work with the child to identify better ways to express their feelings.

If you have other children in the home it can be especially important to talk with them about the challenging time the child you are caring for is going through.

HANDOUT #2: CASE STUDY EXAMPLES

Instructions

Please take a minute to read the case study that has been assigned to your group. After reading the case scenario, discuss the three questions listed below with your group.

You will have 12 minutes to read and discuss the case study, followed by time for the full class discussion.

Questions to discuss with your group:

1. What signs of stress should you pay attention to?
2. What are some things you might do to practice good self-care?
3. What protective factor category will you focus on, and why? (Building resiliency, knowledge of parenting and child development, social connections, or concrete support)

Case Study Example 1: 8-year-old Niece

Your 8-year-old niece came to live with you 3 months ago because your sister (her mom) has chronic substance abuse issues and a neighbor reported abuse and neglect. Visits with her mom have been stressful. Your sister often misses visits or shows up late and expresses blame and resentment that her daughter is placed with you. She feels she should be able to come over often and has filed several false complaints to her social worker that you are not taking good care of her daughter. You are a single mom and have two daughters (ages 5 and 7). The issues with your sister have been disruptive to the family. You find yourself increasingly irritable and have been drinking more wine in the evening to relax. You are not sleeping well.

Case Study Example 2: Toddlers

You and your husband have three grown children and nine grandchildren. Your youngest son has been diagnosed with a serious mental illness and has two children, ages 2 and 4, who are in foster care. They have been placed in your home for 8 months. You were also providing after-school childcare for your 7-year-old twin grandsons, but it has become too much to do that and to provide 24/7 care to the younger children. Your older daughter is angry that she must make other arrangements and resents her brother for putting you in this situation. There has been a lot of internal bickering amongst family members. Your doctor just informed you that your blood pressure is high, and you have been having trouble sleeping and are generally exhausted during the days. Your energy for housework, shopping, and cooking is diminished, and you find yourself having periodic bouts of crying during the day. Your relationship with your husband is on edge. He still works full-time, and you feel most of the burden of childcare and family conflict is on you to deal with.

Case Study Example 3: 15-year-old Brother

Your younger 15-year-old sibling came to live with you when your mom was incarcerated again for theft and drug possession. Both of you spent time in and out of foster care growing up. You have a new job, have been dating your new girlfriend for the past several months, and didn't want your brother to go into foster care, so you stepped up when he called you. Your brother has been hanging out with a group of friends that you don't care for. You know he is smoking and most likely experimenting with drugs and alcohol, which he won't admit. He has been cutting school on a regular basis. He becomes explosive when you confront him. You understand his life has been hard, but you made it through your teens and are doing well, and you feel he should appreciate you more and respect your authority. Your monthly expenses have gone up significantly since taking in your brother, and you are worried that you won't make rent next month if you don't figure something out. Your brother is so difficult in the mornings that it has made you late for work several times, and you just got a warning from your boss. Every time your phone rings in the afternoon, your stomach twists in knots as you worry what he has done now.

Case Study Example 4: 12-year-old Nephew

You are the great uncle of a 12-year-old nephew who came to live with you a year ago after bouncing in and out of foster care due to his parents' drug abuse and recent incarcerations. You have never parented. Few of your friends have children, and you find that your once-active social life is now centered around work and parenting, helping your nephew keep up with school, and running him around to his sports events. You and your nephew have connected well, and you feel guilty for missing your "old" life. You are a bit resentful that none of your friends think to reach out anymore… they probably got tired of your turning them down.

Case Study Example 5: 10-year-old Granddaughter

You are single, 65, and looking forward to retirement when you received a call from Social Services that your 10-year-old granddaughter was in a shelter waiting placement in foster care. You quickly made the decision to take her in, not really thinking about the impact to your other plans. However, after 6 months, her return home does not look promising. You decided to delay retirement at least another year so you can be prepared to care for her. You are living in a retirement community where children are not allowed and realize you may need to make other housing plans if this becomes permanent. Moving was not in your plans and will set you back financially. You have missed your regular doctor checkups, which you just now realized when you used up your final refill on your high blood pressure medicine. You quit smoking five years ago and started up again last month.

Reflection/Relevance

Write one challenge you expect to experience as you take on the role of parenting a family member's child and one behavior you will practice to reduce stress and avoid burnout.

✏️ Journaling Thoughts

Building Resilience for Kinship Caregivers: Participant Resources

Read

Resources for Kinship Caregivers Guides and Handbooks

Child Welfare Information Gateway
This resource page features links to guides and handbooks, legal and financial information; and establishing permanency. It includes state-by-state resources for kinship caregivers, as well as state and local examples of Resource Parent Handbooks.

Resources for Kinship Caregivers: Impact on Caregivers

Child Welfare Information Gateway
Kinship caregivers receive less guidance and fewer supports than non-relatives receive. Yet kinship caregiving is stressful and can have a significant effect on the family stress level. Explore steps caregivers can take to protect their physical and emotional well-being and manage family stress.

Self-Care for the Caregiver

Marlynn Wei, MD, JD, Contributing Editor, Harvard Medical School
Caregiving can be physically and emotionally draining and can lead to caregiver burnout. Taking care of yourself, or self-care, during times of stress is important to the health of the caregiver. The author offers caregivers five ways to take care of themselves.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 4: Trauma-Related Behavior and Mental Health Considerations

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

TRAUMA-RELATED BEHAVIOR

SESSION 4

Trauma-Related Behaviors

Competencies

Knowledge

- Realize how childhood trauma, including abuse and neglect, can impact the developing brain and how this can have an ongoing impact on the child's development.
- Recognize the impact of trauma on behaviors.
- Understand how challenging behaviors can be coping or survival strategies caused by underlying trauma.
- Understand triggers and how they impact children's behavior.
- Understand the main strategies we use when under threat (arousal and dissociation).
- Understand that fear and threat change the way we think, feel, and behave.

Attitude

- Believe that learning information about the potential effects of trauma on children is essential.
- Accept that they will need to learn a trauma-informed way to parent.

Skill

- Learn to recognize the range of "sensitized reactions" of children who have experienced trauma and loss.

HANDOUT #1: IDENTIFYING "STATES"

As you watch the scene, identify the state of each character in the scene by putting an "X" in the box that most closely matches your thought on the state that character is in. (Could be more than one "state" for each participant as states may change as the "dinner" progresses).

	High arousal	Moderate/on the way to arousal	Active, alert, engaged	Disengaged/ pulling away	Shut down	
Mom						
Dad						
Lita						
Lizzie						
Juan						

NTDC HANDOUT: PREDICTABLE ESCALATING AND DE-ESCALATING BEHAVIORS CHART

Adaptive Response	REFLECT	FLOCK	FREEZE	FLIGHT	FIGHT
Predictable ***De-escalating*** Behavior *(behaviors of the teacher when the child or classroom is in various states of arousal)*	• Calm sounds • Personal space • Predictable touch • Predictable routine	• Quiet voices • Eye contact • Confidence • Rhythmic movement • Clear directions • Somatosensory activities	• Comforting and predictable voice; invited therapeutic touch • Singing, humming, music • Reflective listening • Reassurance	• Calm, quiet, presence • Disengage • Turn off lights, white noise • Reduce sensory input	• Calm affect • Disengage but don't disappear • Adult support • Individual attention
Predictable ***Escalating*** Behavior *(behaviors of the teacher when the child or classroom is in various states of arousal)*	• Loud Noises • Close uninvited proximity • Unpredictable touch • Changes in daily routine or schedule	• Frustration or anxiety • Communication from a distance (like yelling) • Complex directions • Ultimatums	• Raised voices • Raising hands/point finger, sudden movement • Threatening tone • Chaos in classroom, disorganization of materials	• Frustration of teacher • Yelling, chaos • Collective dysregulation of peers	• Physical restraint, grabbing, shaking • Screaming • Intimidating stance
"Mediating" Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognition	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
CLASSROOM "STATE"	CALM	ALERT	ALARM	FEAR	TERROR
CLASSROOM CHARACTERISTICS	Reflection and consolidation of new information is actively taking place; or while testing, efficient retrieval of content is possible.	Active teaching can take place; students are internalizing new content and, 'mind wandering' to efficiently store new content.	Learning new content is difficult; students are either disengaging or acting out. Increases in individual self-regulatory behavior seen.	Learning is impossible. Engaging students difficult. Many demonstrate 'freeze' responses that appear oppositional/defiant. Increased acting out.	Aggression, reckless behavior, openly defying rules and authority. Full 'fight/flight" or "shut down."

NEUROSEQUENTIAL NETWORK™

Reflection/Relevance

- When you are highly distressed or threatened, do you use tend to use more hyperarousal strategies (do you get confrontational, agitated, and angry with conflict/frustration/stress) or dissociative strategies (do you avoid and shut down with conflict), or some of both? What do you think sparked you to develop these strategies?
- Based on what you have been learning, identify the list of regulating or calming activities that you use or can use. What makes you feel better when you are upset?
- Reflect on how your responses to distress may play out when interacting with a dysregulated child.

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

MENTAL HEALTH CONSIDERATIONS

SESSION 4

Competencies

Knowledge

- Understand the complexity of appropriately diagnosing children with mental health conditions when they have experienced trauma, separation, and loss.
- Know where and how to access information on psychotropic medications through the child's medical professionals and resources.
- Learn accurate and sensitive language to describe behavioral symptoms and diagnoses.

Attitude

- Committed to implementing recommendations related to children's mental health.
- Willing to recognize one's own possible bias, attitudes, and assumptions about the need for mental health services.
- Willing to parent children who may have mental health challenges and willing to continue to seek resources and services for such needs.
- Believe that the experiences children have had will significantly influence their behavior.

HANDOUT #1: PARENT TIP SHEET- CHILDREN'S MENTAL HEALTH

- Seek and be open to a range of support and education from professionals, groups, and others who have had this experience. Explain to the child why you are getting extra support.
- Work with specialists that have experience with children with mental health needs and who also understand the impact that trauma and loss can have on children's functioning.
- Be an active member of your child's mental health team. Don't hesitate to get second opinions if you have concerns.
- Be proactive and ask for what you and your child need and encourage your child to do the same. Your opinion and insights matter in helping others understand the child. Encourage the child to share their thoughts and feelings.
- Ensure that you are included in the treatment process. There may be additional strategies that will be helpful for you to learn as you parent the child and help them be successful in reaching their goals in life.
- Be open to, but not solely focused on medication. Recognize that even when medication is a good match, needs can change over time. Be sure to report side effects. Report to the clinician if the medication is not having the desired effect.
- If you are a parent who is fostering, be clear on your role and responsibilities when psychotropic medication is prescribed. Ask questions of the child's medical professionals. Parents who are fostering will not be able to give consent (permission) for psychotropic medications. Consent must be signed by the legal parent, guardian, or a judge. The role of the parent who is fostering is to administer any prescribed medication and to be a keen observer and reporter of impacts and/or side effects. See the handout ***Role of Parents Who Are Fostering When Psychotropic Medication Has Been Prescribed*.**
- The impact of culture, sexual identity, gender expression, and religious beliefs should be considered in understanding your child's mental health needs. Talk openly with your child and offer support when needed.
- Educate yourself and support children in learning what they need to know. Often, there is misinformation, stigma, and assumptions associated with mental illness, sometimes even misdiagnosis. Be sure you are operating from facts about disorders and treatment. Talk to the child's medical professional and caseworker about your questions and concerns.
- Take good care of yourself. Children need parents who are healthy, strong, stable, and able to model good self-care.
- Mental Health conditions are generally manageable if the child has support and has received an accurate diagnosis. Some conditions are situational, the result of multiple traumas and a child's uncertainty about their future. Have hope and instill it in your child.

HANDOUT #2: ROLE OF PARENTS WHO ARE FOSTERING WHEN PSYCHOTROPIC MEDICATION HAS BEEN PRESCRIBED

- Give the child medications exactly as prescribed by the doctor. It is very important that the medication be given at the time and amount/dose the doctor prescribed.
- Remain with the child to ensure that the medication has been swallowed.
- Monitor any changes in the child's behaviors to help determine if the medication is having the desired results.
- It can take a while to determine the exact medication and what dose works best. There may even be medication breaks.
- Watch for any possible side effects. You and the child will be the key people to notice and report any side effects. Inform the case manager/social worker and the child's doctor if there are any side effects, major or minor. These may include changes in the child's eating, sleeping, or behavior.

Notify the prescribing doctor and the case manager/social worker if any of the following occur:

- Medication overdose—**Seek emergency medical attention immediately.**
- Hives
- Breathing difficulty
- Seizures
- Change in mental status
- Significant behavior change

Foster parents should NEVER:

- Give the doctor consent to prescribe psychotropic medication to a child in foster care, as consent must be obtained from someone who has legal custody of the child.
- Give a medication from a container that has a label that cannot be read.
- Try to hide a medication error or missed dose.
- Give a child medication from another person's container.
- As with all medication, make sure the medication in the container matches the description (color, shape) on the label. If not, contact the pharmacy to get clarification before giving the child the medicine.

Reflection/Relevance

- What do you think a child with mental health considerations needs most from those caring for them?
- Think about people you know who have experienced mental health challenges and have been successful. How did they address the challenges?

Mental Health Considerations: Participant Resources

Listen

NTDC Podcast: Understanding Mental Health Disorders in Children who have Experienced Trauma, Separation, and Loss

Hosted by April Dinwoodie with guest Eric Kothari, PhD

This podcast explores some of the most important things parents who are fostering or adopting can do if a child is diagnosed with a mental health condition and describes why prioritizing mental health for children is a team effort.

Read

Mental Health Crisis Planning for Children: Learn to Recognize, Manage, Prevent and Plan for Your Child's Mental Health Crisis

National Alliance on Mental Illness Minnesota

Read this comprehensive guide for parents and caregivers on how to manage and prevent a mental health crisis. The guide shares detailed guidance on identifying triggers at home and school, warning signs of a mental health crisis, and de-escalation techniques that may help resolve a crisis. Steps to take in the event of a mental health crisis and an example of a short-term crisis intervention plan are included.

Helping Traumatized Children: A Brief Overview for Caregivers

Bruce D. Perry, MD, PhD

Read this discussion of key issues related to how children react after traumatic events. Frequently asked questions relative to child trauma are addressed, with suggestions for how parents and caregivers should respond.

Self-Harm

National Alliance on Mental Illness

Self-harm is hurting or thinking about hurting oneself. It is a common behavior that indicates inadequate coping skills and may be associated with serious illnesses. This resource addresses how parents should respond when self-harming behaviors are suspected and reviews the treatments that are available.

Summary of the Seven Core Issues in Adoption

Margaret A. Creek, MFT, ATR-BC, and Laura Ornelas, MSW, LCSW

Awareness of the Seven Core Issues in adoption can help address the lifelong challenges experienced by all those affected by adoption and permanency, including children, parents, and adoptive parents.

Everything Means Something to Me

Kim Stevens

This article discusses the importance of highlighting a child's strengths and valuing them for who they are, rather than speaking about them in terms of labels and diagnoses.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 5: Trauma-Informed Parenting and Effective Communication

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

TRAUMA-INFORMED PARENTING

SESSION 5

Competencies

Knowledge

- Identify trauma-informed strategies/parenting techniques for responding to behaviors children may exhibit.
- Explain the impact trauma can have on attachment and relationship development.
- Recognize the reasons that parents who are fostering or adopting need to manage their own anger, avoid reactive behavior, and increase their empathy.
- Describe the reasons that trauma-informed parenting techniques work more effectively with children who have experienced trauma, separation, and loss.
- Describe the difference between discipline and punishment.

Attitude

- Willing to take the time and effort needed to develop new parenting skills to successfully parent children with a history of trauma, separation, and loss.
- Committed to the idea of putting relationship-building first and willing to self-reflect and address what could be in the way of that.
- Accept the idea that parenting is an opportunity for learning, teaching, and connecting.

Skill

- Understand how to use the Three Rs when parenting.

Be intentional about creating a support system for yourself. This work is not done in a silo. You need an entire village to wrap around you so that when your life gets crazy for a spell, you have those people to fall back on to help you through the challenges.

TIP FROM A FOSTER/ADOPTIVE PARENT

Podcast Transcript

Trauma-Informed Parenting Podcast: Dr. Bruce Perry & April Dinwoodie

April Dinwoodie: Welcome to the NTDC podcast, Trauma-Informed Parenting. I'm your host, April Dinwoodie. The National Training and Development Curriculum for Foster and Adoptive Parents, or NTDC, is a five-year cooperative agreement from the Administration on Children, Youth & Families, Children's Bureau. Today on the podcast we welcome Dr. Bruce Perry. Dr. Perry is Senior Fellow of the ChildTrauma Academy, a not-for-profit organization based in Houston, Texas, and an adjunct professor at the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. Welcome to the podcast, Dr. Perry.

Dr. Bruce Perry: Thank you, April. Happy to be with you again.

April Dinwoodie: Great. Today we're talking about trauma-informed parenting, and I think we'd like to start with what you call the three R's. Could you tell our listeners what you mean by that?

Dr. Bruce Perry: I'm happy to talk about that. But first, I think to really understand the three R's, I need to talk a tiny little bit about the way the brain is organized, and this won't be too long or too complicated. But let me just have people think about an upside-down triangle. The brain can be thought of as this upside-down triangle, the top, and in the base, which would be the top, that's the cortex. That's the part of your brain that's responsible for thinking, and language, and future orientation, and all of the uniquely human things that we do. So when you're talking to your child and you're trying to teach them about math, you're trying to, really, change systems in their cortex. And when you're a little child and you're learning language, the systems in the brain that are being influenced and that are changing so that you can, ultimately, speak, are in the cortex.

And so, really almost everything that we teach in school, and all of our morals, and our ability to reflect on the past, and to think about the future, those are all cortically mediated capabilities. So the cortex is a part of your brain that, as a parent, you really want to get there. You really want to communicate and engage the child in a way that will get to their cortex. The dilemma is that when you look at the way the senses in your body which help you monitor the world, like your eyes and your ears and your touch, all of those sensory inputs from the outside world, they don't directly go right up to the cortex.

So when I'm talking to somebody, and as you listen to this podcast, the first place that that information from hearing me speak, the first place that that goes in your brain is down into a lower part of your brain. It's into the brain stem and an area we call the diencephalon. It's a fine part of the brain. It's a part of the brain that regulates heart rate and blood pressure and your stress response systems kind of originate down there. And it's a really important part of your brain, but it's primitive. That part of the brain cannot tell time, that part of the brain, when it does act on information, it acts on information in a very categorical way. It has very overly simplistic solutions to problems. Things are

either good or they're bad. So that's not a very reasoning or reflective part of your brain.

So once the sound gets into that part of the brain and gets processed, then the sound of my voice goes up into the middle part of the brain, which is also... It's not a bad part of the brain, but it's not as sophisticated as your cortex. It's kind of the middle part of your brain, and it's part of the brain that's responsible for emotions. So if I say something and it makes you feel bad, or it makes you feel frustrated, or it makes you feel good, that's the part of the brain that's getting activated.

And then once it gets processed by the middle part of your brain, the emotional part of your brain, it goes up into your cortex, and then the words are actually processed as words. And you understand the meaning of what I'm saying. So there's a sequence to processing.

Now, the unfortunate reality of this is that the first part of your brain that gets dibs on interpreting and acting on information is the dumbest part of your brain. What that means is your brain is designed to act before it thinks. And we spend our entire parenting lives trying to teach our kids to think before they act. And so, not that we can't think before we act, but the truth is we're fighting biology. We're sort of like those salmon swimming upstream. We ultimately get to where we're going to go, but it's an incredible amount of work. That's what human communication is all about.

There are so many places where communication can go wrong and there can be misinterpretations, and there can be little landmines that sort of distort intention. And so to get something from my cortex out the emotional part of my brain, and then the dumb part of my brain, through the space, into the dumb part of your brain, through the emotional part of your brain, to the rational part of your brain, involves all of these steps that are easily sources of misunderstanding and confusion.

April Dinwoodie: Okay, Bruce, can you tell us a bit more here?

Dr. Bruce Perry: Here's what we know. The process of accurately getting information to the cortex involves connecting with somebody in a way that they trust you. If you think about this, if you will, this three-part process of connecting and communicating, it involves first going through the part of the brain involved in regulation, then through the part of the brain involved in relationships, and then the part of the brain involved in reasoning. And so, let's say that you have a child and this child is acting out, and they're throwing things, and they're having a tantrum, and they're angry because you asked them to do something, and you try to talk with them. Anybody who's tried to reason with somebody who's upset knows that words don't usually get you anywhere. And in fact, anybody who's tried to calm down somebody by saying, "Calm down", I don't think,

never in the history of calming down, has anyone been calmed down by the words, "calm down". It just makes you worse, right?

What I'm trying to communicate is that, in order for you to get to your child's cortex, you have to first have the child regulated to a certain degree. Now they don't have to be perfectly regulated, but at least to a certain degree, they have to be regulated enough to actually connect with you. Because the superhighway to the cortex is connectedness. The sense of safety and trust that happens when you interact with another person and you feel safe with them. When that happens, people can hear what you are really saying. They can process what you're saying more accurately at that high level, and you can really change their cortex.

What we've tried to help a lot of families recognize is that if you have a dysregulated child, their cortex is basically shut down, and you're not going to be able to open it up until you calm down the child. And so, when we tell parents who have a dysregulated child, what we want them to understand is that, listen, the first thing you do with a child isn't to start using words, and reasoning with them, and asking them, "You know the rules, you know better than that, you know you hurt somebody's feelings, you should blah, blah, blah." Now that may all be true, but that will get you nowhere with the dysregulated child.

And so what you do is you regulate the child, and regulating the child might be something as simple as rocking them, or taking them by the hand and saying, "Let's just go for a walk." And walking with them in parallel. And then once they feel a little bit more regulated, then connect with them. Reassure them that their behavior hasn't driven you away. Then you can talk with them.

April Dinwoodie: And how does some of this play out?

Dr. Bruce Perry: Let me give you a very simple example that happens even with kids that aren't that dysregulated. Let's say you're sitting around the family table and you're face-to-face. I've referred in a previous podcast to the power of being parallel. And I've talked about how face-to-face communication is kind of intimate. And so if you look across the table and talk to your child and say, "How was school?" They'll say, "Fine." And you go, "Fine? What did you learn today?" "Nothing." "You didn't learn anything today?" "Nope." "This is... I'm going to call at the school." "Don't be a jerk, Dad." That's basically what happens.

But 10 minutes later, they want to get in the car and have you drive them to somebody's house. And when they're in parallel with you and you're in a car, and you are getting the regulating input of... The driving, that pattern, repetitive, rhythmic movement of the wheels and the vibratory stuff, that's regulating. And I'll bet everybody who's driven a child has had the experience of them talking way more when they're driving with you in parallel, than when

you're interrogating them at the dinner table face-to-face about school. And that's an example of regulate, relate, then reason.

And we frequently make the mistake of trying to reason with somebody before we've connected with them or before we've regulated them. So, it's not uncommon to see a parent yelling across the room at a child to do something, to give a command. And in fact, what's happened is you're not connected to the child in that moment. They're not going to effectively hear or process what you're saying. So, take the time to go over into their space, make sure they're regulated enough, engage them in a way that you're sure that they are going to hear what you say, and then communicate. And I think that the more families follow that regulate, relate, and then reason, they'll be successful. And other people have talked about it as sort of connect before you correct. It's the same principle. And they all depend upon this sequential organization and processing of the brain.

April Dinwoodie: This all makes a ton of sense, and there's something that I think is an important question to explore, and I'd love to hear your thoughts on it, which is the importance of parents and their need to be aware of their own emotions.

Dr. Bruce Perry: One of the things that we haven't really talked about very much on this podcast, but it's in some of the other training materials, but it really is this fundamental relational quality of human beings. So if you step back and look at human beings, our species, our brain and our body are literally designed for us to be successful members of a group. Human beings are social creatures. So much of our physiology, so much of our neurobiology is influenced by the physiology and neurobiology of the people around us. And human beings are what I refer to as contagious. If you spend time with somebody who feels good, and they're optimistic, you will start to feel optimistic. You will literally feel the affect of people around you. And it's the same thing happens if you spend time with somebody who's always pessimistic and depressed and dark, pretty soon you start to feel down. And human beings are powerfully contagious, and there's no more powerful contagion than that between a parent and a child.

If the parent is frustrated and dysregulated, they will never be able to regulate a dysregulated child. And this is part of what happens in many, many homes where the parent is tired, overwhelmed, they've had no respite, they've come home from work, they're exhausted. They've had a call from the school, the child is giving them crap about homework, and they themselves are so dysregulated that they're not in a position to calm the child down in a way that they can actually reason with the child about what's going on at school, for example.

And so a crucial part of trauma-informed parenting is recognizing that you are the major tool for healing for your child. And if you do not take care of yourself, you will never be able to help your child the way you want to. And so that means don't feel bad about taking time for yourself. Go to the gym, go to your

book club, go to a movie, get respite, get other people to help you distribute the caregiving burden because it's hard, as we've talked about in other podcasts, parenting children who come from trauma, because they're of these splintered developmental capabilities, and because of their trauma-related behaviors, it's exhausting.

And so, if you are not regulated, you will never be able to regulate these kids. And it will be a negative feedback cycle. You're dysregulated, they're dysregulated, that leads to more dysregulation and conflict, it leads to empathic rupture, and we talked earlier about how important empathy is in staying connected. So, if you wanted to point out the single most important thing about parenting children from trauma, I would say that it is the health and welfare of the parent, so I'm so glad you asked that question, April. It's absolutely the core of creating the whole healing environment, is making sure that the parent is regulated enough to do this work.

April Dinwoodie: That's right. So glad that you broke that down for us. And there's something that we have to talk about as well, which is this idea of helping children calm down does not always mean that you give them whatever they want to keep them from getting upset. Can you talk a little bit about how, sometimes, that can get a little bit confusing for parents?

Dr. Bruce Perry: One of the big fears of a lot of parents is that if you don't hold the child to this standard of behavior, if you don't give them consequences for misbehavior, and if you allow them to, quote, "get whatever they want", you're going to be spoiling them, you're going to be setting them up for failure in the broader world. It is a legitimate fear, but one of the most important things that you, hopefully, can learn over time when you learn about trauma and attachment problems, is that you can create an environment that's very nurturing at the same time that you have high expectations for your children to achieve and behave.

And there are a number of parenting approaches. One of my favorite is collaborative problem solving, where you learn how to create a mutually regulating process to solve problems or challenging behaviors. There are others, but that's one of my favorites.

A lot of parents think that they can change behaviors that are related to trauma effectively by having harsh consequences and by giving rewards for good behavior. One of the things that we know about, what's referred to as contingency-based programs, is that if you are dysregulated, like most of these kids are, these things don't work. And in fact, what they tend to do is set up more conflict between the parent and the child. And when you look at critical incidents and restraints at residential treatment centers and schools and so forth, what you find is that most of those critical incidents take place in context of trying to get children to comply to the adults' desires. When in fact, if you teach the staff about trauma, about dysregulation, about self-care, then the

adult learns how to step back and deescalate, rather than step forward and escalate kids that are struggling.

April Dinwoodie: So there's a delicate balance here it sounds like, Bruce, right? There's this idea that we're not placating children or giving them whatever they want, but also on the other side, how do you structure the support without being punitive? It sounds like there are lots of different ways to do that, and we appreciate you for sharing that. There's something else that we want to talk a little bit about, and it's co-regulation. Is that something you can help us understand?

Dr. Bruce Perry: The term co-regulation is referring to that contagious quality of if somebody is regulated, and they go interact with somebody who's dysregulated, that regulated person can help serve as an external regulating factor for that child or adult, and they can be a co-regulator. And in fact, from the time we are infants, we benefit from the co-regulatory input from our primary caregivers. Mom, auntie, grandma, and so forth. Again, human beings being very social creatures, probably one of the most helpful forms of regulation is other people.

You, as a parent, will frequently be called to co-regulate the child. And if you think back to what I said earlier, if the adult is dysregulated, if the parent is out of control, and frustrated, and angry, and yelling, they're not going to be able to be a co-regulator. They'll, in fact, just escalate the child. And so again, this is where part of what we try to help parents appreciate is that, listen, when you're on your last nerve, you've got to have a plan to get regulated again. It's okay. Find somebody in your community, in your circle of friends or family to help you, so that you can get back to being regulated, and then get back into the game, so to speak, with the child.

April Dinwoodie: So, Bruce, there's just a few more things we want to talk about, and I want to ask you about recovery and resilience. And when children have been impacted by abuse, neglect, or trauma, and they then have consistency, and love, and caregiving, is there recovery, and what does it mean to be resilient in those cases?

Dr. Bruce Perry: I think that's such a great question, April. And I like to talk about this a lot, because so many people end up focusing on the problem part. And of course you can understand why, because it's disruptive to a family, it's challenging. But I think that it's such a hopeful message to understand that all of these trauma-related behaviors, all of these trauma-related problems, those are changeable.

One of the things that we've seen, and as have others, is that, while having opportunities and access to healthcare professionals is helpful, the single most important variable in positive outcomes for kids is the number and quality of relational experiences that they have in their lives, relational continuity. And a major provider of those are you, the foster and adoptive parents. So the teachers, the coaches, the people in the community of faith, neighbors, extended family, foster and adoptive family. They're the therapeutic web. In

context of these moment by moment relational interactions, you're providing the majority of the therapeutic healing experiences for these kids.

April Dinwoodie: What a wonderful note to end this important podcast on, which is a message of hope, a message of community, a message of quality relationships. And you've been just outstanding to have on this podcast, Bruce, and I thank you for offering your thoughts and expertise.

Dr. Bruce Perry: Thank you, April. I appreciate the opportunity.

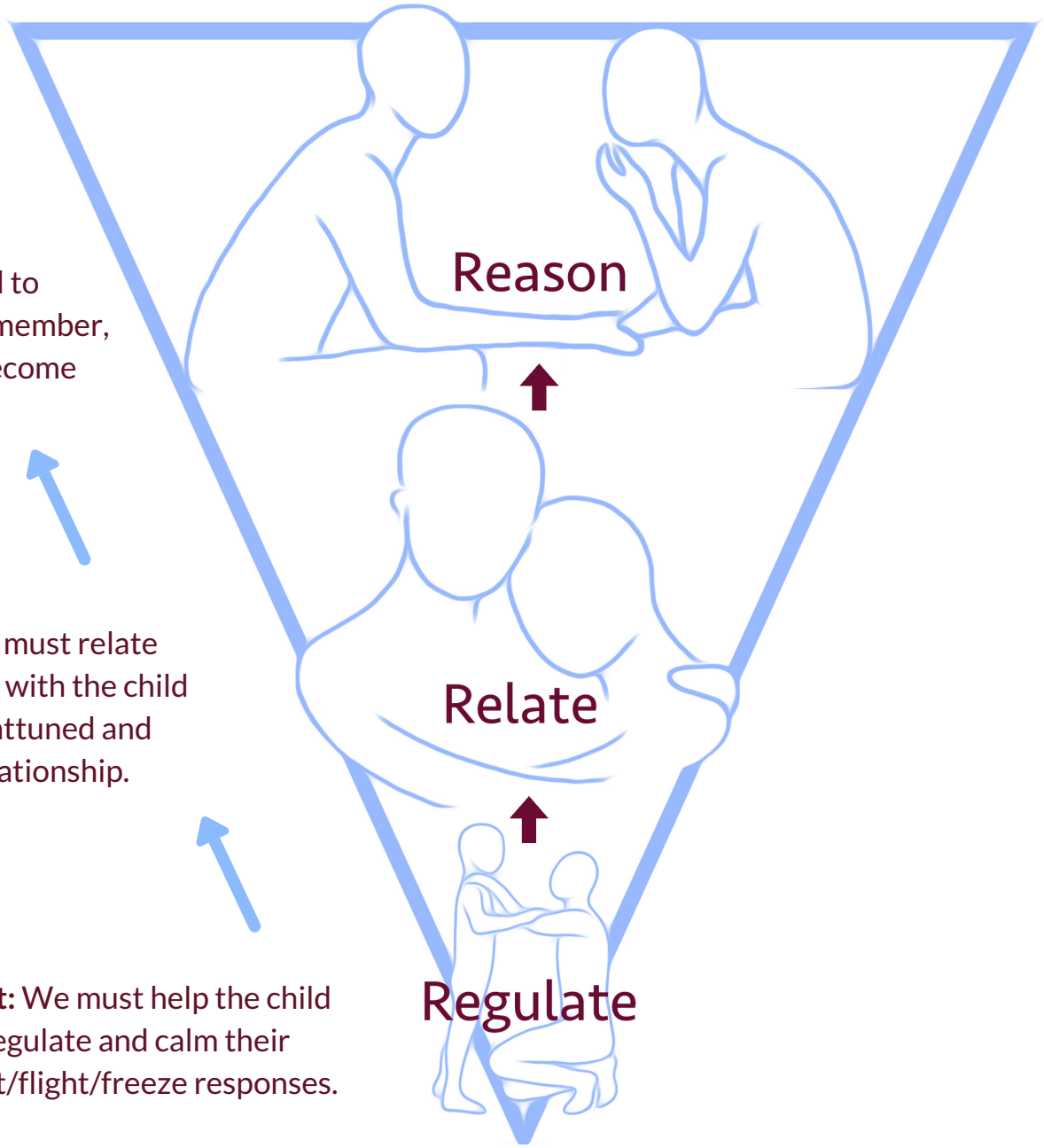
April Dinwoodie: NTDC was funded by the Children's Bureau Administration on Children, Youth & Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant number 90CO1134. The contents of this podcast are solely the responsibility of the authors, and do not necessarily represent the official views of the Children's Bureau.

Beacon House
Therapeutic Services and Trauma Team

The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.



Second: We must relate and connect with the child through an attuned and sensitive relationship.

First: We must help the child to regulate and calm their fight/flight/freeze responses.

Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

Podcast Transcript

The Emotional Container in Real Life Podcast: Diane Lanni & April Dinwoodie

Diane Laney: Being an emotional container. This is [Diane Laney 00:00:03], a foster parent in Massachusetts, and I'd like to talk to you about an example of when I have to be an emotional container for my son, Alex.

Alex, when he initially came to me, was very agitated if I was even one minute late. He is a teenage boy, and he has a cell phone. He would text me when I was on my way. "Where are you?" Now, I wasn't even late yet. And I told him, "I'm on my way."

He'd text me back. "How much longer?"

I said, "I'll be there in a couple of minutes, Alex."

"You're mad dumb. Why are you always late?"

"Alex, I'm not late. I will be there. Perhaps I will be a minute or two late, but I am coming."

"You're dumb. You're dumb. Forget it. I don't even need a ride. I don't know why you're not texting me back. You're stupid."

"Alex, I have to wait till I'm at the red light. I will be there."

"Forget it. I don't even need you anyway. I'm just going to walk. Forget it. Just forget it. Don't even bother to come."

And of course, I continued to drive there, and within just a few minutes, I was there. I was no more than a couple of minutes late, but in Alex's world, I had abandoned him. He was way outside of his window of containment. He was angry, furious. He got in the car, and he started to call me names. And I calmly said, "Alex, I'm sorry you're so agitated that I was late. I know you were worried."

"I wasn't worried. You just don't care. And I don't care. It doesn't matter anymore."

I said, "I will try to always be on time. Sometimes I may be late, but I will always come for you, Alex."

By the time we arrived home, he said, "I don't know why I freaked out like that."

I said, "It's okay, Alex. I know you were worried."

Now, a lot of parents would've been very angry and felt that he was disrespectful in the way he was talking to me, but I knew he could not contain himself in that moment. And because I remained calm, he was able to recognize his behavior and realize that he had said some hurtful things. Did I get the full

apology that I would've loved? No, but he did acknowledge and recognize that his behavior was over the edge. Over time, Alex has learned to be calm and ask me nicely when I'll be coming. He realizes that I'm always coming for him. We've established that pattern, and he can now contain himself. But in that moment, I needed to be his emotional container.

Speaker 2: This marks the end of this podcast. For more information about the Resource Parent Curriculum, please visit us online at learn.nctsn.org/rpc. Thank you for listening.

Reflection/Relevance

Recall the podcast called “The Emotional Container in Real Life.” Think about Diane Lanni and her son. Now think about a child having a meltdown, yelling at you, and calling you names. Consider these questions:

- How do you think it would feel to you?
- What might be your first reaction?
- How would you get yourself ready to help the child co-regulate?
- What support might you need?

Trauma-Informed Parenting: Participant Resources

Listen

NTDC Podcast: Trauma-Informed Parenting

Hosted by April Dinwoodie with guest Bruce D. Perry, MD, PhD

This podcast provides a description of the way the brain is organized and processes information and introduces the Three Rs. The podcast explores the importance of a parent being aware of their own emotions and highlights recovery and resilience when children have been affected by abuse, neglect, or trauma.

Watch

Sequential Engagement

Bruce D. Perry, MD, PhD

In this video, Dr. Bruce Perry discusses the sequence of steps to engage your child known as the Three Rs.

Read

Helping Traumatized Children: A Brief Overview for Caregivers

Bruce D. Perry, MD, PhD

This resource discusses key issues related to how children react after traumatic events. Frequently asked questions about child trauma are addressed, along with suggestions for how parents and caregivers should respond.

Parenting a Child Who Has Experienced Trauma

Child Welfare Information Gateway

This resource addresses the nature of trauma, how it affects children and youth, and ways parents and caregivers can help their children deal with the trauma. Helpful tools for parents include descriptions of the symptoms of trauma by the child's age and suggested questions to guide the selection of a therapist with expertise in trauma.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

EFFECTIVE COMMUNICATION

SESSION 5

Effective Communication

Competencies

Knowledge

- Be aware of strategies to discuss difficult/sensitive issues with children in a supportive manner.
- Know strategies to convey empathy.
- Be aware of the components of effective communication, including both verbal and non-verbal language.
- Identify empowering and inclusive language.
- Describe what effective listening skills are for parents.

Attitude

- Believe it is important to communicate with children about sensitive topics even when I am uncomfortable.
- Feel it is important to be open to learning about ways to be a better communicator with children.

Skill

- Demonstrate ability to talk with children about difficult and/or sensitive issues in an empathetic and empowering manner.

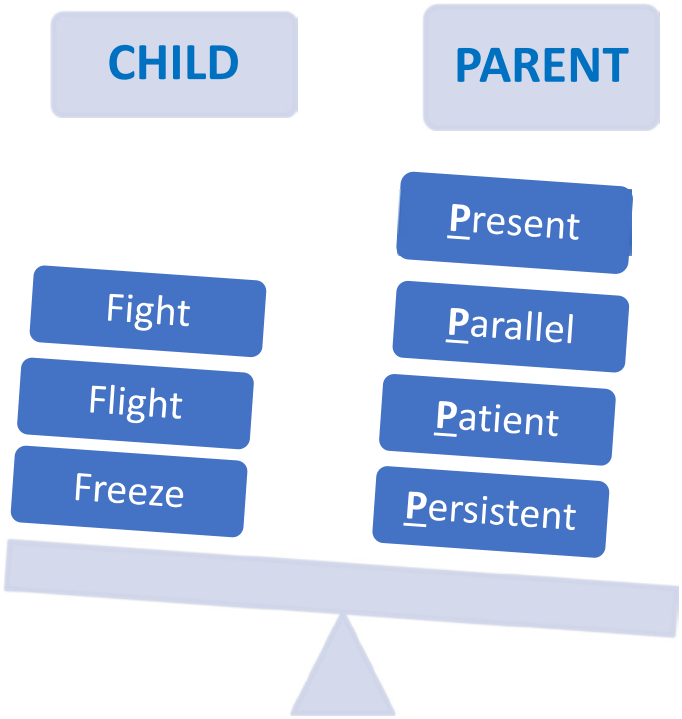
Don't forget to breathe! Even if you have to remind yourself to do it– breathe!

TIP FROM A FOSTER/ADOPTIVE PARENT

HANDOUT #1: THE 4 Ps (PRESENT, PARALLEL, PATIENT AND PERSISTENT)

Parenting a child who has a history of trauma, separation or loss can be challenging. In the moment it can be hard to remember that difficult behaviors may have helped the child to survive in previous threatening situations. Knowing how best to respond to a child's behaviors and big feelings will help everyone return to calm.

Bruce Perry, MD



- Being **present** allows parents to model healthy behaviors and coping mechanisms. The more a child sees that, the safer they will feel with you.
- A child with trauma history often sees relationships as unsafe and unpredictable. Start your communication by being physically **parallel** to the child. Face-to-face can be threatening. Being parallel gives a child control of the process.
- Wait for the child to come to you. As the child experiences you as present and in parallel proximity, their sense of safety increases and they will come to you. Be **patient** while trust grows. It doesn't happen all at once or consistently.
- **Persistent** and patient go together. When a child's progress isn't as good or as fast as the parent fostering or adopting hopes, they get tired. But that makes them inconsistent, as they continue to change their parenting approach to find a "better" way to help. Be persistent, present and parallel. Your patience will pay off with increased safety and trust with the child.

HANDOUT #2: CASE STUDY FOR EFFECTIVE COMMUNICATION FOR KINSHIP PARENTS

Lorena grew up with her mother, father, and siblings. Her father was addicted to alcohol and her mother attempted to protect her children from his outbursts but was often not able to. Lorena watched her father physically and emotionally abuse her mother regularly. She and her younger siblings would run to their room and lock the door to get away from it. Lorena left home at age 14 and lived on the street with other teens, moving from place to place, staying wherever they could. She began using drugs and experienced sex trafficking when she did not have stable housing. During that time, her mother tried, without success, to find Lorena. She also sought help for women escaping violent relationships and left Lorena's father to keep her remaining 2 children safe. When Lorena, still living on the streets, gave birth to Darius, she had no place to go from the hospital, and Social Services got involved. She and Darius went back to live with Lorena's mother. For two years Lorena lived at home, however she often broke the rules, ditched school, left Darius at night to go out, and eventually began using drugs and re-experienced sexual exploitation. When she left for the last time at age 17, she asked her mom to take good care of Darius, and she has not been heard from since. Social Services has tried to find her, without success.

If you are the kinship caregiver for Darius, what might you tell him around age 5 if he asks where his mother is?

Some options to consider:

a) Your mother, Lorena, couldn't take care of you, and she asked me to be sure you are safe.

b) Your mother, Lorena, had a hard time taking care of herself, and she could not take care of any child, so she asked me to take care of you.

c) Your mother, Lorena, made bad choices and messed up her life, and she couldn't take care of you. She knew I would take good care of you, so she left you here with me.

d) Lorena had grown up problems that made it hard for her to take care of kids. She wanted you to be safe and knew you would be safe with me. I love you and can take care of you so that's why you live with me now. Whenever you want, just ask me if you have more questions.

If you are the kinship caregiver for Darius, what might you tell him around age 10 if he asks where his mother is?

Some options to consider:

a) Your mother, Lorena, made some poor choices and was taking medicine that she should not have been taking. The medicine made her sick, and she could not take care of you or any child. She left you here with us to be sure you were loved and safe.

b) Your mother, Lorena, had a bad childhood and did not know how to be a good parent. She made some poor choices and got in trouble and could not keep you.

c) Your mother, Lorena, had adult problems that made it hard for her to take care of herself or a child. She lived here with us all for a while after you were born, but her problems kept getting bigger, so she decided she needed to leave. She asked me to take good care of you and knew that you'd be loved and safe with us. I wish I knew more to tell you, but I don't know where she is right now. I hope someday she will let us know how she is doing. Do you have any questions I can try to answer?

d) Your grandfather and I had troubles while your mom, Lorena, was growing up. She didn't have a great role model for how to be a good parent and she didn't take good care of herself. When she lived here with you, she kept breaking the rules, so she had to leave. She knew you would be safe here after she left. Do you have more questions?

If you are the kinship caregiver for Darius, what might you tell him around age 15 if he asks where his birth mother is?

Some options to consider:

a) Your mother, Lorena, had a difficult childhood. Your grandfather and I fought all the time, and he had a problem with alcohol. She left home at age 14 and was homeless for a couple of years, until you were born, when you and she came to live with me. I knew that she had used drugs when she was homeless and hoped that she could stop using alcohol or drugs and take care of you. I helped her in every way I could think of, and I really cared about her. Sadly, she continued to use drugs and behave in ways that were not healthy for her or for you. She left when you were 2 years old, knowing that you were loved and that you would be safe here. I don't know where she is, but I hope she has gotten help with her problems. It is important for you to know that because she used drugs during her pregnancy, you are at greater risk of becoming addicted if you experiment with drugs. How do you feel about everything I just told you? Do you have any questions that I might be able to answer?

b) Your mother, Lorena, left home when she was 14 and lived on the street with some other kids. She used drugs and was a prostitute to pay for her drugs. It was a hard life. After you were born, you and she came to live here with us, and I tried to help her get her life together, but she wouldn't stop using drugs. She kept leaving to see her friends, and I finally decided that she had to leave. She wanted you to be safe and she knew that I love you and would take care of you. I do not know where she is and whether she got help.

c) Your mother, Lorena, brought you to live with us when you were a baby. She had a history of drug use and prostitution, and she had been living on the street until you were born. Your grandfather and I had many problems when she was young, and her early life was difficult and full of violence, which is why she left home when she was 14. She tried to take care of you, but she fell back into old habits, and she could not stay here. She knew you would be taken care of and loved, and she told me she wanted that for you. I do not know where she is or if she ever got help. I wish I had more information for you.

Reflection/Relevance

Think of a time recently when you had an interaction with a child or teen that did not go well. Recall the details of the situation for a moment. Then consider how you might have handled it differently now that you have the new skills that you learned in this theme.

Effective Communication: Participant Resources

Listen

NTDC Podcast: Effective Communication

Hosted by April Dinwoodie with guest Lynne White Dixon, LCSW

This podcast describes the importance of open communication and shares practical strategies to develop open communication with children. The podcast highlights why effective communication is even more important for children who have experienced trauma, separation, and loss. It shares tips for talking with children about sensitive and painful issues and the importance of nonverbal communication as an important element when communicating with children who have experienced trauma.

Watch

Learn about Communicating with Your Child

U.S. Centers for Disease Control and Prevention

This video shares four steps parents can take in order to effectively communicate with their child.

Read

Parenting Your Adopted Preschooler

Child Welfare Information Gateway

This fact sheet is designed to help parents understand the effect of adoption on preschool-age children. Topics addressed include adoption and child development, behavioral and mental health concerns, discipline concerns, strategies to effectively communicate about adoption, and links to additional resources.

Parenting Your Adopted School-Age Child

Child Welfare Information Gateway

This fact sheet is designed to help an adoptive family respond to the developmental needs of a school-age child. It provides practical strategies to promote healthy development. Topics addressed include behavior and mental health concerns; trauma, separation, and loss; attachment; discipline; effectively talking about adoption with your child; and communication with school personnel.

Parenting Your Adopted Teenager

Child Welfare Information Gateway

This fact sheet has practical strategies to help adoptive parents understand the experiences and needs of their teenager and promote healthy development. Topics addressed include trauma and loss issues, effective communication, behavioral and mental health concerns, and promoting independence in teens.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 6: Impact of Substance Use, Parenting a Child with a History of Sexual Trauma, and Cultural Humility

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

IMPACT OF SUBSTANCE USE

SESSION 6

Impact of Substance Use

Competencies

Knowledge

- Understand what fetal alcohol spectrum disorders (FASD) are and the potential lifelong impact on children's social, emotional, and cognitive functioning that are associated with this and other parental substance use conditions.
- Understand the impact substance use has on the developing brain, both in utero and throughout the lifetime.
- Identify strategies to effectively parent children who have been exposed to substances prenatally.
- Understand the genetic component of addiction and addiction as a chronic disease.

Attitude

- Committed to learning new techniques and adjusting parenting style when caring for children who have been exposed to substances prenatally.
- Committed to modeling a healthy lifestyle for children.
- Embrace the concept that children who have been exposed to substances prenatally will likely have special needs.
- Willing to have compassion for parents who are seeking treatment for an addiction and understand that relapse is a part of recovery.

Skill

- Reframe challenging behaviors using positive behavioral support techniques.

Never forget the importance of being in community with people who are walking a similar path.

TIP FROM A FOSTER/ADOPTIVE PARENT

HANDOUT #1: UNDERSTANDING COMPLICATED CHILDREN

The Impact of Prenatal Exposure by Julia Bledsoe, MD

Introduction: Special, Complicated Children

As parents who are fostering or adopting, or caring for relatives, we open our hearts and homes to children who are in need. The care of children who are exposed to drugs and alcohol in the womb requires special knowledge on our part, and special care. Children exposed to alcohol and drugs in the womb are first and foremost children who have the typical needs of all children – a safe, healthy, loving and supportive home. However, they are also children who are at increased risk of short and long-term problems with their health, learning, and behavior. Knowledge about the effects of prenatal alcohol and drug exposure can help us prepare to care for this unique group of children.

How big of a problem is prenatal exposure to alcohol and drugs?

Unfortunately, despite efforts of prevention and education programs to help prevent alcohol and drug abuse, this problem is on the rise for children not only in foster care, but also for those placed through intercountry and domestic adoption. Studies estimate that between 70 to 80 percent of children available for adoption in foster care were removed from their families because of parental alcohol abuse. From 2000 to 2016, parental use of alcohol or other substances as the contributing reason children entered into foster care increased from 18% to 35% [1]. Much of this increase is felt to be driven by the opiate epidemic, although methamphetamine and marijuana use have also been on the rise.

Studies also report that of the children available for adoption through private agencies, 50 percent of them were exposed to alcohol during the pregnancy [2]. Further, the number of children available for intercountry adoption who were exposed to alcohol before birth is also extremely high, particularly from Russia, eastern European countries, South Korea and South Africa. Therefore, it is important for parents who are fostering or adopting, or caring for relatives to have a thorough understanding of the impact alcohol and other substances can have on the developing fetus and the long-term impact for children who have been exposed.

How big of a problem is substance use in pregnancy?

Substances used during pregnancy can be divided into Illicit, or illegal drugs, and legal ones. The most common illegal drugs that babies are exposed to include marijuana (legal in some states) and cocaine (including crack), and heroin. The most recent data we have from 2013 suggests that illegal drug use among pregnant women aged 15–44, has remained constant for decades at about 6 percent, despite efforts of prevention and education programs [3]. However, we believe that the current rate of illegal drug use among women of child-bearing age has grown even more in the past 6 years due to the opioid and methamphetamine epidemic. The use of two legal substances, nicotine and alcohol also remains a significant problem. Approximately 12 percent of pregnant women smoke cigarettes during pregnancy. This doesn't include the number of pregnant women who are vaping nicotine – we don't know these

numbers for sure because vaping is a relatively new phenomenon. Approximately 10 percent of pregnant women use alcohol at some point in their pregnancy. As described below, just because a drug is legal, doesn't make it safe to use during pregnancy.

SUBSTANCE USE IN PREGNANCY

Although alcohol, tobacco, and other drugs have been used for many decades, scientists and doctors are just starting to get good information about the safety of these substances during pregnancy. Many years ago, it was believed that the placenta (the part of the womb that nourishes the baby) protected the baby from harmful substances. We now know that alcohol and many other drugs pass easily through the placenta to the baby and can cause a variety of medical and developmental problems. Despite some good science over the last 40 years, there is still some debate and misinformation in the media and general public about how damaging alcohol and drugs can be to the developing baby.

This is what we know for sure:

- **Legal is not better.** In general, it is the legal substances that we worry most about. More kids are exposed prenatally to alcohol and nicotine than to other drugs and they tend to cause the most damage to the developing baby – alcohol in particular. This is not to say that the illegal drugs don't cause harm, but alcohol and nicotine products have been shown to cause the most severe short and long-term effects on a child.

- **Drugs and alcohol use during pregnancy causes a wide range of problems.** Babies exposed to substances in the womb can have degrees of severity of problems; some mild, some more severe;

- **Even with heavy exposure, some children seem unaffected.** Although some babies prenatally exposed to alcohol and substances can show short and/or long- term effects of this exposure, many are born healthy without any identifiable problems;

- **There are individual factors of mother and baby that influence outcome**. The metabolism of drugs and alcohol of both the baby and the birth mother can influence the severity of problems from exposure to substances in the womb;

- **Nature AND nurture are important.** Research shows that both nature (the baby's genetic or biological make-up) and nurture (the environment in which a baby lives and grows) are important influences on childhood health and development;

- **Problems can be due to something other than alcohol and drug exposure**. Baby and childhood developmental behaviors and problems that cause concern for caregivers may or may not be related to substance exposure;

- **The need for lifelong support from a team.** Children who are exposed to alcohol and drugs in the womb benefit from early identification and care over time from a coordinated group of parents/caregivers, families, teachers, and medical professionals.

With this information in mind, let's look at the short and long-term effects of specific substances.

The Legal Substances – Tobacco and Nicotine Products and Alcohol

Tobacco and Nicotine

Tobacco has been around for many years so we have a good body of scientific study on how these products affect the developing fetus. Prenatal exposure to nicotine is associated with short and long-term physical, learning and behavior problems. In the short term, babies exposed to nicotine prenatally tend to grow poorly in the womb. Many are born with low birth weight. Infants who were exposed to tobacco products are also at increased risk for Sudden Infant Death Syndrome so families do need to be extra careful to follow safe sleep recommendations for these babies. Long term studies show that prenatal tobacco exposure is associated with some learning disabilities – for example, language and reading problems. In terms of behavior, children who have been exposed to tobacco have higher rates of impulsivity, hyperactivity and attention problems. There are a number of studies that show that, even accounting for other factors, adolescents exposed to tobacco prenatally have higher rates of "acting out" behaviors such as delinquency, criminal behavior and substance abuse.

Alcohol

Alcohol use during pregnancy does the *most* damage to the developing baby. Why is alcohol so risky? It is a known "teratogen," which is a medical term for a substance that causes birth defects. Alcohol use during pregnancy can cause birth defects such as cleft lip and palate, as well as heart defects. Most importantly, alcohol damages the brain and nerves of the developing fetus. The risk of brain damage from alcohol use is greatest early in pregnancy, even before a woman may realize that she is pregnant.

The brain damage caused by prenatal alcohol exposure can really vary depending on how much alcohol was used, the pattern of alcohol use (steady use or binge drinking), the timing during pregnancy, and individual factors of the mother and baby. Some babies exposed to alcohol have severe problems, some have mild to moderate problems.

Alcohol use during pregnancy can lead to a number of diagnoses under the "umbrella term" Fetal Alcohol Spectrum Disorders, or FASD. The most notorious of these diagnoses is Fetal Alcohol Syndrome. (FAS). FAS involves poor growth of the child, a specific set of facial features, as well as brain damage. Most children prenatally exposed to alcohol don't have all of the features of full blown FAS but still can have problems related to alcohol exposure in the womb.
The common outcomes seen in children exposed to alcohol prenatally include problems with learning as well as behavior. Alcohol exposed children can have lower IQ, Attention Deficit and Hyperactivity Disorder (ADHD), language and learning difficulties, memory issues and motor and coordination challenges. Behavior problems common in children exposed to alcohol prenatally include difficulties with judgment and impulse control, as well as social difficulties. Many children on the Fetal Alcohol Spectrum have trouble with "executive function" skills. Executive functions are the higher-level brain skills that develop later in life and help us with using different brain areas together to solve problems and make good choices.

Illegal Drug Exposure: Cocaine, Methamphetamine and Opiates

Cocaine

Despite the dire predictions about damage to "crack babies" in the 1980s, the long-term research on cocaine actually ended up not showing as many impacts as were initially feared. There are reports of some challenging behaviors, language delays and other aspects of development. However, the

research does not show any effect on IQ or school readiness in children who were exposed to cocaine in the womb.

Methamphetamine

The trouble with research about prenatal methamphetamine exposure is that the studies are only about 8 – 10 years old. Research is behind given the size of the recent problems with meth addiction. The research does suggest some withdrawal symptoms for exposed infants after birth as well as some tendency to lower birth weight. However, to date there are no studies that show a link between prenatal methamphetamine exposure and long- term behavioral problems. There is one study that does show some math learning challenges in school age children who were exposed to methamphetamine in the womb.

Opioids (Heroin, prescription narcotics)

The major issue for opiate exposed babies is newborn withdrawal symptoms, or Neonatal Abstinence Syndrome. Withdrawal can happen with heroin exposure, or if the birth mother has been on medication like Methadone or Suboxone (used to ease the withdrawal from heroin). Withdrawal symptoms usually show up in the first few days after birth and include tremors, fussiness, diarrhea, difficulty feeding, and in severe cases, breathing problems and seizures. If a baby experiences withdrawal from opiates they need special nursing care and medication to help them. Withdrawal in infants can last for days to weeks.

Other short-term effects of opiate exposure include smaller birth weight as well as increased fussy behavior in infancy. The long-term studies do not have a great deal of information about the impact of opiates on learning and behavior. There may be some evidence of learning and attention challenges in school age children. There are also a couple of studies that suggest a risk of lower intelligence quotient (IQ), especially in boys who were prenatally exposed to opiates. However, a very recent review of many studies about prenatal opiate exposure and learning outcomes in children emphasizes the need for more and better research on this topic.

It is also important for parents who are fostering, adopting or caring for relatives to know that use of intravenous (IV) drugs by the birth mother – either heroin or other substances, can put the baby at risk for diseases that come from shared needle use. These diseases include HIV, as well as hepatitis B and C. An exposed baby may need follow up testing after birth and later in infancy to make sure that they do not have these diseases, or if they do, they can get appropriate care and medications.

Marijuana

Marijuana use in pregnancy does not appear to affect a baby's growth and does not cause withdrawal symptoms. The longer-term studies do show an increase in learning problems for prenatally exposed children. These learning problems include increased rates of attention problems, visual spatial learning and problem-solving difficulties. It is worth noting that most of these studies have been done when the marijuana used was much less potent than it is today so babies exposed now could have even higher rates of learning difficulties.

Risk of Addiction

Are children who were exposed to substances in the womb more likely to develop addiction problems as teens or adults? We know for sure that prenatal alcohol exposure increases the risk of alcohol abuse in later life. There is some evidence that prenatal nicotine and marijuana exposure may increase the risk for early experimentation and use of these substances as well. There is simply not enough information yet about the effect of prenatal opiate or cocaine exposure on risk of addiction later in life. However, given that there can be a genetic component to addiction, we recommend that parents who are fostering, adopting or caring for relatives educate the children in their care from a young age about addiction. Children, especially teens, whose birth parents struggle with addiction, or who were exposed to alcohol and drugs in the womb, need to hear the message that they are at increased risk for their own challenges with addiction as adults and that they may respond differently to drugs and alcohol than their peers.

So How Can We Best Support Prenatally Exposed Children?

First and foremost, what prenatally exposed children need are stable, structured nurturing homes that are free of addiction. We also know that early identification of these children is important. Knowledge about what substances they were exposed to can help guide you and your team of doctors, teachers and other professionals about what to look for as the child in your care learns and grows. While there are some common short and long-term outcomes in children exposed to alcohol and drugs, each child will be affected individually, so will need a tailored approach to their care. Here is a guide to help know what to look for at each age and what services are commonly needed for foster children with prenatal exposure to alcohol and drugs.

Babies with Prenatal Exposures to Drugs and Alcohol

Infants with prenatal exposures to drugs and alcohol may need more than just routine well baby care. Some babies may have birth defects or other medical issues such as poor weight gain. It will be important for you to work closely with your doctor to make sure that all of the medical needs of the child in your care are met. Sometimes it is necessary to see specialists other than your regular doctor. For babies with prenatal alcohol exposure, referral to a Fetal Alcohol Syndrome specialist may be helpful.

Even if the infant child in your care has not experienced drug withdrawal after birth, he or she can still have difficulties with “self-regulation” and the basic baby skills of eating, sleeping, and calming. Babies exposed to alcohol and drugs can have difficulty with feeding and may need extra time or an environment free of stimulating light and noise. If there are significant feeding issues, an occupational therapist can help. Sleeping can be even more of a challenge for alcohol and drug exposed infants and they may need more swaddling or attention to a strict sleep routine than other babies. These infants may also have difficulty calming, so working to keep the environment free of overstimulation may be important.

Since babies with prenatal exposure to drug and alcohol are “at risk” for developmental delays, it is important to ask for a referral to “Early Intervention” or “Birth-to-Three" services. These are developmental specialists who can often come to your home to monitor the baby’s development and make recommendations and provide speech therapy, physical therapy, or occupational therapy if it is needed to support the development of the child in your care.

Toddlers with Prenatal Exposure to Alcohol and Drugs

Toddlers with prenatal exposures continue to be at risk for challenges with learning and behavior. If they are developmentally behind, they will continue to benefit from Early Intervention services or even a developmental preschool. Typical behavior can include increased hyperactivity and distractibility, difficulty with transitions and prolonged tantrums. Some specialized behavior management programs, such "Parent Child Intervention Training (PCIT)," "Triple P," or "Incredible Years" are shown to be very effective in helping parents with challenging toddler behaviors. Your pediatrician can help you find these programs in your area. Toddlers with prenatal exposures to drugs and alcohol may also be at higher risk for poor sleep and may need a referral to a sleep specialist.

School Age Children with Prenatal Exposure to Alcohol and Drugs

Prenatal alcohol and drug exposure often damage the part of the brain that is involved with learning, problem solving and attention, so many of these issues show up as a child enters school. It is especially important to closely monitor learning in school and if there are any concerns, referral to a school or private psychologist for evaluation for learning disabilities is recommended. These are professionals who can do tests for IQ, memory, and specific language and math learning disabilities. These tests can help guide whether a child needs special accommodations for school, such as an Individualized Education Plan (IEP) or 504 plan.

School aged children with prenatal exposures are at higher than average risk for inattention and hyperactivity. If these behavior problems are concerning, seeing a pediatrician or psychiatrist to evaluate and treat Attention Deficit and Hyperactivity Disorder (ADHD) can be helpful. Other behavioral concerns, such as mood regulation and impulsivity, can continue into school age for children with prenatal exposures. Parent behavior management classes and psychological support can give families and children tools to help cope with challenging behavior.

Adolescents with Prenatal Exposure to Alcohol and Drugs

Drug and alcohol exposed children can enter a very vulnerable time in their teen years. Teens are also coping with the hormones of puberty but this is also a time when many of the mental health genes (anxiety, depression, mood disorders) can express themselves. These are teens that continue to need careful monitoring and support. Adolescents with prenatal drug and alcohol exposure often continue to need school accommodations for learning disabilities and medication management for issues such as ADHD. If there is a family history of addiction or mental health issues, they may need evaluation for these conditions and support by a psychiatrist or mental health counselor. Teens in general, but particularly teens with prenatal exposures, may have risk taking behaviors that require unique parenting strategies and counseling support. These are also adolescents who are more severely disabled by alcohol and drug exposure that may require different expectations – they may need longer in school or transition planning around support for future employment, living, and finances.

Conclusion: Muddy Water: Other Problems that go with Prenatal Alcohol and Drug Exposure

In addition to prenatal alcohol and drug exposure, these children are often born to women and men who are struggling with addiction. These birth parents are almost always struggling with other problems as well - poverty, exposure to traumatic events, physical and mental health problems. Birth mothers who use alcohol and drugs during pregnancy are more likely to get poor prenatal care and have complications during pregnancy. This can also have an impact on pregnancy and the developing baby.

For children who do not come into our care at birth, addiction can also take a toll on early childhood. Parents' substance use may affect their ability to consistently provide for a child's basic physical and emotional needs. These children may experience neglect and abuse. They may experience homelessness and poverty. They may have not received care from a doctor or dentist. In addition, parents who are caught in the cycle of addiction may not be able to foster normal attachment and emotional development. These "adverse childhood experiences" can also contribute to short and long-term problems with health and development. If children have been to exposed to alcohol and drugs prenatally, and also have had adverse child experiences, they are even more vulnerable to challenges with learning and behavior.

As you can imagine, it is very difficult, if not impossible, for scientists and doctors to figure out what problems are caused by exposure to substances in the womb and what problems are caused by adverse childhood experiences. Since many birth mothers use multiple substances at once, it can also be difficult to tease out what substance caused what problem. One of the foster mothers I work with calls the children in her care her "onions" – "they have so many layers to them!" All these "layers" are important: exposure to alcohol and drugs in the womb, bad early child experiences, genetic risk of addiction and mental health issues. Each child will have his or her own unique layers that requires special care. Your knowledge about the common problems that can be caused by each exposure, coupled with close attention to a child's individual development can help you and your team provide the best care possible to the children in your care.

Citations

[1] National Center for Substance Abuse and Child Welfare website *https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx*

[**2]** Excerpted from The Mystery of Risk by Ira Chasnoff, available at www.ntiupstream.com/mysteryofrisk.

[3] Smith VC, Wilson CR, AAP Committee On Substance Use and Prevention. Families Affected by Parental Substance Use. Pediatrics. 2016;138(2):e20161575

HANDOUT #2: DEVELOPMENTAL QUADRANT

Many children who were prenatally exposed to drugs and/or alcohol, or have experienced trauma and loss, are not on track developmentally due to the impact the exposure had on their brain. It is crucial that parents, caregivers, and support team members consider and respond to the children according to their mixed developmental stages. For any child that you are parenting or providing services or supports to, you will find that you have greater success by adapting your approach to meet the need in terms of the developmental age and stage that the child is presenting with.

KEY POINTS:

- Keep in mind the developmental ages that you determine on this quadrant in all interactions with the child, including but not limited to: chores, expectations of abilities, how you respond to the child when they are frustrated, how they play, choices they make, etc.
- Remember that due to the brain injury they sustained in-utero from the exposure, it is very common for the children and teens to display extreme inconsistency in their abilities, reactions, responses, knowledge, etc. Within the same hour, the child might display competency in a certain area and then seem to have lost that competency by the end of the hour.
- Many frustrations and explosive episodes occur when the adults are not recognizing and/or responding to the developmental age of the child they are caring for. It takes time to re-frame how you support your child from a developmental age, but it will ultimately lead to fewer misunderstandings, anger and frustration on both sides, and challenging behaviors.

PARENTING STRATEGIES:

- Physical/Chronological age: Oftentimes creates expectations by parents and others.
- Emotional age: Parent and teach to this age.
- Social age: Provide support and guidance regarding peers and safety measures.
- Cognitive age: Advocate for academic accommodations at this age.

Reflection/Relevance

- How hard do you think it will be to remember and respond to the child's developmental age, as opposed to their chronological age?
- What are some behaviors that might easily be misinterpreted by adults that are more likely symptoms of a brain injury?
- What supports and resources in your community do you think would be helpful to support a child with an FASD, and how could you find these supports and resources?

Impact of Substance Use: Participant Resources

Listen

NTDC Podcast: The Impact of Substance Use

Hosted by April Dinwoodie with guest Julian Davies, MD

This podcast identifies the diagnoses children who were prenatally exposed to alcohol can receive and gives examples of the neurodevelopment effects of exposure. The podcast defines common diagnostic terms and explores how diagnoses related to FASD affect a child's behavior, including some common characteristics seen in children exposed to alcohol prenatally.

Read

Fetal Alcohol Spectrum Disorders CDC-FASD

U.S. Centers for Disease Control and Prevention

This is the CDC Fetal Alcohol Spectrum Disorder (FASD) home page. Explore links to education and training, research and statistics, treatment, data, and scientific articles.

FASD Parent Tip Sheet

North American Council on Adoptable Children

This tip sheet provides information about FASD and includes strategies for parenting a child with an FASD.

FASD United: The National Voice on Fetal Alcohol Syndrome Disorder

National Organization for Fetal Alcohol Syndrome

This is a link to a state-by-state resource directory developed by the National Organization for Fetal Alcohol Syndrome with information on diagnosis, treatment, services, and supports.

Fetal Alcohol Spectrum Disorders Fact Sheet

U.S. Centers for Disease Control and Prevention

This fact sheet details the cause and effect of alcohol consumption during pregnancy. Fetal Alcohol Spectrum Disorder (FASD) can result in behavioral, intellectual, and physical disabilities. Early intervention is key; the fact sheet includes steps parents should take if they suspect their child has FASD.

Children and Adolescent Prenatal Drug and Alcohol Exposure Intervention Tables

Julia Bledsoe, MD

This resource details neurobehavioral/developmental and medical concerns as a result of in utero drug or alcohol exposure, organized by developmental stage with recommendations for referrals and interventions.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA

SESSION 6

Competencies

Knowledge

- Identify indicators of sexual abuse.
- Describe the risk factors for children who have been sexually abused and how to respond to prevent these risk factors from manifesting.
- Know how to draw safe boundaries with and for children regarding sexualized knowledge and/or behaviors.

Attitude

- Willing to examine personal feelings about sexuality and how they might affect parenting children who have experienced sexual trauma.
- Embrace the concept that children are not at fault for sexual abuse/assault they have experienced.
- Willing to parent children with the understanding that sexual abuse/exposure is often undetected.
- Prioritize children experiencing as few losses as possible.
- Willing to learn parenting strategies that help ensure children's safety and healing from sexual trauma.

HANDOUT #1: KEY POINTS: RIGHT-TIME VIDEO ON SEXUAL TRAUMA

Key Points

General Information:

- Sexual abuse is something that some children who are in foster care or have been adopted have endured. Sexual abuse is not always known when children enter the child welfare system.

- Some parents are concerned about parenting children who have been sexually abused. However, it is important to know that parenting a child who has been sexually abused is very doable. By providing a safe and nurturing home, parents who are fostering or adopting can help children to thrive and recover.

Part 1: Risk Factors and Indicators of Sexual Abuse

- To recognize signs of sexual abuse, it's helpful to know typical sexual development. Like all development, sexual development varies from child to child. It is typical for all children to do some exploration and have curiosity about their bodies, sex, feelings, discoveries, attractions, and behaviors.

- The National Child Traumatic Stress Network (NCTSN) defines child sexual abuse as any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography.

- There are certain things that increase a child's risk of sexual abuse, such as:
  - Neglect of the child
  - A parent who is abusing drugs/alcohol
  - A parent with mental illness
  - A home characterized by chaos
  - When the child is living from place to place

- Parents who are fostering or adopting may not know a child's abuse history when they come into the home. As a result, it is important to pay attention to the child's behaviors. Some of the potential indicators that may be present if a child has been sexually abused include:
  - Play that involves sexual themes
  - Imitating sex acts with siblings or other children or toys (like stuffed animals)
  - Sexual knowledge that is above their age

  - Masturbating all the time (more than the amount that all children do) or in public places
  - "Sexually reactive" behaviors which occur when a child is acting out in sexual ways based on what they've seen or experienced
  - Older children may show other signs such as unhealthy eating/weight gain or loss, changes in self-care/paying less attention to their hygiene, anxiety or depression, self-harm or suicidal thoughts, alcohol or drug use, running away, high risk sexual behavior, having sexually transmitted illnesses, or suddenly having a lot of money

- None of the indicators listed above mean that the child was definitely abused sexually; however, it is important for parents to pay attention to these signs and seek out professional help if they have concerns.

Part 2: Creating an Emotionally Safe Environment

- The first sign of sexual behavior can be very scary to parents and typically brings up a lot of questions:
  - Can I still hold or touch the child?
  - What steps do I now take to help them?
  - What if other people don't understand this?
  - What if they make allegations against me?

- The most important thing to do if you see or hear signs of sexual abuse is to remain calm, stay open, and get curious. Do not react with alarm or panic. Instead ask questions in a calm, curious tone of voice to understand more, for example: "Where did you learn how to do that?" or "Tell me more about why you're asking about that?"

- It is important to listen and be there for the child. If the child says something that indicates they have or are experiencing sexual abuse, give them your 100% attention. Make sure you stop what you are doing and allow the child to be open with you.

- It is important to validate the child's feelings and believe the child even if it does not all make sense. Do not push for details or ask a lot of questions. Make sure that you are very clear that sexual abuse is never ok and is never the child's fault.

- Inform any professionals you are working with, such as a social worker and/or therapist in order that they can provide help to the child.

- Understand that children have many reasons why they may not share about their sexual abuse, at least not right away or in full. These reasons include:
  - Younger children often worry they will get in trouble.
  - Older children usually experience a lot of shame and guilt about "letting" it happen.
  - It can be confusing for some children because some of it might have felt good, which can be scary and confusing to them because it makes them wonder if they wanted the abuse.

  - They may be scared of the person who abused them because the person may have made some kind of threat to hurt them or someone they love if they tell.

- Children need constant reassurance that it is safe to tell the truth, that they will be heard and protected no matter what they share. Be clear that your #1 job is to keep them safe! Keep reinforcing that you are there for them, no matter what they tell you or what happened to them. Use comments like: "There is nothing you can do that can make me love you any less" or "There is nothing so bad that will keep me from loving you."

- The adult's reaction to what the child shares will strongly affect the child's healing and recovery process.

- Childhood sexual abuse has been linked to many physical, social, cognitive, and emotional problems, including a very high risk of being sexually hurt again. A family's love and protection helps to lower this risk. The more we acknowledge, the more we believe them, the more we reinforce that it is never their fault, and make it clear that sexual abuse is never ok, then the more we can keep their self-image positive.

Part 3: Strategies to Keep Children Safe and Prevent Further Abuse

- Develop a safe, supportive relationship with the child where the child feels comfortable telling you things. The relationship should be built on trust and open communication between the parent and child.

- Have ongoing, open conversations with the child about sexual development as you would with any other topic such as how to manage money or the importance of having manners. Make sure during these conversations that you share information at the child's developmental level. It will be important to discuss bodies and sexual identities. Consider using books about changing bodies to practice talking about personal body parts with their proper names.

- Parents should be mindful not to share more information than the child is asking for. Think about what the child is actually asking and give information in pieces that they can digest so they don't get overwhelmed. Build blocks of truth and plant seeds for future conversations as they mature.

- Educate children as early as possible about what consent means and what it looks like. For example, don't ask the child to hug others just to be polite, but it is ok if they want to give a hug, or maybe they will need to learn how to ask others' permission before giving hugs. Make sure you discuss with them the following topics:
  - What healthy sexual relationships are
  - What unhealthy sexual relationships are
  - What is considered appropriate touch and what is not appropriate
  - What sexual abuse is

- These conversations will take practice and repetition. It is not just one conversation but instead an on-going conversation that continues to take place as the child grows and develops.

- Be sure there are sufficient good boundaries in your home and stay aware. Avoid situations where the children are not supervised. If a child is sexually acting out, you will need to be especially careful about keeping your eyes on them when they are with others.

- Be especially careful about bedrooms and bathrooms. Nighttime can be scary for children due to their previous experiences. It is important to be mindful of who is sharing a bedroom and who is interacting behind closed doors. Children who have been in foster care and/or experienced sexual trauma may not know about privacy, modesty, or personal boundaries. For example, they may not even realize that opening a shower curtain when an adult is showering is a private time, and you will need to teach them things like this. Set guidelines that ensure all children's safety in the home.

- It is important to say out loud and often to the child that they are safe in your home and with you. It is the parent's responsibility to ensure safety that is both physical and emotional.

- Set guidelines about what is ok and what is not ok in your home regarding touch. Help to redirect children if they are touching in a manner that is not appropriate. If they touch you inappropriately on purpose or by accident, just kindly re-position their hands or body and simply educate them with no judgment. Set up guidelines in advance about touching and ensure that you monitor children when there is a history of sexual abuse. Respect and tune in to each child's comfort level around touch, including hugging, cuddling, or sitting close to someone on the couch.

- However, it is important to remember that it is important for parents who are fostering or adopting to not avoid touch all together. There can be confusion amongst children and even adults about the importance of the need for "sensory" experiences for children vs. what is sensual. Parents who are fostering or adopting can create physical intimacy in a manner that maintains boundaries. For example, providing all children with their own special sleeping bag so that everybody can cozy together for a fun family movie night. It is important to find ways that you can all be together in a manner that ensure all children are kept safe.

Part 4: Promoting Healthy Sexual Development

- It is important to have regular conversations about sexual development before adolescence and romantic relationships begin. Being a parent to teenagers is often challenging, but for children who have been abused, it adds another layer when they start to date. It is important to keep talking and educating teens so they do not become vulnerable again (for example, reviewing what consent means).

- Help children who have experienced abuse to see themselves as survivors rather than victims or "damaged goods". Help them to change their perspective about the abuse they have endured and to see themselves as survivors.

HANDOUT #2: ABUSE REPORTS AND FALSE ALLEGATIONS: HOW TO PROTECT YOURSELF AND TO RESPOND TO THEM

The majority of allegations of abuse or neglect by a parent who is fostering or adopting are unfounded. However, cases of abuse and neglect have occurred in foster and adoptive homes. Every state requires that allegations of child abuse or neglect be investigated. As stressful as an investigation can be, it is important to remember that parents who foster or adopt and persons who work in child welfare are all in this together to protect children. We owe it to children to investigate every allegation. As a result, this means that some parents who foster or adopt will have an allegation made against them.

When kinship caregivers and parents who foster or adopt find themselves accused of abuse or neglect, they often feel scared, hurt, angry or confused. They may worry that these allegations will jeopardize their ability to continue to parent their children or that their jobs will be jeopardized. Depending on who they believe made the allegation, the relationship with their child welfare agency, school personnel, relatives or neighbors can become strained.

Allegations of abuse or neglect cannot be prevented. However, understanding why they occur, how you can protect yourself and how to respond will help you navigate what can be an unnerving experience.

Why False Allegations Occur

Allegations of abuse or neglect may be made for many reasons. For example, blurring of the timeline of events and perpetrators, coupled with the child's age and the trauma of abuse, results in confusion about these past events. A child's comment to a therapist, teacher, friend or neighbor about prior abuse may be misunderstood; this can result in a report of abuse or neglect that names the parent who is fostering or adopting as the alleged perpetrator. In other cases, a child or youth may believe that an allegation against a parent who is fostering or adopting will hasten return to their family. The child's family may make an allegation out of anger or jealousy or based on something they heard from their child that made them concerned. A child also may make an allegation out of anger toward the parent who is fostering or adopting or as a way potentially to change the child's placement.

How to Protect Yourself

When presented with the possibility of taking a child into your home, ask questions about the child's history and placement needs. Some child welfare agencies provide written documentation of the child's history that includes the reason for removal as well as records of abuse, placement, medical and behavioral history. If this documentation is not provided to you, carefully document the information

you receive from the agency staff about the child. In some situations you will be able to talk to the child's previous caregiver to gain some additional information. It is important to be honest with the agency and yourself about your capacity to meet the specific needs of each child to be placed in your care. It is also important to know your limits about the number of children you are able to parent effectively at one time.

In addition to being prepared before a child moves into your home, there are some practices you can put in place after a child is living in your home:

- Carefully supervise the child you are fostering or adopting during the child's first few weeks in your home. Ideally, let the child have a bedroom of one's own, though this is not always possible.
- Ensure that each sexually reactive or sexually aggressive child has one's own bedroom. Review the NTDC handout #3 *House Rules for Sexual Safety.*
- Have a conversation with the children in your home about appropriate and inappropriate touching and other behaviors. Establish boundaries about privacy and touching, and make sure that all family members know them.
- Keep a journal for each child. Document any troubling physical, emotional or behavioral issues about the child and any warning signs that you observe. If you are worried about a behavior, convey that to your caseworker.
- Record the date and time of any injuries that the child receives, no matter how small. Check with your caseworker about taking pictures of injuries when you become aware of them.
- Keep notes of your conversations with caseworkers, therapists, teachers and any other professionals. Record the date and time of each contact as well as the information discussed.
- Request copies of incident reports from the child's day-care facility or school.
- Unlike physical abuse and neglect, a child's history of sexual abuse may not be known until the child feels safe enough to disclose it or until the child starts to demonstrate sexual awareness or behaviors inappropriate for the child's age or developmental stage. Become familiar with the signs of child sexual abuse:
    - heightened sexual awareness,
    - mimicking sexual acts,
    - sexualized play and
    - attempts to engage adults or other children in sexualized behavior.
- Document all medical appointments, physical and medical reports, medications prescribed and instructions provided by medical professionals as well as by caregivers from previous placements.
- Never use or threaten to use physical punishment.

How to Respond to an Allegation of Abuse or Neglect

Child welfare agencies are required to investigate allegations of abuse or neglect. The investigator's job is to gather enough information to determine whether the reported abuse actually occurred. This could include interviews with the child, household members, other adults involved with the child and, possibly, medical personnel.

An investigation may take months to conclude. Here are suggestions to guide you through the process:

- Become familiar with your agency's procedure regarding child abuse investigations in a foster home or a home where the family has been approved to adopt a child. Ask when you would be notified of an allegation and whether you would be able to have a support person present with you if an investigation occurs.
- Once you become aware of the allegation, do ***not*** question the child.
- Allow the caseworker investigating the allegation access to your home.
- Set aside your feelings of shock and, possibly, anger. Respond to the investigator's questions calmly and respectfully.
- Understand clearly the specific allegation of abuse or neglect being investigated.
- Show the caseworker records you have that document any injuries or troubling behaviors.
- Answer questions honestly and factually. Refer to records you have been keeping to refresh your memory. If you can't recall something, just say so.
- The investigator might ask if there are others who may have information about the incident in question. Don't be embarrassed or feel the need to hide the investigation from family or friends. Readily provide names and contact information. This can help the investigator to make a decision more quickly about the validity of the allegation. The investigator may want to talk with the child alone.
- Seek the support of your advocate or local association for parents who are fostering or adopting.
- If you believe that you are not being heard during an investigation, ask to speak with a supervisor or a manager. A supervisor may be able to explain the situation better or to identify and address a miscommunication about the situation.
- Here's what to do when the investigation is concluded:
    - Request the agency's determination about the validity of the allegation -- in writing. You might be able to request the full report.
    - Work with the caseworker to develop a plan for you to follow with the child.
    - Ensure that you are not taking out your frustration on the child who was the subject of the investigation. You may need to seek help from a professional to repair the relationship.

We all know that parenting a child with a history of loss and trauma can be challenging. Although have an allegation of abuse or neglect brought against you can be a difficult process, it potentially can lead to a better understanding of the child and the child's needs.

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HANDOUT #3: HOUSE RULES FOR SEXUAL SAFETY

Sexual abuse is sometimes the reason for a child's removal from a home and, therefore, is known prior to placement. However, often sexual abuse (even when it did occur) is not known when children first enter care. It may not become apparent until children feel comfortable and safe enough to disclose this abuse or when they engage in behaviors that point to a potential history of sexual abuse. It is important to remember that sexual abuse is not isolated to children in care. For that reason it is important to provide as many safeguards as possible for all children in your home through commonsense "house rules.".

Privacy

- Emphasize privacy. Let children know the privacy boundaries as soon as they enter your home. Close bathroom and bedroom doors whenever anyone is toileting, bathing, dressing or changing clothes. Allow only one person in the bathroom at a time. Teach everyone in the home to knock before entering.
- If young children bathe together, provide adult supervision. Refrain from having children age 5 and older bathe together.
- Limit access to bedrooms by establishing house rules concerning who may visit whose bedroom and under which circumstances (for example, the door remains open during visits).
- Establish a family dress code that defines which types of clothing are acceptable. Help children to learn why it is important to avoid wearing clothing that is skimpy or provocative.

Sleeping Arrangements

- Multiple children should not sleep in the same bed.
- A child should not sleep in the same bedroom with an adult unless the child is an infant and the sleeping arrangement has been approved by the child welfare agency.
- A child who has a history of acting out sexually with other children should have one's own bedroom and some type of alarm on the bedroom door so that you can monitor every time the child leaves the bedroom at night.

Supervision

- Parents who will be fostering or adopting a child with a known history of sexual abuse should have discussions with the agency staff before the child moves into their home about safety for the child moving in as well as for other children in the home. Work with

the agency staff to create a safety plan, and discuss the plan with all members of your household.

- When children first move into your home, monitor their behavior closely to observe how they interact with other children in the home. Avoid leaving the children together without an adult present.
- Don't leave supervision to older children. Supervision of children should be done by adults.
- Children should not be allowed to stay up at night together after the adults in the household have gone to bed.
- Do not punish children for exhibiting sexualized behavior. Instead, address the behavior calmly and in a manner that makes it clear that the behavior is not acceptable but that the child is not bad. Talk with the agency staff, and seek professional help for the children who exhibit such behavior.

Communication

- Monitor Internet usage. Set parental controls to ensure that children do not have access to inappropriate materials.
- Ensure that your home is free from sexually explicit materials (i.e., magazines, drawings, art, etc.).
- Model appropriate language and communication. Do not allow sexually crude language or gestures to be used in your home.
- Ensure that all children in the home know that there are no secrets in your home.
- Talk with the agency staff if a child exhibits behavior that causes you concern. Try to be as detailed as possible when you describe the behavior.

INTERRUPTED SEXUAL DEVELOPMENT

AGE	HEALTHY SEXUAL DEVELOPMENT	DEVELOPMENT INTERRUPTED BY SEXUAL TRAUMA	INDICATORS	APPROPRIATE RESPONSE
Birth to 18 months	• Boys have penile erection and girls lubricate shortly after birth • Do not differentiate genitals from rest of body • Will explore all parts of their body they can reach • Physical touching, nurturing essential for healthy development (Holding, rocking, feeding, bathing, play) •	• Will be difficult to comfort due to fear of physical injuries • Eating, sleeping, and bowl movement disturbances	• Physical Indicators: Frequent urinary tract infections from abuse. Rashes or itching on genital area. Symptoms of venereal disease. Pain in genital area. Children who have been anally penetrated may have problems with: fecal impaction, fecal retention, diarrhea, spastic colon, or constipation. Children who have been orally penetrated may engage in gagging, spitting, vomiting, nausea, and stomachaches • Fearful of physical harm • May reject food that resembles ejaculate: vanilla ice cream, tapioca, or cream of wheat	• Healthy touching, rocking, nurturing • Treat Injuries
18 months to 3 years	• Discovers own body parts, explores genitals, other parts of body • Shows interest in different positions of urinating between boys and girls, little modesty • May want to show you their genitals	• Same as previous • Also, abuse disrupts child's ability to trust that the world is safe, and that they will be protected • Need lots of nurturing	• Physical injuries as listed above • Excessive fears • Sleeping and eating problems • Excessive crying • Precocious sexual play • Physical aggression towards others	• Treat Injuries • Healthy touching and nurture • Allow regression • Encourage development of social skills

AGE	HEALTHY SEXUAL DEVELOPMENT	DEVELOPMENT INTERRUPTED BY SEXUAL TRAUMA	INDICATORS	APPROPRIATE RESPONSE
	• Physical touching, nurturing still essential for healthy development • Young children may be seen masturbating, but it is important to remember that this type of masturbation is done for pleasure, not for orgasm			
3-6 years	• Begin to identify themselves as boys/girls- notice difference between themselves and others and begin to compare • Increased interest in body • Development of modesty • Develops social consciousness (feelings of guilt) • Identification with same sex parent • Start to determine where they fit in their gender roles, start to search for gender identity. For children who do not feel like they fit in the gender they were born into, it is a natural time for these thoughts and feelings to appear	• Basic identity is inferiority rather than competence • Development of shameful feelings about one's self and body • Loyalty/confusion • Keeping "the secret" causes them to question basic trust of others to protect, care for them • Helplessness and depression results • Uses denial to repress feelings • Uses sexualized play to express unresolved feelings	• Injuries/diseases • Excessive anger or withdrawal • Precocious sexual knowledge and behaviors (initiating intercourse, fellatio with peers, etc.) • Excessive or public masturbation • Sleeping and eating disorders, wetting and soiling of pants • Fear of separation from non-offending caretakers	• Medical care • Touching which encourages feeling of security • Clear boundaries on appropriate touch and privacy in the home • Allow temporary regression • Encourage growth of appropriate social skills with peers • Use praise • Encourage independence • Expression of feelings • Begin sex education

AGE	HEALTHY SEXUAL DEVELOPMENT	DEVELOPMENT INTERRUPTED BY SEXUAL TRAUMA	INDICATORS	APPROPRIATE RESPONSE
	• Will continue to explore their own bodies and will be curious about the bodies of others. It is not uncommon to see children of this age attempt to explore another child's body parts			
7-12 years	• Social expectations become more important • Conforms to expectations of others, concerned with fairness and rules • Develops self-esteem through accomplishments and positive relationships with adults • Sexual experimentation increases, also curiosity about body may lead to looking at pictures, mutual touching of genitals • Some children go through puberty and may start to have concerns about their body image • Sexual attraction may intensify, and children might	• Conflict around divided family loyalty more intense than at earlier ages • Feelings of guilt and need to keep "the secret" intensify • Child believes they are "different" • Feels unworthy of other's friendships • Withdraws from peer relationships • Has negative feelings about his/her own body • Sexual overstimulation maybe frightening or it may cause child to seek further sexual experiences	• Earlier indicators still apply • May act "seductive" toward adults • Social withdrawal, quarreling with siblings and peers, depression, phobic repression, phobic reactions in new situations including school • Antisocial behavior • Over compliant • May begin to sexually abuse other children • Frequent fears of illness/body injury • Distorted body image	• Teach age-appropriate social skills: assertiveness, expression of feelings, appropriate expression of anger, ask for help • Privacy is good, but not secrecy • Encourage healthy body image: good hygiene, sex education, physical recreation • Family therapy

AGE	HEALTHY SEXUAL DEVELOPMENT	DEVELOPMENT INTERRUPTED BY SEXUAL TRAUMA	INDICATORS	APPROPRIATE RESPONSE
	start leaning toward a certain sexual orientation • Gender identity will begin to solidify	• Uses body to get social approval		• Provide frequent, specific praise
13-18 years	• Children who have not gone through puberty earlier will go through puberty now • Increased concern about physical appearance • Uneven emotional growth, impulse control varies • Peers more important than family • Conflict with parents to test authority, independence • Begins exploring sexual intimacy with sex partner (age for this varies with social/cultural norms) • Begins development of own value system Learn about biological sex roles and those that society has created, in order find where they fit along these lines	• Anxiety may produce sleeping/eating disorders, self-mutilation, physical complaints, and aggressive or anti-social behaviors • High threshold for pain • Suicide threats and gestures • May take risk of disclosing abuse to trusted peer or adult • May use sexuality to gain friends – promiscuous • Uses sexuality to be valued or gain acceptance within foster family	• Feels worthless, like a failure in social, academic settings • Trouble thinking about future • Poor problem-solving skills • Running away, early marriage, over-achieving • Socially isolated • Chemical dependency problems • Aggressive behaviors • Vulnerable to exploitation, early pregnancy, diseases, victimization • May attempt to control social relationships within foster family to reestablish social role as sexual partner and caretaker	• Same as others listed above • Long-term intervention • Teach: Assertiveness and problem solving • Assist with the development of long-term goals • Stress management skills • Family therapy and individual therapy

Reflection/Relevance

- Think about your childhood and how you were given messages about boundaries, protection of your body, and privacy. What were those messages?
- Were they explicit messages, or were they more subtle and delivered by example?
- Is there anything about those messages that you would change for a child coming into your home?

✏️ Journaling Thoughts

Parenting a Child with a History of Sexual Trauma: Participant Resources

Read

How Trauma Affects Four Different Types of Memory

National Institute for the Clinical Application of Behavioral Medicine
This is a graphic display of the four different types of memories. Examples are given of each type of memory, how the memory is affected by trauma, and the related part of the brain.

Caring for Kids: What Parents Need to Know about Sexual Abuse

The National Child Traumatic Stress Network
This is a comprehensive resource for parents and caregivers. The guide includes a question-and-answer interview with Esther Deblinger, PhD, the co-developer of Trauma-Focused Cognitive Behavior Therapy—the gold standard of care for children and youth who have experienced abuse and trauma.

Questions and Answers about Child Sexual Abuse Treatment

The National Child Traumatic Stress Network
Designed specifically for parents and caregivers, this is a comprehensive guide containing helpful information to support your child or youth. It includes information about how to respond if a child/youth discloses sexual abuse to you, the resources you will need to help your child, and details about navigating the legal system. Also included is a toolkit to keep your child, youth, and teen safe and how to reduce the risk of re-victimization.

Parenting Children or Youth Who Are Sexually Reactive

Monica Cohu in "Adoptalk" from the North American Council on Adoptable Children
A child or youth who reacts with sexualized behavior is sexually reactive, but not every child who has been sexually abused will be sexually reactive. This resource describes the difference between typical and concerning behaviors (because these vary by age and developmental stage) and includes suggestions for questions to ask when selecting a therapist.

Parenting a Child or Youth Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents

Child Welfare Information Gateway
This is a fact sheet for parents and caregivers on how to help children or youth who have experienced sexual abuse. It includes information about the effect of sexual abuse and information about how establishing privacy and safety guidelines in your home can help in your child or youth's healing process.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

CULTURAL HUMILITY

SESSION 6

Competencies

Knowledge

- Know strategies that can be used to demonstrate respect, inclusion, and support of children and parents' intersecting identities (including cultural and racial backgrounds as well as SOGIE).
- Understand the meaning and importance of cultural humility and cultural responsiveness when fostering/adopting children and when interacting with or talking about families.
- Identify ways in which the family who is fostering or adopting may be culturally responsive when parenting children whose culture and identity is similar or different than their own.

Attitude

- Believe that showing respect for similarities and differences in race, ethnicity, economic status, sexual orientation, and gender is critical to healthy child development.
- Open to making changes in order to honor and respect children and families from varying backgrounds.
- Believe children should be allowed to maintain areas of difference from me, now and as they develop.

Skill

- Demonstrate the ability to ally with children in conversations about their developing identities.

HANDOUT #1: A GLOSSARY OF TERMS ON SEXUAL ORIENTATION AND GENDER IDENTITY EXPRESSION (SOGIE)

Many Americans refrain from talking about sexual orientation and gender identity or expression because it feels taboo, or because they're afraid of saying the wrong thing. This glossary was written to help give people the words and meanings to help make conversations easier and more comfortable.

Ally | A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.

Androgynous | Identifying and/or presenting as neither distinguishably masculine nor feminine.

Asexual | The lack of a sexual attraction or desire for other people.

Biphobia | Prejudice, fear, or hatred directed toward bisexual people.

Bisexual | A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity—though not necessarily simultaneously, in the same way, or to the same degree.

Cisgender | A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

Closeted | Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.

Coming out | The process in which a person first acknowledges, accepts, and appreciates their sexual orientation or gender identity and begins to share that with others.

Gay | A person who is emotionally, romantically, or sexually attracted to members of the same gender.

Gender dysphoria | Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), the term —which replaces Gender Identity Disorder—"is intended to better characterize the experiences of affected children, adolescents, and adults."

A word on Pronouns…

What is a pronoun? A pronoun is a word used to refer to either the people who are talking (like "I" or "you") or a person being talked about in the third person (like "she/her," "he/him," and "they/them"). Since some pronouns are gendered ("she/her" and "he/him"), it is important to be intentional about the way we use pronouns as we all work to create as inclusive an environment as possible. Why do pronouns matter? Ask yourself how many times someone has used your name or a pronoun to refer to you today. Chances are this has happened countless times. Now, imagine that your coworker, or a family member, or your doctor or a friend routinely calls you by the wrong pronoun. That would be hard. This is why using a person's chosen name and pronouns is essential to affirming their identity and showing basic respect. The experience of being misgendered—having someone use the incorrect pronouns to refer to you—can be uncomfortable and hurtful. The experience of accidentally misgendering someone can be difficult for both parties. Routinely asking and providing pronouns helps everyone avoid assumptions and feel comfortable interacting.

Thank you to the Human Rights Campaign for their Glossary of Terms and Pronouns 101 article. Retrieved from https://www.hrc.org/resources/glossary-of-terms and https://assets2.hrc.org/files/assets/resources/HRC_ACAF_Pronouns_101_(1).pdf?_ga=2.145141500.936095917.1569021091-1229681944.1568157644 respectively

Gender-expansive | Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

Gender expression | External appearance of one's gender identity, usually expressed through behavior, clothing, haircut, or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender-fluid | According to the Oxford English Dictionary, a person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.

Gender identity | One's innermost concept of self as male, female, a blend of both, or neither—how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender non-conforming | A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Genderqueer | Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender transition | The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns, and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

Homophobia | The fear and hatred of or discomfort with people who are attracted to members of the same sex.

Intersex | An umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all.

Lesbian | A woman who is emotionally, romantically, or sexually attracted to other women.

Pronoun Etiquette Tips:

- Create opportunities for people to share their pronouns with you rather than assuming you know their pronouns based on their appearance. For example, when introducing yourself share your pronouns like this:
  - In one-on-one conversation: "Hi, I'm John, and I go by he/him. Nice to meet you."
  - In a meeting: "Hi everyone. I'm Mollie. I'm the senior program manager and I go by she/her."
  - In your e-mail signature next to your name: E. Wilson (pronouns: they/them/theirs)
- If you don't know someone's pronouns, it's okay to ask. You can say, "What pronouns do you use?" or "What pronouns do you go by?" or "What pronouns would you like me to use when I refer to you?"
- Always use someone's chosen (preferred) pronouns unless you've been asked not to do so for a specific reason (e.g., safety or privacy concerns).
- Practice! Practice! Practice! It takes intention to consistently use someone's correct pronouns if you previously used different pronouns for that person or if you're using pronouns that are new to you. Take the time to practice referring to the person with the correct pronouns in conversation and in written communication. (Tip: Worried about misgendering someone in an email? Do a quick "CTRL+F" and search for any use of an incorrect pronoun before hitting send.)
- If you make a mistake, apologize and move on. Help others by gently correcting them if they misgender someone.

Thank you to the Human Rights Campaign for their Glossary of Terms and Pronouns 101 article. Retrieved from https://www.hrc.org/resources/glossary-of-terms and https://assets2.hrc.org/files/assets/resources/HRC_ACAF_Pronouns_101_(1).pdf?_ga=2.145141500.936095917.1569021091-1229681944.1568157644 respectively

LGBTQ | An acronym for “lesbian, gay, bisexual, transgender, and queer.”

Living openly | A state in which LGBTQ people are comfortably out about their sexual orientation or gender identity—where and when it feels appropriate to them.

Non-binary | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do.

Outing | Exposing someone’s lesbian, gay, bisexual, or transgender identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety, or religious or family situations.

Pansexual | Describes someone who has the potential for emotional, romantic, or sexual attraction to people of any gender, though not necessarily simultaneously, in the same way, or to the same degree.

Queer | A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQ."

Questioning | A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Same-gender loving | A term some prefer to use instead of lesbian, gay, or bisexual to express attraction to and love of people of the same gender.

Sex assigned at birth | The sex (male or female) given to a child at birth, most often based on the child's external anatomy. This is also referred to as "assigned sex at birth."

Sexual orientation | An inherent or immutable enduring emotional, romantic, or sexual attraction to other people.

Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transphobia | The fear and hatred of, or discomfort with, transgender people.

Thank you to the Human Rights Campaign for their Glossary of Terms and Pronouns 101 article. Retrieved from https://www.hrc.org/resources/glossary-of-terms and https://assets2.hrc.org/files/assets/resources/HRC_ACAF_Pronouns_101_(1).pdf?_ga=2.145141500.936095917.1569021091-1229681944.1568157644 respectively

HANDOUT #2: ENHANCING YOUR TOOLBOX ACTIVITY: CONVERSATIONS THAT ALLY

Scenario #1: Mariana, age 12

Child: School sucks
Parent: Sometimes it does. Sounds like you didn't have a great day.
Child: Obviously not! After you dropped me off at school, the kids made fun of me 'cause you're a different color than me!
Parent: Oh, that's awful, I'm so sorry! People can be so mean.
Child: They kept teasing me about it and told me that I would never really be part of the family because I look so different from you.
Parent: That must be so painful to hear even if they are totally wrong. How terrible!
Child: It does feel terrible. Sometimes I wonder if it could be true.
Parent: I see why you would wonder that, it's natural, but I want you to know how proud I am of who you are, and your being in the family makes our family's life better.
Child: Are you sure? Maybe a kid who looks like you wouldn't have all these problems.
Parent: I can't imagine our life without you and everything you have added, including making us a family that has more than one race. You are our child, beautiful exactly as you are, I wouldn't want one percent of your looks changed for anything in the world.
Child: I'm sick of those kids.
Parent: You're right, let's spend some more time with the kids from your dance classes. Some of those families don't look like each other either. (Laughing) We need more families that look like us around! I am really glad that you brought this up.

Scenario #2: Jessica, age 14

Child: (crying) Everybody on Instagram is making fun of me and saying mean things.

Parent: Oh no, honey, that's awful. What's it about?

Child: It's because my girlfriend and I held hands today at lunch.

Parent: Oh Jessica, how cruel! You have a right to hold hands like everybody else at school.

Child: I don't know what to say to them, am I weird because I like girls, not boys?"

Parent: Absolutely not! Some girls have liked girls instead of boys from the beginning of time. You're great just the way you are. Do you want me to talk to someone at the school or to this kid's parents?

Child: No, I got this Mom. I know you've got my back. I'm gonna try talking to the kid who started it first. Or maybe I'll send a message to everyone. If I need your help, I'll let you know.

Parent: Ok, well think about it and let's talk after dinner about the pros and cons of sending a message to everyone if you decide to do that.

Child: Ok, maybe that's a bit much. I'll start with the kid first.

(Continued on next page)

Parent: I'll check in with you tomorrow after school to see how it went. I wish this didn't happen and sorry to say this may not be the last time. The world is not educated enough. I'm here whenever you need me, and we'll keep figuring it out together.

Scenario #3: Paul, age 16

Child: I feel so different than the other kids at school and on my team.

Parent: Oh, that's hard. Glad we're talking about it though. What's making you feel different right now?

Child: The food here doesn't look like what I'm used to. I like rice for breakfast, not cereal.

Parent: Oh no, I'm sorry I didn't realize that sooner. That would be uncomfortable for anyone! You've probably been hungry every day, this is my mistake.

Child: Anyway, I can't eat much food like this, and I don't even care that the kids call me skinny.

Parent: This is definitely something we can fix. I want you to join me in making the shopping list and I'd better learn some new recipes! I was just used to what I'm used to, but maybe I'll like your food even better.

Child: That's nice of you but that's not the only thing. When I get lonely like this, I wish I had someone to talk to in in the language I grew up speaking. But I never hear that around here, and my teacher keeps saying how perfect my English is. So, I'm thinking I should just forget it all and work harder to fit in. What do you think?

Parent: No, no, no. It's not your job to fit in. It's your job to be you. I'm so thankful we're talking about it so I can find more people and places where you can speak your language. It makes me sad to realize you haven't been able to do that. How hard on you. You deserve so much more and the more we keep talking about it, the more we can get there!

HANDOUT #3: NTDC PARENT TIP SHEET: CULTURAL HUMILITY

- ✓ Educate yourself *before* children come to your home. Talk with other adults who've had a range of life experience, read, watch videos/movies, etc., about the lives of those who've been raised in multiracial families through foster care and adoption.
- ✓ Learn how the ISM's affect the children you are parenting (including discrimination, racism, xenophobia, homophobia, etc.) Acknowledge it is okay to have strong feelings about these. It is not ok to talk badly about other human beings. It's not okay to treat others unfairly.
- ✓ Check yourself and your judgments and biases. We all have them. Be the child's sounding board rather than inserting your own beliefs. Keeping your relationship strong and trusting is much more helpful to the child than getting caught in disagreements about your personal beliefs. Your support will go a long way.
- ✓ Realize that as children get older, it is natural for them to feel more comfortable and real with their friends rather than you. Respect privacy while opening supportive, non-judgmental conversations on sensitive topics like romantic partnerships and high-risk activities.
- ✓ Think of a situation in which you felt different, and no one welcomed you in. Keep reminding yourself of how that felt. Share personal stories with the child if they apply (without over emphasizing your own experiences.)
- ✓ Let your words and actions reflect that you are not assuming or aspiring for your child to fall into traditional paths. Accept and encourage safe exploration of all parts of their identity.
- ✓ Marvel at the child's strengths—to yourself, others, and the child. Teach them empowering words for the challenges they've experienced in their life ("I'm a survivor", I have tremendous strength" and/or "I have power and wisdom.")
- ✓ Talk about the differences between you and the child openly and appreciate them. Show your interest in them and explore what they're interested in. The goal is for the child to feel part of your family, but not be just like you. They are uniquely themselves.
- ✓ Understand that you can't separate or protect the child from the world's views. When you hear news or discussions related to things like race, immigration, and other issues connected to the child's identity, understand that they often affect the child personally. Talk about it with them.
- ✓ Never laugh at the expense of others but take occasion to laugh at yourself. Mistakes will be frequent. Be forgiving and ask for forgiveness. Keep learning and growing.
- ✓ Keep it real.

Reflection/Relevance

Being culturally humble means that we will always be growing. Take a moment to reflect about what would help you to be more prepared to parent children from cultures and backgrounds that are different from yours. To help guide your thoughts, use the sample statements below.

How would I like to become more prepared to take children from cultures and backgrounds that are different than mine?

- Educate myself about _____.
- Educate family members about _____.
- Stay open by_____.
- Expand my social network by_____.

✏️ Journaling Thoughts

Cultural Humility: Participant Resources

Listen

NTDC Podcast: Cultural Humility

Hosted by April Dinwoodie with guest Priscilla Day, MSW, EdD

This podcast defines what it means to be culturally responsive and provides ideas for how parents can be culturally responsive. The podcast presents what parents who are fostering or adopting should consider when opening up their homes to children from cultures or races other than their own and shares tips for using thoughtful and tactful questions to learn more about a child's culture. Examples of actions parents can take to incorporate a child's culture are shared.

Read

Supporting LGBTQ+ Youth: A Guide for Foster Parents

Child Welfare Information Gateway

All children and youth in care need nurturing in a home that provides safety and support. Like all children and youth in care, LGBTQ+ youth are experiencing trauma, separation, and loss. Find tips on creating a welcoming, affirming, and safe home for LGBTQ+ youth.

How to Honor Your Child's Birth Family

Tony Hynes, Training Specialist, Center for Adoption Support and Education

A child's identity is influenced by their birth family, and the language adoptive parents use conveys acceptance or rejection. In this article, an adult adoptee reflects on the importance of honoring birth families and offers suggestions on how parents can help an adoptee honor their birth families.

Minority Children with a Strong Sense of Ethnic-Racial Identify Are More Resilient to Harms of Discrimination, Study Finds

Susan Perry, MinnPost Contributing Writer

Children of color with a strong sense of their cultural and racial identity are more resilient to the damage of discrimination, according to the finding of a study. Learn how children under 10 years of age perceive experiences of discrimination and how those perceptions affect their development over time.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 7: Creating A Stable, Nurturing, & Safe Home Environment

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

CREATING A STABLE, NURTURING, & SAFE HOME ENVIRONMENT

SESSION 7

Competencies

Knowledge

- Understand how to develop and maintain daily routines in order to provide a sense of security for children.
- Understand how to balance setting consistent and predictable limits with the unique needs of children who have experienced trauma, separation, or loss.
- Learn strategies to help children impacted by trauma and loss feel psychologically and physically safe in the home.
- Identify strategies to communicate in a manner that is reflective of children's ability to process knowledge.
- Understand how the sense of safety ties to behaviors.

Attitude

- Willing to change family routines and rituals to meet the needs of children instead of making the children change to meet the family routines and rituals.
- Willing to set boundaries while flexibly adjusting to the child's emotional and developmental needs.

Skill

- Practice using "STEPS" to manage escalated behaviors.

HANDOUT #1: REASONABLE AND PRUDENT PARENTING: PROMOTING NORMALCY

What is the Reasonable and Prudent Parenting Standard?

It used to be that special approval was needed from the child welfare system before youth in foster care could participate in typical youth activities such as sleeping over at a friend's house or spending time in the community. The need for permission beyond a foster parent's approval made it very difficult, and sometimes impossible, for youth in foster care to be involved in the same kinds of activities as their peers. The Preventing Sex Trafficking and Strengthening Families Act of 2014 includes requirements designed to help promote "normalcy" for young people in foster care, meaning flexibility to provide opportunities for youth to participate in healthy adolescent and developmentally appropriate activities and experiences. The law institutes a "reasonable and prudent parent" standard, giving foster parents the power to make more daily decisions about the activities in which young people in their care can participate.

Why is Normalcy Important?

The period of childhood and adolescence is a time to try new things. Having normal routine experiences is part of healthy social, emotional, and cognitive development. When youth are given the chance to make their own decisions, try new things, and make mistakes, they are learning the skills that are needed to be independent in the world. Normal, routine experiences include:

- Participating in school or community sports teams
- Joining after-school clubs
- Going on school field trips or school dances
- Attending sleepovers at friend's homes
- Going to the movies or to the mall
- Using social media
- Having a driver's license
- Obtaining a part-time job

Having a variety of these kinds of experiences also contributes to a youth's overall well-being.

What do I need to know about the Reasonable and Prudent Parenting Standard?

The federal law describes the "reasonable and prudent parenting standard" as giving foster parents the authority to make day-to-day decisions affecting children in their care regarding extracurricular, enrichment, cultural, social, or sporting activities. States are able to further define reasonable and prudent parenting decisions. It is important to learn how the state you reside in defines prudent parenting and to learn any polices that they have in place regarding this standard.

HANDOUT #1: REASONABLE AND PRUDENT PARENTING: PROMOTING NORMALCY

Some state laws list additional factors for the parent who is fostering to consider when using the reasonable and prudent parent standard, including:

- The child's age, maturity, and developmental level while balancing the overall health and safety of the child.
- The potential risks to the child or to others and the appropriateness of the extracurricular, enrichment, cultural or social activity or experience.
- The best interest of the child, based on information known by the caregiver.
- The importance of encouraging the child's emotional and developmental growth.
- The importance of supporting the child developing skills to successfully transition to adulthood.
- The importance of providing the child with the most family-like living experience possible.
- Any special needs or accommodations the child may need to safely participate in the activity or experience.
- The child's wishes, though not determinative, may also be considered.

The federal law also requires states to:

- Provide the court with information at permanency hearings that the reasonable and prudent parenting standard is being followed and that youth are given a chance to participate in normalcy activities.
- Train foster parents on the prudent parent standard so they understand the kinds of decisions that they can make when giving permission to youth in their care to participate in age and developmentally appropriate activities.
- Set liability policies to protect parents who are fostering who appropriately apply the prudent parenting standard when making daily decisions.

It is important that you learn about your specific state laws and agency policies regarding the prudent parenting standard. Make sure you ask your licensing agency about this standard and read state policies that apply to this standard. Knowing how your state defines and applies this standard will help you to provide a safe and stable home for the child you are fostering.

HANDOUT #1: REASONABLE AND PRUDENT PARENTING: PROMOTING NORMALCY

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About Normalcy and the Reasonable and Prudent Parent Standard
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HANDOUT #2: BEGINNING TO KNOW YOU

Introduction:

This handout is intended to begin a dialog between foster and adoptive parents and the child coming to live with them. Welcoming children with an opportunity to share the things that are important to them can reduce anxiety and uncertainty and can contribute to a greater sense of safety as they transition into their new placement. These are not intended to be asked at once or in interview style, just general questions over the early days of placement. Some questions may be more appropriate for older children, but can be adapted for preschoolers or elementary school children

- We want to get to know you better. Can you share with us some of your strengths and talents, the things you are good at or come easily to you? Also, what are your favorite television shows, sports, or fun activities you enjoy? What other hobbies or interests do you have?
- What questions do you have about me/us and our home? You might be wondering where things are in this house, what we like to eat or do on the weekend, who comes into our home that you haven't met already?
- Who are the important people in your life right now that give you support? How can we make sure you stay connected?
- What will help you feel more comfortable in the first week as you settle in?
- What are your favorite foods? Least favorite?
- Do you have food allergies, other allergies, or any other health concerns?
- Are there any family or religious traditions that are important to you? What about holidays?
- What is most helpful to you when you are having a bad day or feeling upset?
- We all have worries from time to time. What is your biggest worry right now? Is there anything that we could do to help you with this worry?
- How do you feel about school? Is it a good part of your day or is it a place that you don't feel comfortable?
- Do you have any favorite subjects? Or subjects you don't like?
- What is your usual daily routine and what can help you feel more comfortable? Usual bedtime routine? Eating? Homework Time? Play and Relaxation Time? Other routines?
- Do you have any current goals, and are there ways we can help you work on those goals?
- If you were planning a game night for all of us, what game would you want us to play? What would we have for dinner that night?
- What else would you like to share about yourself? Other questions for us?

HANDOUT #3: SAFETY AND SUPPORT PLAN

When things are starting to break down with me, the way others can notice is:

_____

_____

_____

When things feel like they are breaking down, it helps me when I:

1. _____
2. _____
3. _____

When things feel like they are breaking down, it helps when others around me say and/or do (or don't say or don't do):

1. _____
2. _____
3. _____

People I want to call or text when I need extra help and support are: List names and numbers, be sure at least one is a professional:

_____

_____

_____

Things or people that motivate me, make me feel good, and/or help me take my mind off things are:

1. _____

2. _____

3. _____

Strengths of mine are:

1. _____

2. _____

3. _____

We should all be thoughtful about _____ when things break down. This is how we can handle keeping that person, place, place, or thing safe:

Fill in as many people/places/ things we want to protect and what the plan is for them during these times.

_____

_____

_____

"This too shall pass."

HANDOUT #4: SAMPLE SAFETY AND SUPPORT PLAN

When things are starting to break down with me, the way other people can notice is:

- My face starts to get red. I start to jiggle my legs or make balls with my fists.
- When I start poking myself with my pencil.
- Or, when I shut down and don't want to talk with anyone. I give one-word answers.

When things feel like they are breaking down, it helps me when I:

1. Get space from people and activities, like 2 feet of away or turning my back and not looking at them.
2. Take big breaths, and exhale like I'm blowing out through a straw.
3. If I'm mad, scribbling really hard and then crumpling or rip up the paper while listening to loud music.

When things feel like they are breaking down, it helps when others around me say and/or do (or don't say or don't do):

1. Grown-ups should stop talking, but not go far away from me.
2. I sometimes like it when my mom rubs my back. She should ask or try a minute and see how it feels.
3. I don't like it when people yell at me. I feel scared and like I hate them.

People I can or want to call/text when I need extra help and support are:

List names and numbers. Be sure at least one is a professional:

- Texting my big sister, her cell phone is XXX-XXX-XXXX.
- My social worker, x name and number.
- My friend April. She's always there for me and I can call her on her mom's phone at XXX-XXX-XXXX.

Things or people that motivate me, make me feel good, and/or help me take my mind off things are:

1. Shooting basketball hoops.
2. Listening to Lady Gaga sing "Born This Way."
3. Watching and singing to Disney movies.

Strengths of mine are:

1. I can sing.
2. I'm a good artist.
3. People say I'm funny.

We should all be thoughtful about ___little sister Jayla and our dog Sam_____ when things break down. This is how we can handle keeping that person, place, place, or thing safe:

Fill in as many people/places/things we want to protect and what the plan is for them during these times.

- Jayla should run over to our neighbor's house so she can play with her friend Lola.
- Mom or Dad should put Sam in the bedroom with his bone.

HANDOUT #5: PARENT GUIDE TO TALK ABOUT AND FILL OUT THE SAFETY AND SUPPORT PLAN

If you don't have access to a professional to help fill out this plan, be sure to share it with any case workers, therapists, etc., that you are working with. It is important to discuss and create this plan before any major escalations happen, the sooner in placement, the better. Use a supportive, practical, conversational tone. Post it someplace the whole family has easy access to but is also a place that provides privacy if others come over.

Once completed for the child, take time to fill out a version for yourself. Share it with anyone you will be asking to support you and be sure to check in advance that they are able to do will be asking them to do.

Stay focused on strengths in these discussions. We hope for the best but prepare for anything, as we all need extra support sometimes.

- Spend time talking about how you will talk about these situations. Once a child identifies words to describe these situations, be sure to use them or terms you both come up with, so the conversations can be as accurate and respectful as possible. If the child prefers, change the Safety and Support Plan to include these words.
- This does not have to be one conversation, nor does it need to go in the order of the Safety and Support Plan questions. For example, you may choose to start with strengths or inspirations.
- Ask the child concrete questions such as—
  - How will I see that you're upset?
  - When you're upset, where do you feel like being or going?
  - Who do you like talking to help you feel better?
  - What safe things can you do to distract or calm yourself when you feel yourself getting upset?
- List specific things like drawing, journaling, taking a walk, shooting baskets, playing music, etc. If the child identifies activities that do not seem safe to do when they are upset, get creative to make them possible, if possible. For example, if the child relaxes after running, consider taking them to a setting where it's contained, like a track.
- Get specific as to what the child needs from you. Ask: What can I say or do to support you in feeling better and are there things I should avoid doing? Examples might include:
  - Giving me space
  - Letting me play games on my electronic devices
  - Listening but not talking
  - Letting me change a plan
  - Hugging me or not hugging me
  - Not correcting my language or music volume
  - Not telling me to calm down or threatening me with consequences

  - Checking in on me
  - Making my favorite meal
- If the people identified for support are not those that can be reached easily, acknowledge that those people are comforting, but list others who are more quickly accessible. This list should include at least one professional. Numbers should be on the list and known to you both.
- Be sure to discuss how other people, pets, or property could be affected during an escalation and if they need to go anywhere else, where, and how they would get there.
- Motivating things do not have to be interactive or involve others, they could be simple things like quotes, songs, inspirational websites, channels, etc. They may also include people no one has access to, including celebrities.
- After you've used the plan, be sure to debrief to see how it may need to be revised and updated. Choose a quiet time to do this, with a supportive, practical attitude. Subtract any shaming or blaming and allow for apologies/amends from any or all family members if they happen naturally in these discussions. Acknowledge feelings involved for all.

HANDOUT #6: PARENT TIP SHEET: DOS AND DON'TS TO MANAGE ESCALATED BEHAVIORS

STEPS to do in the middle of an escalation:

- **Safety**—Prioritize the safety of people, pets. and property.
- **Tone of voice**—Talk to yourself with positive calming messages and deep breathing. Talk to the child in a "low and slow" voice.
- **Empathy & validation**—Out loud for the child's overwhelming feelings.
- **Positive reinforcement**—During an escalation. Think of how a coach encourages in the middle of a game or match, using simple, clear language of what to do at key moments. But use a calmer voice than a coach!
  - Give concrete directions, such as "We are going to stay in this room right now," "Here, squeeze these stress balls as hard as you can," or "Go scream as loud as you need to in the garage."
- **Support**—How can you use your Safety and Support plan?
  - When possible, be thoughtful about whether you are the best person to keep handling this situation, whether you need to get space for yourself, or whether another person may be more calming at this moment.

What NOT to do:

- **Don't** yell or mimic the child's behaviors.
- **Don't** escalate the child, yourself, or the situation. This includes trying to give consequences in these moments. Remember the Three Rs- first you need to help the child calm (Regulate), feel connected to you (Relate), and then finally Reason.
- **Don't** blame or shame yourself or the child.
- **Avoid** power struggles with the child, like insisting they follow a particular rule during these moments.

HANDOUT #7: PARENT TIP SHEET: FAQS ON SELF-HARMING BEHAVIORS

What are Self-Harming Behaviors?

- Cutting, burning, biting, picking, or poking at skin to the point of injury.
- The marks may be subtle or are often covered up and flare around stressful periods.

Why does a person harm themselves physically?

- These behaviors are generally understood as a way to cope with pain, anger, numbing, and frustration. It is not specifically a sign of feeling suicidal but is a sign the person needs additional coping skills.

What can adults do to support a child who is self-harming?

- The most meaningful things adults can do is maintain open conversations about the connection of feelings to such behaviors, rather than being overly focused on controlling the behavior itself.
- Talk with a mental health professional to see what types of treatment may be most helpful to the child.

Resources to learn more:

- https://www.nami.org/learn-more/mental-health-conditions/related-conditions/self-harm
- https://www.crisistextline.org/selfharm
- Suicide hotline/website: https://suicidepreventionlifeline.org/help-yourself/youth/
- https://www.nami.org/learn-more/mental-health-conditions/related-conditions/self-harm
- https://www.crisistextline.org/selfharm

HANDOUT #8: MANAGING CHALLENGING BEHAVIORS CASE STUDY EXAMPLES ACTIVITY

Using your assigned Case Study Example, practice the "E" part of STEPS.

Read your group's assigned case study. Let's say that you have already used the first 2 STEPS by prioritizing safety, and you remembered that you should use a calm tone of voice. Now you are ready for the next part of STEPS. The group should come up with at least 3 Empathetic and Validating Statements that a parent could say to the child to help them calm down and feel supported. Be ready to report these out to the class.

Case Study 1: Joey

Joey is 6 years old. He was exposed to drugs when his mother was pregnant with him, and he witnessed domestic violence when he lived with his parents. He came into foster care last year when his father, who was abusing alcohol, was repeatedly charged with assault against his mother. Joey was separated from his younger sister at that time. Joey was very attached to his sister, and it is reported that he was her protector and shared his food with her as there often wasn't enough to eat.

Now with you, Joey has a hard time during transitions. He can't stand it when plans change and will start yelling or will run out of the house if you inform him a plan has changed without prior notice. When you just informed him that his visit with his sister will be postponed because she is sick, he runs into his room, slams his bedroom door, and it sounds as if he is screaming and throwing things.

Three Empathetic and Validating Statements:

1.

2.

3.

Case Study 2: Janette

Janette is 15 years old. She was adopted at 18 months of age from a Russian orphanage. Her birth mother was 15 at the time of Janette's birth, and her birth father is unknown. It was reported that Janette was left in a park with strangers at 6 months of age. Her birth mother never returned to claim her, and her whereabouts are unknown. While in the orphanage, Janette had multiple caregivers who often stayed no longer than a month or two at a time. Nutrition was poor.

Janette has always been an artist and loves to sing. She is always looking for ways to please her parents by helping with whatever needs to be done around the house. She has been a good student most of her life but has begun going late or skipping school and says she doesn't like school. She spends a lot of time alone, has few friends, and recently has withdrawn from glee club. She has become increasingly rigid about her eating habits and is limiting her food intake. Janette has been known to cut herself, which she says, "helps her feel better." You are talking with her about her absences at school when she excuses herself to go to the bathroom. She has been in there a very long time.

Three Empathetic and Validating Statements:

1.

2.

3.

Case Study 3: Trina

Trina is your youngest daughter's child. Her mom has been addicted to methamphetamines since before Trina was born. She was able to stop using for a brief period when Trina was young but relapsed and has been in and out of Trina's life since she was 7. Trina has lived with her birth father but came to live with you recently following an automobile accident that severely injured her father. Her mom's whereabout are currently unknown.

Trina struggles with school. She says she misses her friends from her old school. This afternoon, the principal called and let you know that she was absent, and this is not the first time that she has had unexcused absences. The principal informs you that she is failing 3 of her classes.

Trina arrives home just before dinner and when you ask her where she was all day, she gets angry and bursts out crying. She denies that she wasn't at school and says she may have missed a couple classes as she was talking with her

friends in study hall and didn't go to class. She avoids any further conversation and asks if she can be left alone.

Three Empathetic and Validating Statements:

1.

2.

3.

Reflection/Relevance

- What are the behaviors that really bother you? Why do they trouble you so much?
- What is your greatest fear about managing one of these challenging behaviors?
- What proactive things do you think you can do to cut off escalations before they occur?
- List one or two skills that you've learned in this theme.
- How do you honestly think you would react in the face of escalating behaviors, and how would you want to react differently?

Creating a Stable, Nurturing, Safe Home Environment: Participant Resources

Listen

NTDC Podcast: Creating a Stable, Nurturing, and Safe Home Environment

Hosted by April Dinwoodie with guest Elizabeth Richmond, MA
This podcast describes how consistency and boundaries help children feel safe and shares tools that can be used to help create consistency in everyday life. The podcast provides ideas on how to help children feel comfortable when they first move into a foster or adoptive home, as well as ways to help children feel emotionally and physically safe during their transition.

Read

Parenting Children Who Have Experienced Abuse or Neglect

Child Welfare Information Gateway
This fact sheet is designed to help parents and caregivers understand the challenges of caring for a child or youth who has experienced maltreatment, gives information about how parents and caregivers can help them heal, and shares resources for support. The resource shares ways to develop caring discipline techniques through role modeling, setting rules and limits, and using encouragement, with suggestions for discipline by developmental stage.

Tips from Preteens and Teens

North American Council on Adoptable Children
Read this important resource for families wishing to foster or adopt preteens and teens. Youth discuss hopes and fears and what it feels like to be in foster care: How it feels to face the unknown; to live with the uncertainty of foster care; to leave your family, friends, and change schools. They share fears of adoption, even though youth long for permanence.

How to Help an Older Child or Teen Adjust to Your Home

Kris Kittle, PhD, and Kelly Reed, PhD, LPC, for AdoptUSKids
This resource offers suggestions for parents to help children and youth adjust to their new home and family. Though focusing on their day-to-day needs such as school and family routines, there are other, equally important considerations that can help an older child or youth adjust to your home and family.

Moving Forward in Your Parenting Journey

Congratulations on completing the classroom portion of the NTDC curriculum! We know this training has been a lot of work, and we appreciate your commitment to preparing yourself to foster or adopt a child. This preparation for having a child enter your home is an important first step in the journey.

Yes, it's true—this is only the first step. This is a journey, and successful journeys require us to continually evaluate where we are going and how we are getting there. As children move into your home and as each child grows and develops, looking back at the themes and resources included in the NTDC curriculum will be very helpful in handling changes and challenges. Don't try to do it alone; it is important for you to connect with support groups and to find other learning opportunities in your community.

When you find you are struggling—and you will, because we all do—we hope you will come back to the topics covered in the Classroom-Based Training themes and use the Right-Time Training themes to find help with specific situations. Maybe you will want to watch a Right-Time Training video or listen to a podcast dealing with one of the themes covered in the Classroom-Based Training. Remember, parents who successfully foster and adopt recognize that they might need to adapt or change in order to meet the child's needs.

Share what you've learned with your current circle of friends and extended family members. It is important to remember that not all of those in your circle may be able to support your decision to foster or adopt a child and can't walk alongside you on this journey. Some people have a hard time understanding the amount of impact that trauma, separation, or loss can have on a child. This might cause them to question your decisions or to be unable to support your parenting style. As a result, it is important that you create a network of support around you and your family.

This kind of parenting is best done in a community. Find a support group that meets your needs, whether it's a local community in-person group or a virtual community online group. The support, understanding, and wisdom of parents who have experience with fostering or adopting a child will help you to feel validated, hopeful, and capable. The guidance from those who have "been there, done that" can often help you avoid missteps or unnecessary challenges. Also, find a peer support network for the child, because being in foster care or adopted can feel very lonely. These children are often asked to explain themselves and tell their story in ways that can feel hurtful or judgmental. Having a peer group with similar stories can be incredibly powerful and healing.

We encourage you to embrace your role in helping children return to their families. The support, guidance, respect, and healing care that you offer to the children and to their family members will be crucial to successful family reunification. For those children who might not be able to return to their family, your efforts are the building blocks for the children's positive identity development, a sense of value and belonging, and the ties that keep children connected to their culture and heritage.

We have the opportunity to carry the hope for children, and to breathe that hope into them, until they can carry it forward themselves. When we can cast a positive future vision for a child, they can begin to imagine a life where they live with purpose and joy.

It's easy to see the bad places that a child's current emotions and behaviors can lead them. It's harder to envision their success and paint that picture with and for them. No matter how hard it is day-to-day, it's our job to be the keepers of the hope and to plant those seeds at every possible opportunity.

TIP FROM A FOSTER/ADOPTIVE PARENT

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