National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

WEST VIRGINIA FOSTER AND ADOPTIVE CARE TRAINING

KTFC Participant Resource Manual

Kinship Therapeutic Foster Care Training for WV Kinship Families

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.

Tips for Making the Most of Your 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 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:

Therapeutic Kinship Parenting and Building Parental Resilience

The Impact of Trauma and Child Development/Attachment

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

THERAPEUTIC KINSHIP PARENTING

SESSION 1

Competencies

Knowledge

- Understand how kinship care can change family roles, causing tensions with extended family members, families, and children.
- Understand roles of the therapeutic kinship parent
- 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

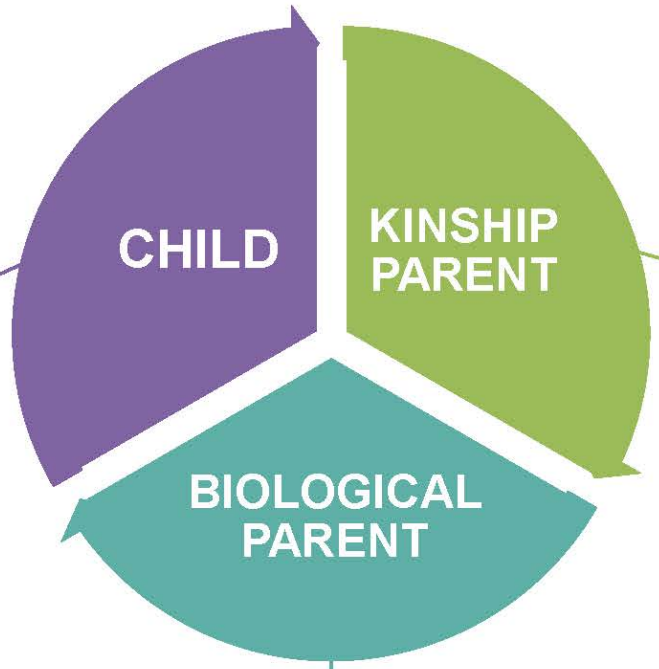
- Set limits with the child's parents in ways that protect the child's safety while demonstrating the importance of the parent to the child.

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

KINSHIP THERAPEUTIC FOSTER CARE: THE KINSHIP TRIAD

The Kinship Triad



Children in kinship care often struggle with divided loyalty and grief. They may act out, withdraw, or be confused about the relationships between their birth parent and kinship caregiver.

Kinship parents may struggle with the dual roles of family member and therapeutic caregiver and navigating the emotions that come with those divided loyalties.

The child's **birth parents** may experience feelings of shame, jealousy, resentment, or exclusion as a result of their child living with kinship parents. Relationships with the child's parent may become strained.

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.

April Dinwoodie: NTDC was funded by the Children's Bureau Administration on Children, Youth and 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.

✏️ Journaling Thoughts

ADJUSTING TO LIFE AS A KINSHIP CAREGIVER

This worksheet can be used to help you reflect on how your life has changed (or is expected to change) by becoming a kin caregiver. Taking an honest inventory of the hopes you have for your family, as well as your worries or fears can help you plan, prepare and adjust to these changes. This activity can also help you recognize the supports that will be important to you as you make this journey.

For each area of your life below, think about what life was like before the children came to live with you, and now (after placement). How has your life changed – both positive changes and new challenges? Then, consider the future with the child and identify your hopes and worries.

Impact to:	How my life has changed:	Hopes for the future:	Worries about the future:
 Relationship/marriage			
 Relationship with child			
 Relationship with other family members			

Impact to:	How my life has changed:	Hopes for the future:	Worries about the future:
 Social life			
 Schedule & daily routines, free time & hobbies			
 Work &/or Retirement			
 Travel			
 Finances			

Impact to:	How my life has changed:	Hopes for the future:	Worries about the future:
 Involvement with other systems & agencies			
 Health & Exercise			
 Plans for the future			

List 3 action steps you will take based on the reflections in this worksheet:

1. _____
   _____

2. _____
   _____

3. _____
   _____

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.




FACTSHEET FOR FAMILIES

May 2016

Kinship Caregivers and the Child Welfare System

A number of grandparents and other relatives care for children whose own parents are unable to care for them. Sometimes, the arrangement (referred to as "kinship care") is an informal, private arrangement between the parents and relative caregivers. In some cases, guardianship is given to relative caregivers and child welfare is not involved; in other situations, the local child welfare agency is involved. This factsheet is designed to help kinship caregivers—including grandparents, aunts and uncles, other relatives, and family friends caring for children—work effectively with the child welfare system. Resources, such as links to more detailed information or places to find help, are included.

WHAT'S INSIDE

Child Welfare Information Gateway

Children's Bureau/ACYF/ACF/HHS
800.394.3366 | Email: info@childwelfare.gov | https://www.childwelfare.gov

Children's Bureau

Kinship Care and the Child Welfare System

Child welfare systems vary from State to State, but they generally include public agencies such as departments of social services or family and children's services. These State or county agencies often work with private child welfare agencies to provide services for families and children. Caseworkers at these agencies are required by law to ensure the safety, well-being, and permanent living arrangements of children. Their responsibilities include investigating reports of child abuse and neglect and arranging for services for children and families.

Child welfare agencies strive to provide services and resources to keep children in their homes with their families whenever possible. Services might include parent education or counseling for mental health concerns; resources might include concrete help with child care or housing. Child welfare workers help parents build protective factors—such as parental resilience, knowledge of parenting, and social connections—that will ensure the safety of their children.[1]

When children cannot remain safely with their parents, placement with relatives is preferred over placement in foster care with nonrelatives. Caseworkers try to identify and locate a relative or relatives who can safely care for the children while parents receive services to help them address the issues that brought the children to the attention of child welfare. Placement with relatives—or kinship care—provides permanency for children and helps them maintain family connections.

How the Child Welfare System Becomes Involved in Kinship Care

The involvement of the child welfare system in kinship care varies from State to State since each State has its own laws and practices that govern these situations. It also varies from case to case, depending on the children's age, safety needs, legal custody, and other differences. If American Indian or Alaska Native children are involved, the Federal Indian Child Welfare Act must be followed.[2]

A child welfare caseworker may initially approach a grandparent or other relative about becoming a kinship care provider. In other situations, a family may contact the local child welfare agency for help. Some examples of these two types of contact are discussed here.

The Child Welfare Agency Makes the Contact

The local child welfare agency can initiate the contact to place children with kinship caregivers under a number of circumstances, as discussed on page 5. However, in any of these circumstances, if no relatives can be located who are willing to take the children, they may come into the legal custody of the State and may be placed into nonrelative foster care.

A report of child abuse or neglect is made. Child protective services screen reports of child abuse and neglect according to State policies and practices. If investigators believe that children are in danger in their own home, they may be removed. Agencies are required to exercise due diligence in finding and notifying all grandparents and other adult relatives within 30 days after children are removed. Caseworkers often ask a relative to care for children until the case goes to court. If the case goes to court and charges are proven, the court and child welfare agency may select relatives to care for the children until a parent can safely care for them, or an alternative placement may be made.

Parents are arrested. Police may arrest a parent or parents, but be willing to leave the children with a relative. The police then notify the child welfare agency of this temporary placement. Depending on the State laws and practice, the agency may leave the children with the relatives, take them into the State's legal custody and place them into nonrelative foster care, or take them into State custody but place them with the relatives.

[1] Read about all the protective factors in *Making Meaningful Connections: 2015 Prevention Resource Guide* at https://www.childwelfare.gov/pubPDFs/2015guide.pdf.
[2] The Indian Child Welfare Act (ICWA), P.L. 95-608, states that Tribes have the right to be involved in the child welfare and placement of Tribal children. For more information, visit the Bureau of Indian Affairs website at http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/IndianChildWelfareAct/index.htm.

Parents die. In the event that the custodial parent or both parents die, the child welfare agency may be responsible for locating relatives with whom the children can live.

Parents or Other Family Members Make the Contact

In some situations, it is the parents, grandparents, or other relatives who contact the child welfare agency about the children.

A parent leaves the children with grandparents or other relatives and does not return. Abandonment by a parent, even if it is temporary, may prompt kinship caregivers to call child welfare services and ask for help. In these situations, caseworkers may be able to offer services or help the kin to seek temporary legal custody through the court. However, if the parent remains missing and the kin cannot continue to care for the children, the children may be taken into the State's legal custody and placed in another home.

Grandparents or other kin are no longer able to care for children under an informal arrangement. In these situations, the kinship caregiver may have planned to care for the children for a long time without agency help, but an unexpected circumstance forces the caregiver to seek help from the child welfare agency. For instance, the caregiver may become ill, a child may suddenly need special services, or the caregiver may lose a job and no longer be able to support the children financially. Child welfare workers may be able to provide services for the kinship caregiver or other placements for the children.

Parents voluntarily give up custody due to their own illness. Parents suffering from mental health concerns or from a debilitating illness, such as HIV/AIDS, may contact the child welfare agency and ask the agency for help. In such situations, caseworkers may seek out relatives with whom the children can be placed, rather than placing them with nonrelative foster parents. Many States have standby guardianship laws to address the needs of parents with debilitating or terminal illnesses. For more information on these State laws, see Information Gateway's *Standby Guardianship* at https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/guardianship/.

Parents no longer want a child or children to live with them. In these situations, parents may turn over custody to the child welfare agency. This is more common when children are teenagers. If child welfare agencies take custody in these situations, the child welfare workers may look for relatives with whom the children can live.

Involvement of the Courts

Kinship caregivers who are part of the foster care system are likely to have some involvement with the court—in most States, this occurs in a family or juvenile court.[3] In cases in which the children have been removed from their parents because a parent has been accused of child abuse, neglect, or abandonment, the following steps may happen:

1. Child protective services investigators investigate the report of child abuse, neglect, or abandonment usually by visiting the home and interviewing family members.
2. If the investigators find enough evidence, they may decide to remove the children from their home for their own safety. The children may be placed with relatives, who then have physical custody.
3. There is a **preliminary hearing** (sometimes called an emergency removal or a shelter care hearing) before a judge. The court determines whether to temporarily allow the children to be placed elsewhere, such as with the kinship caregiver, until the trial.
4. At the **trial** (also called the "adjudicatory hearing"), the judge decides whether there is enough evidence to prove that child abuse, neglect, or abandonment occurred.

[3] A full description of how the court process works in child welfare cases can be found in "The Court Experience" in Section 5 of McCarthy et al. *A Family's Guide to the Child Welfare System* at http://gucchd.georgetown.edu/products/AFamilysGuide_English.pdf.

5. If the judge decides that the child or children should be removed from the parents, even temporarily, a **dispositional hearing** may also take place at this time. At this hearing, the judge determines where the children will live for the time being and who will have legal custody of them.
6. At least every 6 months after that, there will be **review hearings** before the judge to determine how the parents are progressing with their service plan (for treatment, parenting classes, or other requirements), how the children are doing in the home of their kinship caregiver, and whether the service plan or goals for the children should be revised.
7. In addition to the review hearings, a **permanency hearing** is held 12 to 14 months after a child is removed from the home and every 12 months after that. At this hearing, the judge makes decisions about where the child will live permanently. The permanency hearing in court may involve many people with an interest in the child, including parents, caseworkers, relatives, and foster care providers. It may also include the child or youth, depending on the child's age.

> *"In my case, I found it helpful to write a letter to the judge ahead of the court date, telling how the kids were doing and whether the parents were complying with their requirements. Sometimes you don't get a chance to talk in court, so this was my way of making sure my voice was heard."*
>
> — Kinship Caregiver and Navigator

8. Another type of hearing that may or may not occur is a **termination of parental rights hearing**. Under the Federal Adoption and Safe Families Act (ASFA), there is a specific timeframe for parents to meet the goals in their service plan in order for their children to return home with them. If parents are unable to meet these requirements and children spend 15 out of 22 months in foster care, the child welfare agency is required to either seek termination of parental rights or to document their reasons for requesting a time extension. When parents' rights are terminated in court, the parents no longer have any legal relationship to the child, and the child is free to be adopted by someone else. However, if the child is living with a relative and the State has decided that this is an acceptable permanency plan, then the agency does not need to ask the court to terminate the parents' rights.

Whenever possible, grandparents or other relative caregivers should make arrangements to attend court hearings; they may even be asked to testify at them. It is important for kinship caregivers to give their view of the situation and to get a full understanding of the court's decisions. It is also important for the caregiver to be there to support the children if they appear before the judge.

Questions to ask the child welfare caseworker about court hearings:

- When and where is the hearing?
- Is this a permanency hearing or a review hearing?
- What will be decided at the hearing?
- Who will be present?
- Who will have a lawyer?
- Do I need a lawyer? If so, who can help me find one?
- Who will represent the child or children? May I speak to that person?
- May I speak at the hearing?
- What is the schedule of future hearings?
- Will the child speak at the hearing? How can I best support him/her?

Different Types of Kinship Care

Children may come to live with their grandparents or other relatives in a number of ways, and only some of these ways involve a child welfare agency. Kinship care arrangements fall roughly into three categories: (1) informal kinship care, (2) voluntary kinship care, and (3) formal kinship care.

Informal Kinship Care

Informal kinship care refers to arrangements made by parents and other family members without any involvement from either the child welfare agency or the juvenile court. A parent may leave children with a grandparent while he or she is sent overseas, or an aunt may care for nephews whose parents are ill or otherwise unable to care for them. In this type of arrangement, the legal custody of the children remains with the parents, and parents can legally take back their children at any time. Kinship caregivers in these circumstances may have difficulty enrolling the children in school, obtaining health insurance, authorizing medical care, and accessing other benefits because they do not have legal custody of the children. However, most States have consent forms that parents can sign to allow kinship caregivers to have some temporary decision-making power regarding the children. Generally, the only type of financial assistance available to kin caregivers in this type of arrangement is the child-only Temporary Assistance for Needy Families (TANF) benefit (see "Services and How to Access Them" on page 9).

Temporary Guardianship

Parents who are able to plan for their children living temporarily with a relative may consult an attorney about granting temporary guardianship to the relative. Although laws vary from State to State, temporary guardianship often requires an attorney to draw up papers that are presented in court for a judge's approval. Once temporary guardianship is granted, the relative can make decisions, such a medical and education decisions, for the welfare of the child or children. This works well in cases where the parents initiate the temporary guardianship for the relative.

When children have moved in with relatives on an unplanned, emergency basis, and the parents are either unable or unwilling to grant temporary guardianship to the relatives, then options are limited for the kinship caregiver to make legal, medical, and education decisions affecting the children. The kinship caregiver may want to consult an attorney or legal clinic about options.

Physical custody refers to where the child lives. If your grandchildren or niece and nephew live with you, you have physical custody of them. You may feed and clothe them, help them with their homework, and take care of them when they are sick.

Legal custody refers to the legal right to make decisions about the children, such as where they live. Parents have legal custody of their children unless they voluntarily give custody to someone else or a court takes this right away and gives it to someone else. For instance, a court may give legal custody to a relative or to a child welfare agency. Whoever has legal custody can enroll the children in school, give permission for medical care, and give other legal consents.

The same person does not necessarily have both physical and legal custody. For instance, as a grandparent, you may have physical custody of your grandchildren because they live with you, but their mother or father may still have legal custody or the State agency may have legal custody.

Voluntary Kinship Care

Voluntary kinship care refers to situations in which children live with relatives and the child welfare agency is involved, but the State does not take legal custody. In some cases, children have been placed with relatives by a court, and in other cases an arrangement is made by the child welfare agency with no court involvement. Again, depending on their jurisdiction, parents may be able to sign a State consent form allowing kinship caregivers to have some temporary decision-making power regarding the children. This type of kinship care covers a wide variety of circumstances and varies greatly from State to State. Some situations that might result in voluntary kinship care include:

- Child welfare workers find signs of abuse or neglect by the parents, but the evidence is insufficient to support taking the children into State legal custody. Instead, caseworkers, parents, and kin work out a voluntary kinship care arrangement in which the children move in with the kin.
- Under the guidance of child welfare workers, parents voluntarily place their children with relatives while they (the parents) receive treatment for substance abuse or mental health issues.

Parents may agree to voluntary placements of their children with a relative in order to prevent the child welfare agency from going to court to pursue involuntary placements. Some jurisdictions will require the parents to sign a voluntary placement agreement with the child welfare agency when the children are placed with relatives.

Formal Kinship Care

In formal kinship care, children are placed in the legal custody of the State by a judge, and the child welfare agency then places the children with kin. In these situations, the child welfare agency, acting on behalf of the State, has legal custody of the children and relatives have physical custody. The child welfare agency, in collaboration with the family, makes legal decisions about the children, including deciding where they live. The child welfare agency is also responsible for ensuring that the children receive medical care and attend school. If the court has approved visits with parents or siblings, the child welfare agency is responsible for making sure that these visits occur. In formal kinship care, the child's relative caregivers are certified or approved as foster parents and have rights and responsibilities similar to those of nonrelative foster parents.

The Importance of Siblings: Relationships that children have with their brothers and sisters are often the longest lasting relationships of their lives. These relationships can take on even more importance for children removed from their parents. Federal law strongly encourages keeping siblings together, and special rules apply to sibling placements. If it isn't possible for a kinship caregiver to provide a home for all of the siblings in a family, it is especially important that the siblings maintain contact through a variety of means such as visits, phone calls, emails, and social media. These ties can provide some stability and permanency for children. Read about some children's and adults' feelings about their siblings at http://www.fosteringperspectives.org/fpv14n1/FPv14n1.pdf.

What to Expect From the Child Welfare System

After children are placed in their home, kinship caregivers may wonder what they can expect in their future interactions with the child welfare system. Much depends on whether the legal custody of the children remains with the parents or kinship caregiver (voluntary kinship care) or with the State or child welfare agency (formal kinship care). These two situations are addressed separately on page 7.

As a Voluntary Kinship Caregiver

Voluntary kinship caregivers may expect a range of assistance from child welfare caseworkers. In States where this type of arrangement is accepted and promoted by child welfare, kinship caregivers may find that caseworkers are involved in the following ways:

- **Ensuring safety.** Caseworkers may ensure that the kinship caregivers and their homes meet minimal requirements for the safety of the children. For instance, most States require that child welfare workers conduct criminal background checks and child abuse and neglect registry checks on household members. Caseworkers' primary concern is children's safety.
- **Visiting.** In some States, caseworkers may make periodic visits to ensure that children remain in a safe environment. Caseworkers may also provide support and offer parenting education to kinship caregivers.
- **Offering services.** Some States have services available for children and families in voluntary kinship care. These might include referrals to therapy for children or support groups for family members. (More information on "Services" is provided on page 9.)
- **Changing the custody status.** If parents are not meeting service plan requirements or if children are placed in dangerous situations by the custodial parent, caseworkers may help kinship caregivers petition the court for temporary legal custody of the children. Caseworkers also may go to court and petition to have the children placed in the legal custody of the State.

Some voluntary kinship cases involve very limited contact with the child welfare agency. Once the caseworker has completed background checks on household members, the caseworker may be satisfied that the children are in a safe environment and may not contact them again. In these situations, kinship caregivers who need help or services may need to contact the caseworker or locate community services proactively.

As a Formal Kinship Caregiver

In terms of child welfare agency involvement, formal kinship care resembles nonrelative foster care more than it resembles voluntary kinship care. In both formal kinship care and foster care, the State has legal custody of the children. All States have requirements (e.g., training, background checks, household setup) that nonkin foster parents must meet before they can care for children in their home through the foster care system. While kinship caregivers generally must meet the same requirements, they are usually given some flexibility in the amount of time they have to meet requirements because placement of the children is often unexpected.

Compared to voluntary kinship placement, caregivers in formal kinship care have more structured involvement with the child welfare agency and access to more services. This structure can be helpful in working with the children's parents, schools, or medical care arrangements; on the other hand, caregivers may have less flexibility to make independent decisions about the children. The following are some of the ways that the child welfare agency may be involved in formal kinship care or kinship foster care:

- **Ensuring safety or licensing standards.** Caseworkers conduct criminal background checks and child abuse registry checks on all adult household members in the kinship caregivers' home. Caseworkers may be required by the State to consider the home's size and condition, the caregiver's income, others who live in the home, and available transportation. While States have the option to waive nonsafety licensing standards, most States require kinship foster homes to meet all standard requirements for foster home licensure. Some States will waive requirements if they do not affect the child's health or safety. Kinship caregivers may be required to complete foster parent training. Caregivers should ask whether they are required to be licensed in order to care for children and whether licensing will allow them to receive foster care payments.

- **Supervision/support.** The caseworker will support all family members to help ensure that the children are safe and doing well. To do this, part of the caseworker's job includes making telephone calls and periodic visits to the home. The caseworker may also provide referrals for services, such as counseling. In most situations, relative caregivers will take the children to medical appointments and work with children's schools. In some situations, caseworkers have more responsibility for these services.
  The caseworker and family members, including the kinship caregivers, should work together to ensure that children's needs are met.
- **Arranging parent-child or sibling visits.** In most situations, the court will encourage the parent or parents to visit their children. The caseworker will work with the parents and kinship caregivers to make arrangements for the visits.
  In some cases, kinship caregivers may be responsible for providing transportation for the children or for supervising the visits in their own home. For siblings who are not living together, maintaining contact through visits and other means is also important.

> *"Visits with their parents are so important for children, but kinship caregivers can't always be there to supervise. When they can't make it, it's important to let the caseworker know so that other arrangements can be made, and children won't miss a visit and be disappointed."*
>
> — Kinship Caregiver and Navigator

Family Group Conferencing, Family Team Conferencing, Family Group Decision-Making

These terms are used to describe a meeting or series of meetings arranged by a child welfare agency or mediator and attended by family members, friends, teachers, and other adults who are important in the life of the child. If the child or youth is old enough, he or she may also attend. The child welfare worker generally serves as an organizer and facilitator. The goal is to develop a plan for where the child will safely live until he or she can return to the parent. These meetings may also be used to provide input into the child's service plan (see below) and concurrent (backup) plan. The meetings may also be used to help build protective factors and social supports for the kinship family.

As a kinship caregiver, you should be included in these types of meetings. If your child's caseworker has not arranged these meetings, you may want to ask about them.

- **Service planning.** With input from the parent(s) and often from the children, other relatives, and other involved adults, the child welfare agency will develop a service plan (sometimes called a "case plan" or "permanency plan"). The service plan covers two major issues:
  1. **A permanency goal for each child.** The permanency goal states where that child will grow up. In most situations, the permanency goal for a child is to return to a parent (called "family reunification"). Many States require "concurrent planning," which means that the child welfare agency must create a primary plan and a backup plan. Often, the primary plan or goal will be to return the child to a parent. If this is not possible, the backup plan may be for the kinship caregiver to become the child's adoptive parent or legal guardian.
  2. **Actions that the parent and child welfare agency need to take** so that children can be allowed to return to their parent or so that another permanency goal can be achieved. For parents who have abused alcohol or drugs, the service plan may state that the parent must successfully complete substance abuse treatment. For parents who have abused or neglected their children, the plan may include completing parent education classes. In some cases, there may be requirements for new living arrangements to keep the children safe. There may also be requirements for others involved with the children.

Kinship foster caregivers should be involved in creating the plan and should receive copies of the final plan. Caseworkers should review service plans with everyone involved at least every 6 months to measure progress toward goals and decide whether the plan needs to be changed.

Questions for the new kinship caregiver to ask the child welfare caseworker about taking responsibility for the children:

- Who has legal custody of the children?
- What rights and responsibilities does legal custody give in this State? Physical custody?
- May I receive a copy of the signed voluntary placement agreement? (when applicable)
- May I be involved in developing the service plan and receive a copy of the plan?
- Will the children or I have to go to court?
- Who is responsible for enrolling the children in school, obtaining health insurance, granting permission for medical care and obtaining it, signing school permission forms, etc.?
- Will someone from child welfare services visit my home on a regular basis?
- What are the requirements for me and my home if I want the children to live with me?
- Are the requirements different if the children are with me just temporarily?
- What services are available for me and for the children, and how do I access them?
- Are there restrictions on the discipline I can use (such as spanking) with the children?
- What subsidies or financial assistance is available? What do I need to do to apply?
- Am I eligible to become a licensed foster parent and receive a foster care subsidy?
- Will the child welfare agency or social services provide support for child care?
- Will I receive transportation help to take the children to medical appointments?

Services and How to Access Them

The child welfare agency often provides services or referrals to other groups that provide services, including schools. Services and referrals are more likely to be available to children in formal kinship care than to those in voluntary kinship care. When children are in the legal custody of the State, it is the child welfare agency's responsibility to ensure that children receive appropriate assessments and services, as discussed in the following sections.

Therapy and counseling

Children who have been removed from their parents often need therapy or counseling.[4] Those who have experienced any form of abuse or neglect may also have experienced trauma. It is important to have children assessed to address the possibility of trauma, because early identification and treatment can lessen the long-term effects. For more information about the signs and treatment of trauma, read Information Gateway's *Parenting a Child Who Has Experienced Trauma* at https://www.childwelfare.gov/pubs/factsheets/child-trauma. Additional resources can be found on the National Child Traumatic Stress Network at http://www.nctsn.org.

Kinship caregivers should follow the progress of children's therapy and counseling and may be asked to participate in therapy sessions or use specific parenting strategies with children at home.

[4] If therapy or counseling is being paid for through private insurance, there may be limits on the number of visits.

Financial Support

Many grandparents and other relative caregivers struggle with the costs of providing for the children under their care. Depending on a number of factors, including the caregiver's age, caregiver's income, child's income, child's disability status, number of siblings, and the legal status of the caregiving arrangement (i.e., voluntary or foster care), there may be financial supports available. Some of the programs include:

- **The Temporary Assistance to Needy Families (TANF)** program is designed to provide financial assistance while helping low-income families become self-sufficient. Caregivers do not need to have legal custody in order to apply for TANF benefits, but they do need to meet their State's TANF definition of a kin caregiver. A caseworker can provide information or refer a caregiver to the correct place to find information on eligibility for TANF, how to apply for benefits, documents and other information needed, and whether to apply just for the children or for the entire family. Even if a relative caregiver or the caregiver's family does not qualify for TANF benefits, it is possible to apply for and receive benefits for the relative children being cared for in the home. In these situations, only the children's income is considered for eligibility. If the children have little or no income, it is likely that they will be eligible to receive TANF benefits. Depending on their State of residence, these benefits may be available until children's 18th birthdays.
- **SNAP (Supplemental Nutrition Assistance Program)** refers to the Federal Food Stamps program. SNAP is available to families with incomes below a certain level. In this case, the entire household's income is considered, and the relative children can be included in family size for determining benefit amount. A caregiver cannot apply for SNAP for the children only. Application is generally made at the same office where TANF applications are made. Find out more at http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap.
- **Supplemental Security Income (SSI)** may be available to children or caregivers who are disabled. This is also available to anyone over age 65. Information about SSI benefits is available from the local Social Security office or online at http://www.ssa.gov/ssi/text-eligibility-ussi.htm.
- **Kinship guardianship or foster care payments** may be available to relative caregivers. The requirements for receiving these payments vary from State to State. However, States have the option to pay for kinship guardianship assistance program (GAP) payments to support children and youth placed in guardianship arrangements with relatives.[5] Relative caregivers who are licensed foster parents taking care of children placed with them by their local child welfare agency or court also may be eligible for such payments. These payments are generally higher than other forms of reimbursement, such as TANF. (Subsidized guardianship is described in "Permanent Families for the Children" on page 13.)

Health Insurance

Many children being raised by relatives are eligible for medical insurance through either Medicaid or the Children's Health Insurance Program (CHIP). Medicaid provides coverage for many health-care expenses for low-income children and adults, including visits to the doctor, checkups, screenings, prescriptions, and hospitalization. State CHIPs cover many of these costs for children who are not eligible for Medicaid, although each State has different rules for eligibility and coverage. In most cases, only the child's income is used to determine eligibility for Medicaid or CHIP, not the income of the kinship caregiver. Caseworkers can direct kinship caregivers to the appropriate agency to apply for health insurance coverage through these programs. Every State permits grandparents or other kinship caregivers to apply for Medicaid or CHIP on behalf of the children for whom they are caring. Most States do not require the caregiver to have legal custody in order for the children to be eligible. Find out more at https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip.

[5] States differ. To read the full text of the Federal Fostering Connections to Success and Increasing Adoptions Act, which made this option available to States, visit https://www.govtrack.us/congress/bills/110/hr6893.

Respite Care

Grandparents and other relative caregivers seeking a break from full-time child care may find some relief in respite care. Respite care refers to programs that give caregivers a break by caring for children for short periods of time—either on a regular schedule or when a caregiver needs to travel, go into the hospital, or otherwise be away for a few days. In some respite programs, a respite caregiver comes into the home to care for the children; in other cases, the children attend a camp or other program away from the home.

Availability of respite care may be limited and may depend on the needs of the caregiver and/or the child. Child welfare agencies should have more information about the availability of such programs, and caregivers should ask about these programs.

Support Groups

Child welfare agencies may be able to connect caregivers to a local support group of other kinship caregivers. Listings for support groups are also found in the National Foster Care and Adoption Directory (https://www.childwelfare.gov/nfcad/). Sharing stories with others who have similar experiences can be helpful and can ease the isolation that grandparents (and other kin) raising their grandchildren or relative children often experience. Facebook and other social media also sponsor kinship caregiver groups.

Kinship Navigator Programs

Kinship Navigator Programs are available in some areas to help kinship caregivers identify and access the help and services they need to raise their grandchildren or relative children. These programs fund a staff "navigator" who provides caregivers with information about how to obtain health care, financial support, legal aid, emergency services, and more, as well as how to work with the court system. The navigator may also be able to link kinship caregivers with support groups, counseling, and other community services.

> *"I've enjoyed the support groups and learned some important things from others in my same situation."*
>
> *"It's nice to meet others and find out you're not alone."*
>
> — Kinship Caregivers and Navigators

Since 2009, the Children's Bureau, within the U.S. Department of Health and Human Services, has supported 27 Kinship Navigator Programs, including the 7 most recent Child Welfare/TANF Collaboration in Kinship Navigation programs funded in 2012. These programs were funded through the Fostering Connections to Success and Increasing Adoptions Act of 2008.

To find out if there is a program in your area, contact your local child welfare agency or visit the Information Gateway website for a list of State programs at https://www.childwelfare.gov/topics/outofhome/kinship/support/navigator.

Two Stories From a Kinship Navigator Program*

Debbie received custody of her six grandchildren about 5 years ago. She was overwhelmed at the prospect of caring for six grandchildren in her very small efficiency apartment. She heard about the Kinship Program, quickly called the intake line, and was assigned to Gail. Gail supported Debbie with the guidance, resources, and assistance she desperately needed. Debbie also received tutoring assistance and counseling services for the children. It didn't take much time for Debbie and her grandchildren to develop a close and lasting bond. Today, Debbie frequently attends the night Kinship Support groups with her grandchildren, ages 7–19, where they enjoy the company of other children. Debbie also attends the day groups, where more personal conversations are held among caregivers.

Angela has custody of her three grandchildren, ages 6–16. When Angela first came to the Kinship Program, she was living in a two-bedroom apartment with her disabled daughter. Accepting her grandchildren into her home was a challenge in such a small living space. She was scared and anxious about how she was going to handle her situation. Her kinship coordinator offered the support, guidance, resources, and assistance that Angela and her family needed. The children also received tutoring assistance and counseling services. These supports made life much more manageable for Angela and her children. Angela continues to attend both the night and day Kinship Support groups. The advice shared and friendships made have been a wonderful experience for Angela.

**(Anecdotes are courtesy of the Children's Home, Tampa, FL, which received a Children's Bureau Kinship Navigator grant in 2012.)*

Permanent Families for Children

"Permanency" is a term used by child welfare workers to mean a legally permanent and nurturing family for a child. "Permanency planning" involves time-limited, goal-oriented activities to maintain children within their families of origin, including kin, or to place them with other permanent families. Some of the options that might be considered by a court for permanency include reunification, guardianship, and adoption.

Reunification

Reuniting children with a parent or parents is the first choice of child welfare agencies when this option will ensure the safety and well-being of the children and provide a permanent family for them. Family reunification can occur when the judge agrees that the parents have met the goals set out in their service plan, for instance, the completion of substance abuse treatment. Each State has different laws, and it is the judge in a review hearing or permanency hearing who makes the decision to give custody of the children back to the parent. The judge bases this decision on evidence from the parent, the child welfare worker and agency, other adults who may be involved, and often, the children and the kinship caregiver.

Guardianship

Guardianship is a legal option for permanency, and it may be especially appropriate in kinship care. Federal law encourages States to consider a relative rather than a nonrelative when seeking a guardian for a child who cannot return home.

When a grandparent or other relative becomes the child's legal guardian, legal custody is transferred from the State to the relative by a court; therefore, in most circumstances there is no further involvement by the child welfare agency. In guardianship arrangements, parents' parental rights are not terminated. Thus, grandparents or other relatives who

become the child's guardian have legal and physical custody, act as the child's parent, and make decisions about the child. Birth parents often retain some visitation or other rights. Guardianship is especially appropriate if the children are older and want to maintain some ties with their parents or if the grandparent or other relative caregiver prefers not to have the parents' rights terminated (as in adoption) but needs to establish a permanent legal arrangement with the children in order to be able to make education, health care, and other decisions for the child.

Most States have **subsidized guardianship** programs so that guardians continue to receive payments similar to those they received as foster parents. This allows children to have permanent family relationships without causing guardians to lose necessary monthly subsidies. In subsidized guardianship, there is some ongoing involvement of the child welfare agency, although it is significantly less than in foster care. For instance, the child welfare worker may visit once a year to make sure that the child is still living with the relative and to determine if services are still needed.

Adoption

Some kin caregivers choose to adopt the children in their care. Since adoption is often the agency's preferred permanency plan for children not returning to their parents, relatives may adopt in order to keep children living with biological family members. Adoption assistance (subsidies) may be available to kin families who adopt; however, they would no longer be eligible for temporary assistance child-only grants.

As with foster care and guardianship, the child welfare agency must ensure that the home and prospective adoptive parents meet certain State standards for the safety and well-being of the children. Standards for adoption may be more stringent than those for foster care in some States. These requirements and standards will apply even for kin who have been caring for the children under a foster care arrangement.

Children can be adopted only after the court has terminated all the legal rights of the parents or the parents have voluntarily surrendered all of their parental rights permanently. A court must finalize the adoption. Depending on their age and the State law, courts will often ask the children if they agree to the adoption. For children with special needs who have been in foster care, there may be ongoing adoption assistance (subsidies) available to kin who adopt.

Once the adoption is finalized, the grandparent or other relative becomes the legal parent of the child and there is generally no further involvement by the child welfare agency after that finalization, except in circumstances involving adoption assistance. (For more information on adoption assistance, see Child Welfare Information Gateway's *Adoption Assistance for Children Adopted From Foster Care* at https://www.childwelfare.gov/pubs/f-subsid/.)

Questions to ask the child welfare caseworker regarding long-term arrangements:

- What is the current permanency goal for each child? (Siblings may not have the same goal.)
- What are options for the children if they can never return to their parents?
- What are my options if the children cannot return to their parents?
- Under what circumstances can I receive a subsidy to help pay for the children's care?
- Will the legal arrangement be affected when the children turn 18?
- How will the child welfare agency continue to be involved with my family?
- How will various permanency options affect services available to the child/children (e.g., tuition assistance, health insurance, independent living services, etc.)?

Conclusion

Kinship care is an excellent option for children and youth who cannot safely remain with their parents. Kinship caregivers can sometimes be confused or frustrated working with an unfamiliar child welfare system. Using the information in this factsheet may help kin caregivers understand and work with the child welfare system to provide the best outcomes, including a permanent family, for their relative children.

Resources and Links to More Information

For information on the child welfare system

- *How the Child Welfare System Works* (Child Welfare Information Gateway)
  English: https://www.childwelfare.gov/pubs/factsheets/cpswork/
  Spanish: https://www.childwelfare.gov/pubs/factsheets/spcpswork/
- *A Family's Guide to the Child Welfare System* (National Technical Assistance Center for Children's Mental Health at Georgetown University Center for Child and Human Development, Technical Assistance Partnership for Child and Family Mental Health at American Institutes for Research, Federation of Families for Children's Mental Health, Child Welfare League of America, and the National Indian Child Welfare Association)
  English: http://gucchd.georgetown.edu/products/AFamilysGuide_English.pdf
  Spanish: http://www.tapartnership.org/docs/familyGuideToChildWelfare-spanish.pdf
- Links to State Child Welfare Agency Websites (Information Gateway) https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=16

For information on kinship care, including national organizations

- Child Care and Related Issues: Help for Children Living With Relatives
  https://www.usa.gov/child-care#item-36982
- State Factsheets on Kinship Care (American Association of Retired Persons, Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, and Generations United)
  http://www.aarp.org/relationships/friends-family/grandfacts-sheets/
- Generations United
  http://www.gu.org/
- Grandfamilies State Law and Policy Resource Center (Casey Family Programs, American Bar Association Center on Children and the Law, Generations United)
  http://www.grandfamilies.org/
- *Grandparents Raising Grandchildren* factsheet series (University of Georgia College of Family and Consumer Sciences)
  http://spock.fcs.uga.edu/ext/pubs/ecd.php?category=Grandparents%20Raising%20Grandchildren
- Grandparents Raising Grandchildren (Colorado State University Extension)
  http://www.ext.colostate.edu/grg/
- *The Kinship Parenting Toolbox* (collection of articles on a variety of relevant topics)
  http://www.emkpress.com/kinshiptoolbox.html
- *A Resource Guide for New Hampshire Relative Caregivers*
  http://www.dhhs.nh.gov/dcyf/documents/relativecaregivers.pdf

- National Kinship Alliance for Children
  http://kinshipalliance.org/
- *Through the Eyes of a Child—Grandparents Raising Grandchildren* series (University of Wisconsin extension)
  http://fyi.uwex.edu/grandparenting/through-the-eyes-of-a-child/fact-sheets/

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GUIDANCE FOR FOSTER/ KINSHIP CAREGIVERS

Author: Moira Szilagyi, MD, PhD, FAAP, on behalf of the Council on Foster Care, Adoption, & Kinship Care.

Counseling the caregivers of children in foster/kinship care presents unique challenges for the pediatric professional. Children and teens entering foster care have most likely already been impacted by multiple childhood adversities and toxic stress.

Early in placement, the issues caregivers need advice about concern helping children and teens deal with the stress of removal from their family and all that is familiar and the attendant grief and loss that accompany the transition into a new family setting. These changes are superimposed on the trauma history experienced by these children.

Visitation of children with their families usually begins within a week or 2 after removal and placement.

- Visitation can be healing for children and their parents when it goes well but may be a reminder of separation, loss, rejection, and trauma for children whose parents fail to show up for the visit, show up late, are distracted by anger at child welfare agencies, manifest symptoms of mental health problems, or exhibit rejecting or blaming behaviors toward their children.
- Nearly half of children return to their family of origin within the first 6 months of placement, but other children may remain in foster care for years. Helping families with visitation under a variety of circumstances is very important.

The guidance that pediatricians offer to foster/kinship caregivers, birth parents, and the young people in their care will vary depending on each child's circumstances. The following discussion focuses on some common themes.

TRANSITION INTO FOSTER/KINSHIP CARE

The change that children experience when they enter foster/kinship care may be emotionally traumatizing for all but the youngest infants or those children who feel truly safe for the first time in their lives.

- Caregivers may need to be reminded that the child is grieving and frightened and may be very angry, especially if this is not the first disruption in caregiving. Many children are in a state of emotional shock the first few days to weeks after placement and may appear compliant and cooperative, when in fact they are in an acute phase of grief. Other children may present with or soon develop:
  - Difficulty sleeping
  - Food hoarding
  - Overeating or food refusal
  - Frequent prolonged tantrums or periods of inconsolable crying
  - Aggressive behaviors toward children, animals, or adults.
- Foster/kinship caregivers may need to be reminded that:
  - Children are grieving
  - Challenging behaviors may emerge that have been adaptive in a previous environment
  - Children who have been neglected or abused or exposed to domestic violence and chaotic caregiving may be very reactive emotionally to even small changes, let alone major ones like visitation or other children entering or leaving the home
  - Older children and teens may be unable to sleep because of strange noises in the new home
  - Nightmares related to loss or prior trauma are common
  - Children are often worried and anxious about their parents or siblings.

Some children adapt readily to being in foster/kinship care, whereas others struggle for weeks or months through this transition.

- Caregivers may need support and advice in adjusting to the needs of each child.
- Children and teens may need frequent reassurance that:
  - They are safe
  - Someone will answer their cries or their questions or just be available to sit with them.

Taking time to help children and teens adjust to their new environment will help them ease into a predictable schedule over several weeks. Ideally, foster/kinship caregivers for infants and young children can be at home for the first few weeks, but this is rarely possible for caregivers employed outside the home. The vast majority of employers do not provide parental leave for foster/kinship caregivers, so infants and children have to immediately begin or resume child care at the time of placement. Maintaining children in their child care, preschool, and school settings during this transition time can be reassuring, especially if they are in a high-quality educational program.

Newborns may spend the first 6 to 8 weeks in one foster home with a stay-at-home foster/kinship caregiver, only to be moved to a different caregiver once they can attend child care. Foster care does not pay for multiple foster/kinship caregivers during the neonatal period, although this small monetary investment would promote healthy attachment by allowing a stay-at-home foster/kinship caregiver to provide child care and the long-term foster/kinship caregiver to pick the child up after work.

ROUTINES AND PREDICTABILITY

Children benefit greatly from family routines and predictability. Established meal times when everyone eats together, engaging in child-directed play, reading with children, and bedtime routines foster a sense of security and safety.

Preparation for transitions, such as visitation with parents, and attendance at school or child care are very important in helping a child feel secure and cared for. Children entering a new environment need a lot of reassurance.

- They need to know their parents love them even if they cannot take care of them at the moment.
- They need to know when they will see their parents. Keeping a calendar with dates for scheduled parental visits that caregivers can point to can help even preschool children or toddlers.

Remaining calm in the face of a frantic, distressed child takes a great deal of self-control but is the best response, especially for a child who has experienced trauma. Children may parrot something their birth parents said at a visit that is hurtful to caregivers, so the pediatric professional may need to help the caregiver place the child's comments in context, while validating the caregiver's feelings.

Many foster care agencies conduct "icebreaker" sessions early in placement with a trained facilitator so that foster caregivers and birth parents can meet in a safe setting. Such meetings are an opportunity for foster caregivers to learn about a child from the parents and for the parents to become familiar with the person caring for their child.

Pediatricians who engage all of a child's caregivers can reinforce the importance of focusing on meeting the child's needs. Parents and caregivers do this by speaking respectfully about each other, sharing helpful information about the child, and maintaining routines and similar expectations in all environments. Many child welfare agencies have started using models such as Shared Parenting to build rapport between the child's birth parents and foster/kinship caregivers.

VISITATION

Visitation is challenging for parents, children, and new caregivers because everyone's expectations and anxiety are high.

- Foster/kinship caregivers can be advised to provide a healthful snack and a transitional object for children to carry with them during the visit.
- If age appropriate, having the children make a small piece of art to give to their birth parents can be a nice way for children to share.
- Caregivers should reassure children that they look forward to seeing them after the visit with their parents.
- Ideally, caregivers transport children to visits. However, many children travel via Medical Motors because caregivers are working. In this case, assigning a particular driver to a specific child is recommended.
- Familiar adults should help children prepare for and transition into the visit and assist the parent and child in separating at the end of the visit, with reassurance that the next visit is scheduled.

- A reentry time once children return home or to child care is recommended. The caregiver or other familiar adult should welcome children back from their visits.
- Some children benefit from being engaged in child-directed play or a quiet activity, such as reading, as they adjust back to their daily routines after a visit. Other children need to run and play hard after returning from visits with their parents.

The foster/kinship caregiver or the child care provider may need to tailor activities after visits to meet the needs of individual children.

IMPACT OF UNPREDICTABLE EVENTS

Many unpredictable events can occur during foster/kinship care and upend children's emotional well-being. Something seemingly simple like an upcoming court date can affect children's emotional and behavioral well-being because even young children quickly learn that important decisions about their lives are made by judges. Some changes that can have a devastating impact on children's social and emotional health include:

- Other children entering or leaving a home
- A parent's failure to show up for visits
- Separation from siblings or sometimes reunification with them
- A parent receiving treatment for drug use or serving time in jail
- Resumption of visitation after a long lapse
- Being bullied at school
- Changes in school or child care placement
- Changes in foster/kinship homes.

Almost every health encounter in the medical home should be viewed as an opportunity to assess the social and emotional health of a child in foster/kinship care with appropriate guidance and/or referral when indicated.

PERMANENCY PLANNING

A challenging aspect of parenting a child in foster/kinship care is the innate unpredictability of this living arrangement. More than 60% of children return to their family of origin, nearly 20% are ultimately adopted, and 9% age out of foster care.

At the beginning of a child's placement in foster care, caseworkers usually engage in dual planning; they develop simultaneous plans for reunification and adoption. This activity can be confusing for foster/kinship caregivers and for professional caseworkers. Ideally, foster/kinship caregivers treat children in their care as if they are their own. But this situation creates the potential for great loss for both the children and the foster/kinship caregivers when children leave the foster home.

REUNIFICATION

ALTHOUGH FOSTER/KINSHIP CAREGIVERS RECEIVE training on the transient nature of most foster care placements, the grief and loss they may feel when children return to their parents or extended families can be intense and enduring, especially if the foster/kinship caregivers feel that the children are being returned to situations that are less than appropriate.

Pediatricians can offer support to foster/kinship care-givers through both the anticipatory and the actual grief of children leaving their home. Usually, there is a period when visitation duration and frequency increase and safety issues are closely monitored. Foster/kinship caregivers may start to emotionally disconnect during this time, which can be confusing to children.

Ideally, birth parents work with foster/kinship caregivers so that the child's relationship with the caregiver continues after reunification, but this happens infrequently. Likewise, children who are old enough to understand that they will be leaving a foster/kinship placement may engage in challenging behaviors as part of impending separation. They may also have anxiety about the change, have unrealistic expectations about returning to their parents, or be experiencing their own grief and loss issues.

PERMANENCY PLANNING (CONTINUED)

ENGAGING BIRTH FAMILIES

PEDIATRICIANS CARING FOR CHILDREN IN TRANSITION should be aware of the impact on both caregivers and children and counsel caregivers and older children accordingly. Sometimes the pediatrician will have a well-established relationship with the birth family and continue to provide the medical home care after removal to foster/kinship care. But many children in foster/kinship care have had spotty interaction with the health care system before their removal and access may not improve significantly afterward. Many children also change doctors as they move among caregivers. Because the birth parents or relative identified as a long-term resource for a child may not attend pediatric visits, the pediatrician is advised to engage caseworkers, Court-Appointed Special Advocates, and the child's attorney in reaching out to birth parents. Often significant information is unavailable to pediatricians, so they rely only on the foster/kinship caregivers. Pediatrician can ask other professionals involved with the children to encourage birth parents or other relatives to attend pediatric visits.

Pediatricians need to realize that they may have little or no input in the ultimate permanency decision even though they may identify the foster/kinship caregivers as a more appropriate influence than the birth parents for a child or teen. This situation can be extremely frustrating for pediatricians who are experts in children's health and well-being.

ADOPTION

ADOPTION OF CHILDREN OUT OF FOSTER CARE PROVIDES them with a forever family and can be "open" (some contact is maintained between the child and birth parents) or "closed" (no contact is legally provided for).

The Adoption and Safe Families Act of 1997 requires states to begin termination of parental rights proceedings once a child has been in foster care for 15 of the previous 22 months unless reunification is pending. Not all localities follow this standard closely, and foster/kinship caregivers have no legal standing in most states until a child has been in their care for at least a year.

Until children are freed for adoption, their birth parents remain their legal guardian. After children are freed, birth parents have no rights except possibly the right to a certain number of visits or phone calls in the case of open adoption. Adoption by foster/kinship caregivers with whom the child has a long-standing relationship is often a desirable outcome of foster care placement, but children may perceive being freed for adoption as the final loss of their family.

Behaviors may escalate at this time as children process the implications of permanent legal separation from their family of origin. Adoptive parents may be confused and hurt by a child's conflicted reactions. Family or individual mental health therapy may be indicated and helpful during this period as the new and permanent family forms and the child deals with the final separation from the family of origin.

Birth parents may also need support during this period. Most birth parents lose their parental rights through a legal process called Termination of Parental Rights. Although birth parents may lack the ability to care for their children safely, they may still have a strong emotional connection to their children and feel as though their children are being stolen from them. Some parents deal with their grief by discontinuing visitation or expressing a great deal of anger toward the system and/or the potential adoptive parents or the children. Parents who voluntarily free their children for adoption have often moved through a long personal reflective process and recognize that their children are "better off" with the potential adoptive resources. However, the process of freeing their children for adoption is still often a painful one.

Pediatricians who engage the birth and adoptive parents can offer support during this difficult time by acknowledging everyone's feelings of guilt, anger, and sadness. Pediatricians can encourage all caregivers to focus on the children's needs and remind caregivers to minimize interpersonal conflict and negative comments about each other.

PERMANENCY PLANNING (CONTINUED)

AGING OUT OF FOSTER CARE

ADOLESCENTS WHO CANNOT RETURN TO THEIR FAMILY of origin or are not adopted out of foster care eventually age out of the system. In all but three states, the age of emancipation is 18; in three states, the age of emancipation is a more reasonable 21 years. Emancipation essentially disconnects the teen from all foster care supports and services, except Medicaid, for which the teen remains categorically eligible under the Affordable Care Act until age 26.

Emancipation is fraught with challenges for youth unless they have developed connections to caring adults such as foster/kinship caregivers, caseworkers, mentors, or members of their extended family who are committed to helping them navigate through life. Youth often leave foster care undereducated, poorly prepared for employment, and with minimal skills. Mental health, relationship, and substance abuse issues that result from unresolved or untreated childhood trauma lead to abysmal outcomes.

The preparation for independent living should include money management, employment skills, continuing education, future planning, and life skills such as knowing how to shop for and prepare healthful meals, establish supportive relationships, and practice safe sex. Foster care agencies are supposed to begin this preparation when a child reaches age 14, but there are no studies indicating whether this occurs. The abysmal outcomes of youth who age out indicate that more work needs to be done to help children develop independent living skills.

Pediatricians can help youth in foster/kinship care navigate a path to successful independent living by providing guidance about acquiring the appropriate skills for their futures. Helping youth identify their skills and talents, encouraging them to complete high school or vocational training, and assisting them in obtaining job experience while in foster care are three important things to emphasize with youth. Pediatric providers can also encourage youth to identify and connect with adult role models and mentors who may continue to be a resource into adulthood even when foster care ends.

Visit the Healthy Foster Care America (www.aap.org/fostercare) for additional tools and resources for health care professionals to facilitate communication and collaboration with professionals, families, and children and teens in foster care.

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

BUILDING PARENTAL RESILIENCE FOR KINSHIP CAREGIVERS

SESSION 1

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.

ECOMAP: IDENTIFYING YOUR COMMUNITY OF SUPPORT

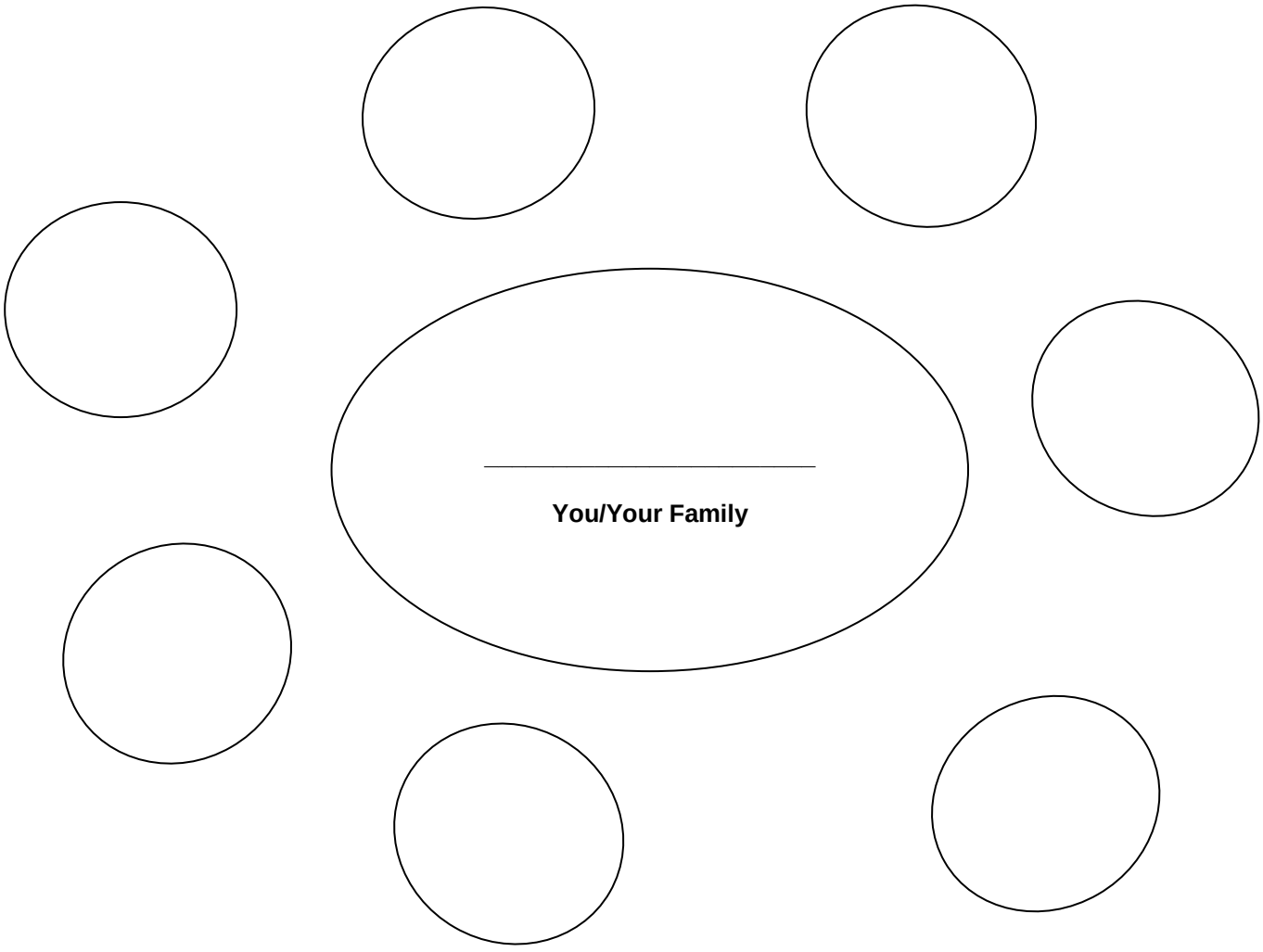
1. The center circle represents you and your family.
   - Write your name and your family members in the center circle.

2. The outer circles represent the groups, services, connections you and/your family currently have in place such as the local school, your church, support group, friends, extended family, book club, work etc.
   - Write the names of these groups, services and/or connections in the outer circles. Add more circles if needed.
   - Draw a line between each outer circle to the center circle using the legend below:


Line goes from support to family, representing something that fills you or your family's glass


Line goes from family to support, representing something that takes away from you or your family's glass


Line goes both ways, showing it both gives and takes away from you and/or your family's glass



Who's Got Your Back

This article is written by Sarah Horton Bobo. Sarah was the Director of Post Adoption Services at Bethany Christian Services for 7 years. This article was originally published at https://bethany.org/resources/who-s-got-your-back. Learn more at www.bethany.org

I often hear from parents who don't know where to turn for help. Although others enthusiastically supported and encouraged them to pursue adoption or foster parenting, they soon find themselves alone after children join their families. Shocked and frustrated, they wonder, *Where did all those people go—our church, our agency, our friends, our family?*

It's true that people will disappoint you in this journey. Your mom, who you thought would invite your kids to have sleepovers at Grandma's, tells you she can babysit no more than two hours at a time. Your church, that preaches about protecting vulnerable children, tells you your child's behaviors are too difficult for the Sunday School volunteers. Your best friend suddenly gets too busy to talk. Your spouse works longer hours and travels more than before you adopted. No matter what the situation may be, it feels awful.

What can you do when you face these challenges?

Accept what people can give and work within their limits. No one person can give you everything you need. Also take time to identify what makes you feel supported. Gary Chapman's book *The 5 Love Languages* gives insight about the ways we like to give and receive love and support. If your love language is acts of service, for example, you may want someone to bring you a meal. But your friend may show love by calling you to talk and offer encouragement. You may think, *I don't have time to talk right now! Don't people know I just need help getting food on the table?* Perhaps they don't.

Likewise, you may find yourself thinking, *I'm so annoyed that all my parents do is spoil the kids by bringing them presents. That's not the kind of help I need.* Perhaps your parents demonstrate their love through gifts when what you are really looking for is words of affirmation. Simply acknowledging these different styles can help you see that no one intends to fail you.

Reflect on what type of support you hoped you'd receive and consider where your needs are unmet. Rather than a general sense of "I need help," if you can more specifically articulate the help you need, then you're more likely to get it. Try breaking your needs down into categories and making a list of areas like these where you feel like you need the most help.

PRACTICAL/DAY-TO-DAY

<u>I'm overwhelmed. I don't know what I need.</u>

- Ask a friend who is a planner and loves organization to help you make a plan.
- Ask support group members/mentors to give you a list of ideas based on what they found most helpful.

- Discuss your feelings with a counselor or work with a life coach.
- Start a list or journal about the times when you feel most overwhelmed. Look for patterns that can help you pinpoint where and when you seem to need help most.

I need help with daily chores.

- Create a care calendar that lists specific needs and share this with people who have said, "Let me know if you need anything."
- Ask a friend who enjoys shopping to do some shopping for you, or do your shopping online.
- Try meal and grocery delivery services.

I need help running kids to appointments and activities.

- Add this to your care calendar.
- Look for other families to carpool with.
- Evaluate opportunities to cut down on activities.
- Coordinate or combine appointments.

I need specific household supplies or clothes for my children.

- Check with adoptive and foster parent groups to find community clothing closets.
- Ask friends with children if they are interested in swapping items.
- Post the type of items you need on social media.

EMOTIONAL SUPPORT

I need to talk to someone who understands my journey.

- Connect with foster or adoptive parent support groups (online or in-person) or attend adoptive parent conferences.
- Consult with adoption-competent mental health professionals.
- Seek out agency staff.

I need a mentor who can share their experience and encourage me.

- Follow adoptive parent or foster parenting blogs.
- Check with your agency about connecting you to a mentor.
- Ask a support group member to become your mentor.

I need to laugh and release some parenting stress.

- Reconnect with an old friend.
- Go to a comedy show, watch a comedy special, or listen to a humor podcast.
- Subscribe to a humor blog.

I need to find support for the other children in my family.

- Find a support group for siblings such as Sibshop Group (siblingsupport.org/sibshops).

- Participate in family counseling.
- Look for adoption camps for family members.

I need to feel loved and affirmed.

- Think about the people who speak your "love language" and connect with them.
- Keep a gratitude journal or write down examples when your child (or others) say(s) something kind or thoughtful.
- Think of words or phrases that affirm your strengths and make a habit of repeating them to yourself.

I need spiritual encouragement.

- Read books/listen to podcasts from spiritual leaders.
- Reach out to your church and let them know you need support.
- Find a church with an adoption/foster parent ministry where you can connect.

RESPITE/NEED A BREAK

I need a short break.

- Look into after-school programs or hire babysitters. You may decide to limit this option if you are new to caring for your child. Increase time with other caregivers after attachment is better established.
- Arrange play dates with other parents.
- Ask someone to come to your house to play with the kids while you go to another room to take care of chores or relax.

I need help from someone who understands trauma.

- Try alternating babysitting or play dates with parent support group members.
- Reach out to adoption and foster care ministries to see if their volunteers are trauma informed.
- Ask family members, babysitters, and church youth leaders to participate in trauma training and give guidance about the best ways to respond to your child.

I need a longer break.

- Be proactive and schedule a long weekend when you can get away with friends. Try to think of respite as something you plan for—part of your family's routine. Don't wait to make a plan until you're at a breaking point.
- Look for day camps or overnight camps specifically for children who have been adopted. Opportunities for culture camps or life-skills-focused programs often take place in the summer.

- Some parents may be eligible for respite care through the foster care system or may be able to find occasional respite through Safe Families for Children (Bethany.org/SafeFamilies), although this is limited.

I need to pay more attention to self-care, but it feels unrealistic because I'm overwhelmed.

- Establish a daily ritual of doing something small that encourages or energizes you.
- Make a habit of reflecting on positive experiences—even the very small ones—to build your own resilience.
- Ask your friends, support group members, or others to share how they make time for self-care. See what ideas might work for you.

Tell me if these thoughts sound familiar:

I'm weak.
I'm a failure.
I shouldn't need help.
I asked for this.
I don't want to be a burden.
I don't know anyone willing to help.
I'm too overwhelmed to ask for help.
Other people will only make things worse.

These kinds of assumptions will prevent you from getting the help you need. Try to redefine what you tell yourself about the value and benefit of building up your support network. Hold on to the truth that you are not meant to go this journey alone.

Visit vimeo.com/ondemand/whosgotyourback to purchase Sarah's webinar on this topic.

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.

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.

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.

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.

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

Overview of the Impact of Trauma and ACEs

SESSION 1

Adverse Childhood Experiences

(ACEs)

What are they and what do they mean to me?

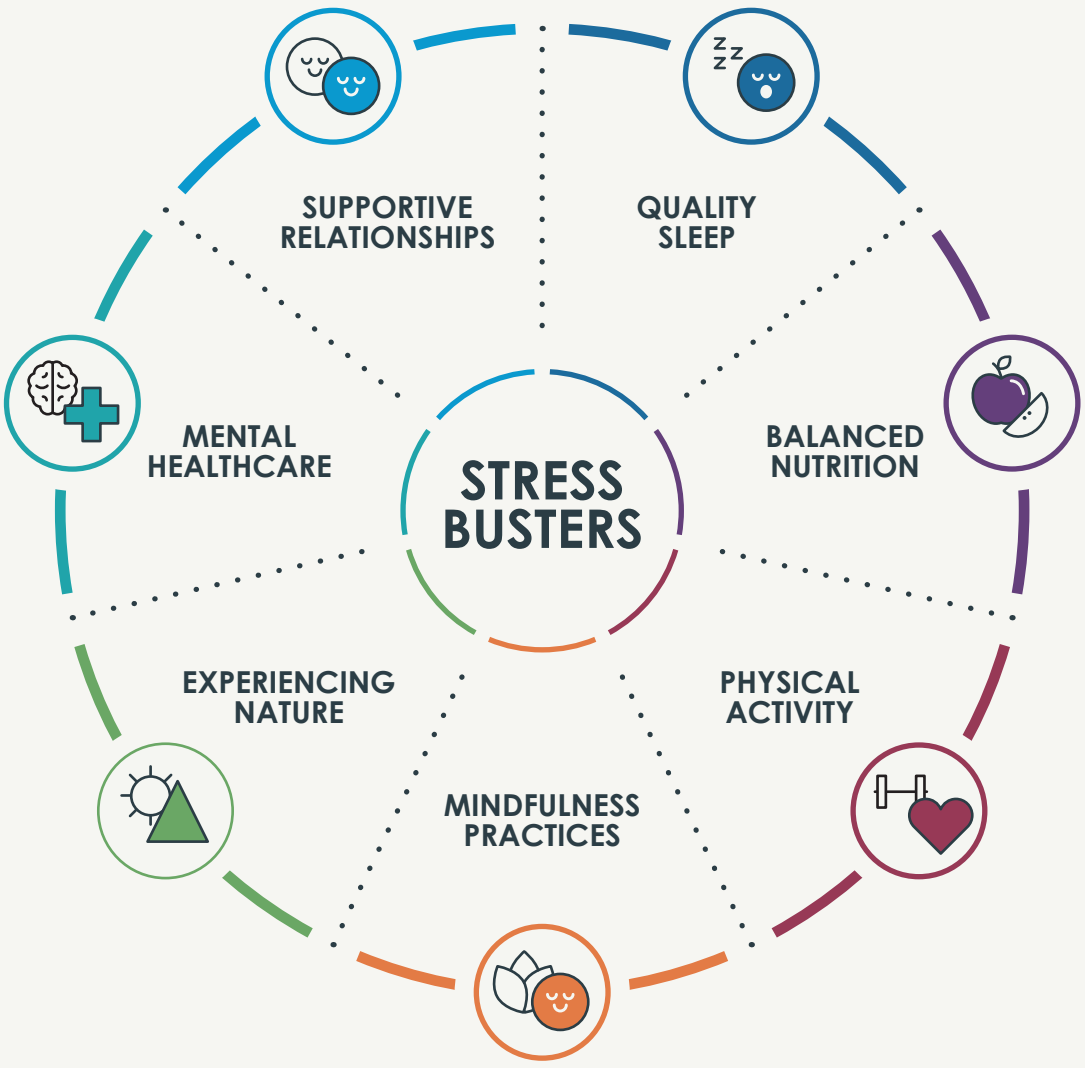
Adverse Childhood Experiences—also known as ACEs—can affect your and your family's health. ACEs affect all communities. In fact, two-thirds of us have had at least one ACE.

ACEs are events that occur during childhood that can cause high levels of stress in your body and your brain. That stress is considered "toxic," and can have life-long health effects if not recognized and treated.

There are 10 ACEs that we talk about. You may be asked to review this list and let our health care team know how many of these you or your child have experienced. This is known as the ACE "score"—it will help us do a better job of meeting your health care needs.

The 10 ACEs

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Having caregivers with mental health concerns
- Having caregivers with problematic substance use
- Having caregivers that are separated or divorced
- Having a caregiver that has been incarcerated
- Domestic violence at home



More than a Number.

Having ACEs does not determine our futures—our stories are more than a number. The important thing is to identify and understand our ACEs and toxic stress, and then work to find ways to heal.

Research shows there are several things we can do to reduce the stress that we feel and prevent further health conditions from developing:

- Having healthy and supportive relationships with a parent, family member, or mentor
- Getting regular sleep
- Eating healthy food
- Spending time outside and in nature
- Getting regular exercise
- "Mindfulness" practices like yoga, meditation, and deep breathing
- Talking to a mental health professional

Let your health care team know if you have questions.

Go to NumberStory.org to learn more about ACEs and toxic stress, and what you can do to improve your health.

NumberStory.org

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How to Reduce the Effects of ACEs and Toxic Stress

Adverse Childhood Experiences (ACEs) may increase a child's risk of health problems, but parents' consistent care and support help to protect children's health. Relationships with loving and supportive adults can reduce children's stress levels. Even simple activities like playing with bubbles, bear hugs, lullabies, listening to music together, and coloring can make a difference.

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

- Tune in and learn your child's signals. Help your child calm down when you sense that she is stressed or scared. Soothe your child, and teach ways to calm down when feeling upset.
- Talk and play with your child. Babies like to be rocked, cuddled, and massaged. Toddlers thrive on hugs, shared stories and songs, and daily routines. These actions can help children feel seen, heard, and understood.
- Focus on managing your own stress. This can help you better adjust the way these feelings impact how you respond to your child. Having a calm parent will help protect your child during periods of stress.
- Take your child to regular medical visits. Your medical provider can help you understand when your child's health may be at risk.

Other ways to help your child's body deal with stress:

- Stick to daily routines. They help children know what's happening next, which can reduce stress.
- Have your child exercise regularly. Make sure your child is getting at least an hour per day of active play.
- Help your child eat well. Good nutrition builds brain health and protects the body. Serve fruits and veggies at meals and avoid junk food.
- Turn to supportive relationships in your family and community.
- Ensure your child gets adequate sleep. Sleep gives the body time to grow and recharge and children who get adequate sleep manage stress more easily.
- Seek mental health care if needed.
- Practice being in the moment; try breathing and meditation. It can help the body manage stress.
- Talk to your health care provider about whether your child's ACEs might be affecting his health and what you can do about it.

ACEs don't just affect children,

they affect families. Some of the most important things you can do to stop the effects of ACEs include learning to manage your *own* stress so you can be a healthy, stable, and caring presence for your child. This includes making lifestyle choices such as eating healthy food, getting regular exercise, making a good night's sleep a top priority, and practicing mindfulness. Getting mental health support can also be helpful if you experienced ACEs and trauma in your own childhood or are currently experiencing stressful or traumatic situations in your life. The good news is that science shows how bodies and brains grow and change *every minute of the day!* This means that by starting *today,* putting some of these lifestyle choices into action and getting the right help when you need it, can help build a healthier future for you and your family.

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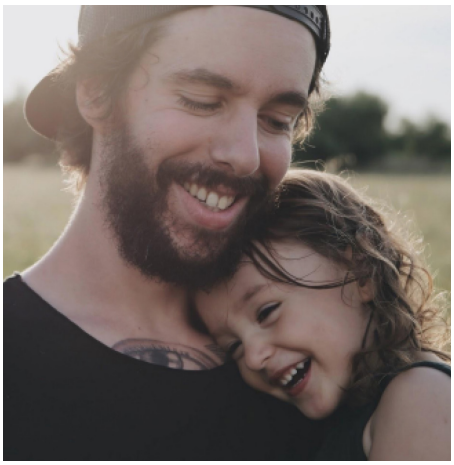
The Benefit of Supportive Relationships

Relationships are important

for the health and well-being of every family. All families face difficulties. For some, the challenges are intense or too frequent for a child to manage. When a child is stressed often, is stressed for a long period of time, or experiences a severe stressor without the support of a caring adult, her body may react with a what is called a "toxic stress" response. Over time, without the right support from a trusted caregiver, this toxic stress response can harm a child's developing brain and body. But the good news is—*it doesn't have to!*



The first thing you can do is get support for yourself. A healthy, stable parent can more easily provide his child with a loving and supportive home life. Safe and nurturing relationships can protect children's brains and bodies from the harmful effects of stress and adversity. Other things, like healthy nutrition, daily exercise, making a good night's sleep a priority, practicing mindfulness, and getting mental health support if needed, can also help. These practices are great for you, and also for your child!

Supportive Relationship

Parents also need reliable and supportive relationships for sharing thoughts and feelings. You can build strong relationships in your community by connecting with family, friends, faith communities, and local resources such as parenting groups. Making healthy relationships a priority will help you feel more supported, which can *improve your ability to do the following:*

- Parent in ways that help your child feel safe, cared for, and protected.
- Provide a safe space for your child to explore, learn, and grow.

- Teach your child words for different feelings, like sad, happy, and mad. Help them recognize how and where they feel these emotions in their bodies. Sometimes the first sign of feeling stress is having a tight chest or a clenched jaw! Labeling and understanding these emotions is an important step in learning to manage feelings in a healthy way—for both adults and children!
- Set age-appropriate limits, state expectations clearly, and be consistent with age-appropriate discipline that focuses on teaching, not punishment.
- Treat everyone in the household with respect.
- Keep adults in your household from using violent or abusive language around or directed at children.
- Avoid physical discipline with children.
- Use daily routines to provide structure and a sense of safety.
- Tell your child when there will be changes to the daily routine, and what these changes will mean for him.
- Give your child some choices—like asking if she would like to brush her teeth before or after bath time.
- Pay attention to your child's signals and respond with love and care.
- Make sure you enjoy special one-on-one time through play, stories, bath time, and shared meals.
- Let your child take the lead by letting him choose an activity and paying attention to him without distraction when you do something together.
- *Recognize when you are feeling stress!* When this happens, have an action plan. For instance, you might think about taking an "adult time out" for a few minutes. This will allow you to take a deep breath, refocus, and return to your family in a calmer state of mind. This is important! Because when kids see adults around them manage stress in a healthy way, they learn to do the same thing.

These practices help create safe and stable homes that are good for everyone in the family.

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ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child s physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children s brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child s health. [*Check the goals that you are picking for yourself and your family!*]

- ❑ **Healthy relationships.** We ve set a goal of...
  - ❑ Using respectful communication even when we are upset or angry
  - ❑ Spending more high-quality time together as a family, such as:
    - ❑ Having regular family meals together
    - ❑ Having regular no electronics" time for us to talk and/or play together
    - ❑ Talking, reading, and/or singing together every day
  - ❑ Making time to see friends to create a healthy support system for myself and our family
  - ❑ Connecting regularly with members of our community to build social connections
  - ❑ Asking for help if a relationship or environment feels physically or emotionally unsafe
    - ❑ The National Domestic Violence hotline is **800-799-SAFE (7233)**
    - ❑ The National Sexual Assault hotline is **800-656-HOPE (4673)**
    - ❑ To reach a crisis text line, **text HOME** to **741-741**
  - ❑ Create your own goal: _____

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- ❑ **Exercise.** We ve set a goal of...
  - ❑ Limiting screen time to less than one hour per day
  - ❑ Walking at least 20 minutes every day
  - ❑ Finding a type of exercise that we enjoy and doing it together as a family
  - ❑ Getting my child involved in a sport, dance class, or other form of regular exercise
  - ❑ Create your own goal: _____

- ❑ **Nutrition.** We ve set a goal of...
  - ❑ Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
  - ❑ Drinking water instead of juice or soda
  - ❑ Eating at least 5 vegetables and/or fruits every day
  - ❑ Choosing whole wheat bread and brown rice instead of white bread or rice
  - ❑ Create your own goal: _____

- ❑ **Sleep.** We ve set a goal of...
  - ❑ Turning off screens 30 minutes before bedtime
  - ❑ Helping my child go to bed at the same time every night
  - ❑ Making a routine of reading a book to my child before bed (or, if older, letting my child read to me)
  - ❑ Creating a calm place for sleep
  - ❑ Using mindfulness or other stress reduction tools if worry is keeping my child up at night
  - ❑ Create your own goal: _____

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- ❑ **Mindfulness.** We ve set a goal of...
  - ❑ Taking moments throughout the day to notice how we re feeling, both physically and emotionally
  - ❑ Finding at least one thing to be thankful for each day
  - ❑ Practicing mindful breathing or other calming technique(s) during stressful situations
  - ❑ Creating a regular routine of prayer, meditation, and/or yoga
  - ❑ Downloading a mindfulness app and doing a mindfulness activity every day
  - ❑ Create your own goal: _____

- ❑ **Mental health.** We ve set a goal of...
  - ❑ Having a conversation as a family about emotional and mental health
  - ❑ Learning more about mental health treatment options (e.g., counseling, therapy, psychiatric services)
  - ❑ Identifying a local mental health professional
  - ❑ Scheduling an appointment with a mental health professional or keeping regular appointments
  - ❑ If I am feeling like I or my child is in crisis, I will get help
    - ❑ The National Suicide Prevention Lifeline is **800-273-TALK (8255)**
    - ❑ To reach a crisis text line, **text HOME** to **741-741**
  - ❑ Create your own goal: _____

Remember, the most important ingredient for healthy kids is a healthy caregiver. Here are some other goals that you can set for yourself to help your whole family be healthier.

- ❑ **Self-Care.** I ve set a goal of...
  - ❑ Making a plan for what to do when I m feeling stressed out, angry, or overwhelmed
  - ❑ Planning with my partner, friends, or family to get the support I need
  - ❑ Seeking help if I am not emotionally or physically safe
  - ❑ Making regular appointments with my medical provider(s), including for preventive care
  - ❑ Getting my ACE score and talking to my medical provider about how to improve my health
  - ❑ Identifying my strengths and learning more about building resilience
  - ❑ Create your own goal: _____

For more information, please visit:

From **First 5 California**: http://www.first5california.com/
From the **American Academy of Pediatrics**: https://www.healthychildren.org/
From **ACEs Aware:** https://www.acesaware.org/resources/

Mental Health:

- **The National Alliance on Mental Illness (NAMI):** https://www.nami.org/help
  - 1-800-950-NAMI (6264); Crisis Text Line **– Text NAMI to 741-741**

BUILDING CHILDREN'S RESILIENCE RIGHT TIME VIDEO

Key Points

General Information:

- No one is born with resilience; the ability to bounce back from hard times develops over time and with support. Resilience is the combined result of tuned in parents, a child's temperament, healthy attachments and plenty of practice.

- Children who have experienced trauma, grief and loss have not always had opportunities to develop resilience. Parents who are fostering and/or adopting will play a critical role in helping children to build their resilience.

Part 1: Definition of Resilience

- What is Resilience? It is the child's ability to "bounce back" by:
    - Managing the stress of challenging, or even traumatic events
    - Returning to a "normal" functioning state after the traumatic event(s)
    - Being able to learn and move forward to grow despite set backs
    - Flourishing emotionally, behaviorally, spiritually, in relationships and at school despite the hard times

- The Resilience Myth
    - Sometimes people think children are naturally resilient
    - Resilient children are built, not born

- Anybody can be overwhelmed by the challenges they're experiencing. Children who have experienced trauma do not just "bounce back". They need to be nurtured within an environment that recognizes the challenges they've faced. They also need to be taught how to navigate hard situations in new ways.

Part 2: Protective Factors that Support Resilience

- Picture the outcomes for children as a see-saw, with positive outcomes on one side and negative outcomes on the other. In the middle of the seesaw is the fulcrum which balances the seesaw. Picture the fulcrum to be based on the child's history and genetics. The fulcrum will not always be in the middle, meaning that the child might start with a heavier lean in one direction on the see-saw.

- Risk factors can weigh the see-saw down on the side of negative outcomes. These risk factors can include:
  - Domestic violence
  - Parental mental illness
  - Parental substance abuse
  - Prenatal substance exposure
  - Abuse and Neglect
  - Inconsistent caregiving

- It will take positive experiences, which are called "protective factors" to outweigh the negative risk factors. Protective factors can include:
  - A caring, stable family, with tuned in parents
  - Caregiver resilience- Children look to their caregivers as a model and guide for how they should overcome challenges. When adults have the ability to step back when things are not going well, and to come back and try again, this models for children *how* to be resilient.
  - Relationship of parenting partners- If there is more than one adult in the home, the stability of that relationship serves as a model of healthy relationships. This includes modeling mutual respect, communication and problem solving skills. When the adults in charge are on the same page, children feel safe and secure
  - Supportive community- Relationships outside of the family are also key protective factors. This includes identifying people in the extended family or community who are willing and able to be a support to the child and the family. This also includes finding appropriate formal supports like schools, doctors and therapists who can be good partners.
  - Physical and emotional safety- It is not enough to be safe, or to know they are safe, children need to *feel* safe, and not vulnerable at home. Parents need to project safety through their faces and body language, not just through words.
  - Predictability and structure- Children who have experienced unstable backgrounds and high stress find it reassuring to have routines that are positive. Simple routines like bedtime/story time can create an environment of recovery. Children can be given specific chores or activities that maintain the stable atmosphere.
  - Rules and Boundaries- Rules and boundaries can help children feel calm and regulated.
  - Enrichment activities- Parents need to provide modeling and feedback that shapes ideas of children. Seek out and get children involved with activities that they excel in so that they can feel positive about themselves.

- Advocacy is a key part of building resilience so children can learn how to solve problems for themselves. Fighting for children role models how to effectively and appropriately advocate for themselves. It also shows the children that they matter enough to fight for!

Part 3: The Building Blocks of Resilience

1. Sense of belonging and connection
   - Most of this will occur through relationships with other people. However, not every child will be ready to join a group or a team or even to make friends. Instead these children may need to get this sense of belonging developed through the family. The family can help children to experience social skills and explore interests.
   - Help children explore where they may feel a fit by trying out activities at home, like singing to the radio, reading books together, or kicking around a ball. This will strengthen the relationship with the child and also provide the child with the safety they may need to feel comfortable to try the interests and talents with other people.

2. Self-Efficacy
   - This is a sense where the child feels like they have some control or mastery, that they're good at something.
   - Finding something the children are good at allows children to feel good about themselves. This could be anything at all, from sports to academics to making other people laugh. It is important to provide children with opportunities to explore and learn, and include the expectation that they will not always be successful the first time they try something.
   - Failing in manageable ways, not devastating failures, are something all children should learn; small failures help children learn how to regroup and start again. Mastery in life happens one step at a time and children need a chance to do it on their own.

3. Self-Regulation
   - Children who have lived with a lot of stress and trauma often experience "dysregulation". Teaching children how to "regulate"/calm themselves will help them feel like they can do it.
   - It is very helpful to teach children how emotions like anger or worry or fear make them feel and then to engage them in things that help them feel better.
   - Things that help children learn these skills can be wrapped into everyday activities, like playing outside, doing a particular chore, asking a child to take the dog for a walk, etc.
   - Things that involve touch and movement can be effective in helping children self-regulate/calm themselves, such as breathing while counting, going for a walk, getting foot/hand massages (if appropriate), listening to calming music or even having them wrap up in weighted blankets.

4. Sense of Identity
   - It is important to find ways to have children share their value with others. Provide children with opportunities to be generous to others, for example, through volunteering, donating, doing service projects, etc.
   - Children who have experienced loss and trauma often think that people are helping them because they're broken, it is powerful to flip that belief by supporting the child in finding their own value through helping others.

- Parents have important roles to play in developing this sense. They support the child in feeling secure and developing hope for the future. While parents are the ones to be honest with children and hold them accountable for mistakes, they will also be the ones who will love and support them no matter what and will be the most excited for the child when things go well.
- When children know that they are valued and precious, they can develop the inner belief that they can overcome whatever stressful situations come their way. Parents can help children see that life goes beyond surviving, instead that they can thrive and reclaim their full potential.

✏️ Journaling Thoughts

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

CHILD DEVELOPMENT

SESSION 1

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.

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✏️ Journaling Thoughts

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:

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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 #:8
8

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**

✏️ 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.

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

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

ATTACHMENT

SESSION 1

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.

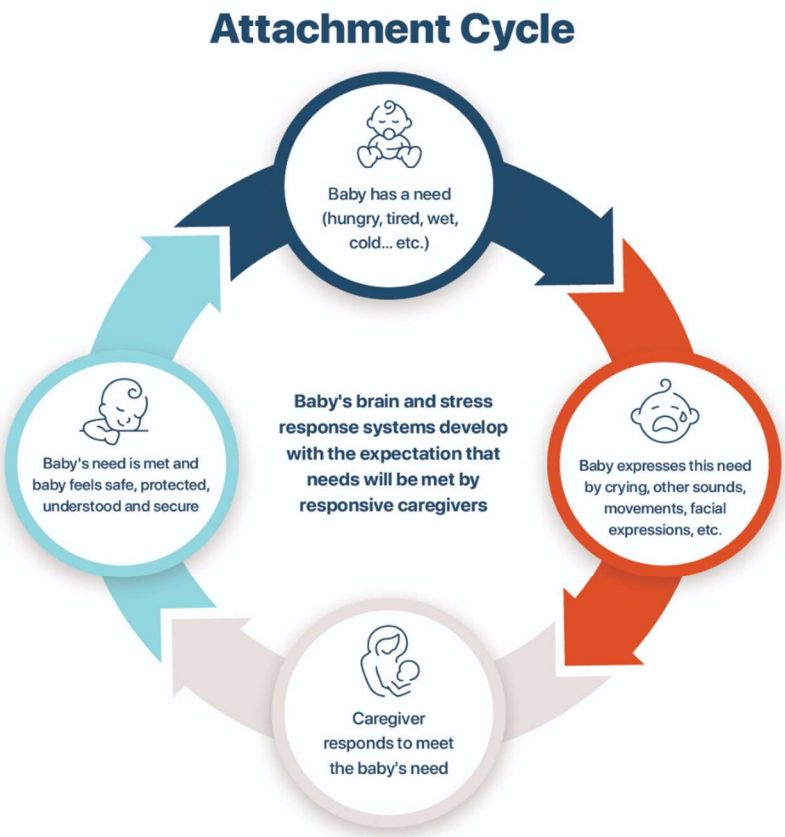
Attitude

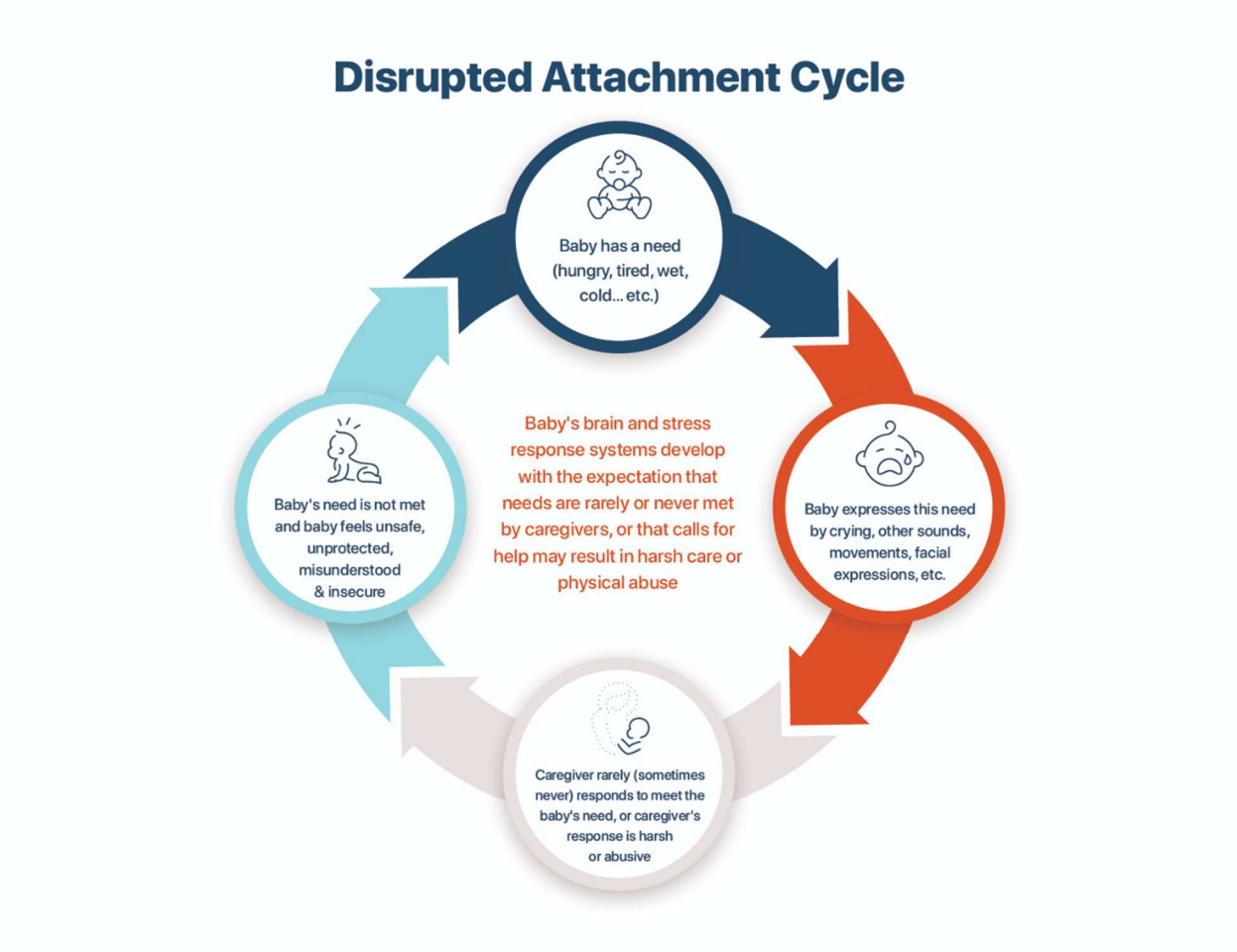
- Willing to accept the idea that children may have difficulty with relationships due to previous circumstances.
- Willing to work on developing healthy relationships with children over an extended period of time.
- Willing to commit the time needed to be attuned and present for children.
- Willing to 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.

✏️ 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 2

Trauma-Related Behavior

Parenting a Child with a History of Sexual Trauma

The Impact of Substance Use

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

TRAUMA-RELATED BEHAVIOR

SESSION 2

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

PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA

SESSION 2

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.

References

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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

IMPACT OF SUBSTANCE USE

Session 2

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?

✏️ Journaling Thoughts

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

Session 3:

Separation, Grief, & Loss

Mental Health Considerations

Accessing Services & Supports

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.

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?

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

MENTAL HEALTH CONSIDERATIONS

SESSION 3

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?

✏️ Journaling Thoughts

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

ACCESSING SERVICES & SUPPORTS

SESSION 3

Competencies

Knowledge

- Know key strategies to become an effective advocate for children.
- Understand the benefits of a support network and strategies to develop this type of network.
- Aware of the various types of services and supports available to children and the parent who are fostering and/or adopting them.

Attitude

- Believe seeking services and supports for both the child and parent who is fostering and/or adopting is a sign of strength.
- Believe it is helpful for the children and for the parent to have access to a therapeutic network.
- Believe in advocating for the needs of children.
- Willing to seek out resources and assistance for any member of the family, including myself.

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

ACCESSING SERVICES AND SUPPORTS

Key Points

General Information:

- All parents who foster or adopt may need services and supports because all children, even those you've been parenting from a very young age, will have experienced some level of separation, loss and grief.
- Even if things are seemingly well in the home, children may need extra supports with social skills, emotional development, cognitive ability and/or their physical abilities. Parents who foster or adopt will oftentimes need to seek out services.
- You are not in this alone. It will be important to know what services and supports are available in your area, from the very beginning of your journey.

Part I: Key Strategies to Advocate

- Partner with providers of care:
  - Don't make demands, come with solutions;
  - Schools are often places where advocacy is needed to make sure the educational and behavioral needs of children are being met;
  - Inform yourself of where your child's development should be and what is needed to help them achieve that. Advocacy can help children reach their full capacity;
  - Be present and helpful in locations children may need support, such as school settings;
  - Try not to be intimidated by professionals and remember that your voice is equally important in regards to the child's needs and;
  - Keep advocacy efforts focused on the child's needs and not how the issues impact parents.

- Keep records of everything including:
  - Child's background information;
  - Medical records;
  - School report cards and educational information and;
  - Any information you receive about the child;

  There may be little information currently available, especially for children adopted internationally, in which case, it is critical to partner with a pediatric clinic that specializes in international adoption.

Write everything down/document as much as possible (such as a log of medication names, doses, dates and the child's reactions to medication).

Keep your documentation all in one place, such a notebook. This will be especially helpful when you are thinking of what you might want to ask professionals or strategies that they give you.

- Be proactive in seeking services:
  - Proactively seek our services and supports in your area and get connected to groups such as support networks and do it long before there is a crisis.
  - Every child who has been adopted or in foster care has experienced loss, which may result in the child or parent needing some level of extra support. It is important that families do not wait until the child or family is in crisis to seek out support.
  - If possible try to predict and meet the child's needs before they become visible.

- Become a lifelong learner:
  - Recognize that as the child grows or as children move into your home you will need new strategies. As a result, it is important to continue to expand your skills.
  - Issues that may surface as children grow include loss and grief, attachment and identity. As children encounter some of these issues, it may result in the need for new skills, resources, and support.
  - As part of your learning, you can refer to books, magazines, conferences, workshops, videos, support groups with other parents, and advice/guidance from professionals.
  - Learn all you can about children's development, yet remember these developmental milestones are not always hard and fast but instead suggested guidelines. Use them to know what services you may need for the child.
  - Research services and supports before a child comes to live with you, including support groups.

- Self-Care:
  - Don't forget about yourself.
  - If you are at the end of your rope, you will not be an effective advocate for the child.
  - Self-care is critical for you to be an effective parent. Self-care includes getting enough sleep, exercise, and healthy food. It also means paying attention to family relationships, like marriage.

- Create a group of family and friends who understand the child's needs and can provide support.

Part 2: Your Therapeutic Network

- The therapeutic network is made up of everyone that can be of help in caring for a child who is being fostered or has been adopted. These networks can be made up of formal or informal supports.

    1) Formal support includes all the professional supports you can access:
        - Professionals working with your family should understand trauma, loss and grief, identity development, and parenting in racially and culturally diverse families.
        - They should help everyone in the family know how to respond when different issues, challenges and opportunities come up.
        - Formal supports include things such as counselors, therapists, doctors and support groups. All should be trauma informed and knowledgeable about foster care/adoption.
        - Solidify your network by partnering with other adults in your child's life, like teachers, coaches and mentors who feel like the best fit for you and your family.

    2) Informal supports are those that start informally, as the title suggests:
        - You might find connecting with other parents who are fostering and adopting is helpful. They will help you to know when what you are experiencing is typical.
        - You might find these groups online or through local support groups. If you can't find any, ask professionals like child welfare staff, counselors and pediatricians fir their suggestions.
        - If you are connected with a local parent group or religious institution, there could be a sub-group on fostering/adopting.
        - It will make a big difference if you share the information and education that you are receiving about how to parent children who have experienced trauma, separation and loss with your friends and family so they can support you and the child.
        - Kinship caregivers in particular can benefit from finding people in similar situations and specialized support groups:
            - These groups may be helpful to share resources, recommend professionals and help you feel that you are not alone.
            - Kinship caregivers may need specific support due to the complexity of relationships with the child's birth parents- both formal and informal support groups can be helpful to give advice and support.

- Just as it is important to find supports for parents who are fostering or adopting, it is important to find peer support for children:
    - Groups can also be available to children in foster care and those who were adopted through the internet, blogs, social media and local groups that take place in your area.
    - There are many ways to find these services. You can talk to the local child welfare agency, professionals, other parents who are fostering or adopting, and schools.
    - Even after a child is adopted, services and supports are available. Make sure you ask the local child welfare agency about services and supports that continue to be available to you and the child you are caring for.

- Sometimes for children, the need for support is associated with specific events or times of the year- these are called "triggers." Parents should be aware of and plan for these in advance. These events could include: birthdays, anniversaries of placement, holidays/ceremonies, school projects, births or deaths of family members or pets, divorce, contact with birth parents/relatives, or if/when the child and/or family members move in or out of the home.

Part 3: The Types of Services Available

- Be sure to look for organizations and providers that have experience and understanding with:
  - Separations, grief and loss
  - Trauma
  - Foster Care and Adoption

- There are many different types of services and supports including:
  - Mental health services including counseling and psychiatry
  - Health services
  - Academic assistance
  - Occupational therapy
  - Support groups
  - Training for yourself and others in your informal network
  - Respite - Important to remember that both you and the child can benefit from a break

- Make a written list of who you can call for support and be sure to have their phone numbers saved and/or posted for easy access.
  - Being prepared in advance will give you one less thing to worry about if/when a crisis is actually occurring
  - Anticipate that the people on your list have some training and information about your child's needs
- Adoption and foster care is a commitment that you do not have to make alone. Services can help to meet challenges, solve problems, and preserve your family. Services can bring positive results, promote healthy family relationships, and resolve issues common to families who foster or adopt.

Last updated 5/11/2021

NTDC Right Time Training
ACCESSING SERVICES AND SUPPORTS
QUESTIONS AND ANSWERS

Question 1: Why is it important for parents who are fostering or adopting to connect with services and supports in their community?

The needs of children who have experienced trauma, separation or loss differ from the needs of children who have not had those experiences. These experiences often have long-lasting effects on all areas of how a child functions, including physical, mental, behavioral and social. A child who has experienced trauma, separation or loss or a combination of all three often shows typical child behaviors that parents find challenging; but the child tends to show these challenging behaviors more often, for longer times and at greater intensity than other children. The frequency, intensity and duration of the child's challenging behaviors can stress families beyond their ability to cope.

The parenting skills that you have developed (or learned from your parents) might not always be effective with children who have experienced trauma, separation and loss. You may need to find support and assistance from professionals and other families who have fostered or adopted children. It is important for you to identify the services and supports available in your community. You need to find out how to "plug into the service network" to access these services even if you don't need them right now. Getting to know the service system and how to access services **before** a need arises is a positive, ***proactive*** approach. This proactive outreach is important preparation. It will let you know which services and supports are available and how to access them when a challenge does arise.

Other proactive steps include: 1) staying connected with your caseworker or the local child welfare agency so that you have up-to-date information about new services and training opportunities available to you and 2) working with your caseworker to understand the child's history and life story, which can help you to identify needs that may arise in the future. It's easy for these proactive steps to get pushed aside by the demands of everyday life, but don't let that happen to you. One of the most important steps in preparing to foster or to adopt a child is to connect with services and supports long before you, the child or your family is in crisis. Remember that the long-lasting effects of trauma, separation and loss do not disappear just because the child is in a safe place. You might need different types and levels of support and services over time. As children reach different developmental milestones and life transitions, it is common for families to need different supports and services to meet their children's changing needs.

Question 2: What are some strategies that parents who are fostering or adopting can use

to find local services?

One of the most effective ways to find local services and supports is to ask other parents who have experience fostering or adopting a child. They can tell you which professionals or services they have used that truly understand the unique needs of children who have experienced trauma, separation and loss. Groups for parents who are fostering and adopting often meet in person and are organized through a local child welfare agency. Some parenting support groups "meet" online and hold online discussions that you can join. Most states and tribes have some type of association or coalition for families who are fostering or adopting children. You can find the type of parenting group that your state or tribe offers by going to www.childwelfare.gov and typing in the search bar "State Foster/Adoptive Family Associations/Coalitions." It may be important to check in with a tribe to find out which resources are tribally relevant for that tribe's children and/or the parents who are fostering or adopting.

If you are fostering a child, the child's case manager should be able to connect you with services and supports. Likewise, if you have adopted a child, you can contact the local child welfare agency for help finding local services and supports. These will vary greatly from one community to the next, but almost all communities will offer training opportunities at various times during the year. Attending parent trainings can be extremely helpful because the training gives you the chance to increase your knowledge, to learn new skills and to connect with other parents and professionals in your area who are involved with foster care or adoption.

Furthermore, there are national groups for parents who are fostering or adopting. These groups hold various training opportunities and conferences during the year. They are also good resources for information that can be helpful to parents who are fostering and adopting. Examples of these national groups are the North American Council on Adoptable Children (www.nacac.org) and the National Foster Parent Association (www.nfpaonline.org). Another national group, Generations United (www.gu.org), focuses specifically on families caring for children through kinship guardianship.

Question 3: Why is it important for parents who are fostering or adopting to find providers and programs that are trauma-informed, adoption-competent, or both?

The term ***trauma-informed*** refers to care and services that recognize that experiencing trauma, separation or loss has long-lasting effects on an individual's life. The term ***adoption-competent*** describes professionals such as health-care providers, therapists or teachers who have received special training in understanding adoption and the unique needs of children who have been adopted and families that have adopted children. An adoption-competent provider is trauma-informed and has special insight into the complex issues in adoption, including the language, loss and grief, attachment, expectations, norms, family dynamics and range of feelings in the adoption experience.

Many families report that professionals who are not trauma-informed providers or adoption-competent providers, or both, do not understand the issues that can arise for children and

families who are involved with the foster care system or with adoption. This is true even of the best, most highly respected providers in the community. Because providers without special training in trauma or adoption don't fully understand the complex issues that can arise, they may end up treating a child as if the child had a mental-health diagnosis versus treating the separation and loss that may be at the core of the child's issues. When behaviors are misdiagnosed, the treatment provided doesn't actually address the child's core issues. Likewise, providers who are not adoption-competent, trauma-informed, or both, are more likely to give out information and to make suggestions to parents who are fostering or adopting that might be unhelpful or might bring shame and guilt to the family. It is important to remember that children who have experienced trauma, loss or separation often do not respond well to traditional parenting, educational, mental health and other practices.

Question 4: What is a therapeutic network, and how do you develop this type of network?

A ***therapeutic network*** is made up of professionals, providers and program leaders who are working together to meet all of a child's needs. In other words, the purpose of a therapeutic network is to make sure that there is a group of professionals surrounding the child and family who understand the child's needs and are actively working together to meet those needs. One of the most important steps in creating a therapeutic network is to obtain an in-depth, high-quality assessment of the child's needs so that you (and the child welfare agency if the child is still in care) can identify the providers, programs and services that can address those needs. If the child is in foster care, the child's case manager will be primarily responsible for developing the therapeutic network. Remember that you are crucial to this network as the advocate for the child. The insights you have about the child's behavior and emotional patterns on a daily basis is vital information for the network in determining how best to meet the child's needs.

After you have identified the members of the child's therapeutic network, it can be helpful to plan how you will share information across the network. One strategy is to get the network members to agree to a regular schedule of meetings. If you are fostering the child, the child's caseworker likely will organize these meetings. Holding regular meetings will help to ensure that everyone is on the same page and understands the care plan and goals for the child. Sometimes members of a therapeutic network have differing opinions about the best treatment approaches. At the network's first meeting, the members should discuss how they will handle disagreements and should agree on a process for talking about and resolving these differences.

Question 5: When should parents who are fostering or adopting begin to look for supports and services?

The best time to locate the services and supports available in your community is **before** you need them, especially because finding providers who are available and have expertise in the

areas needed may take time. Check with your child welfare agency about services and support that they provide and/or are aware of within the community. If the child is an enrolled tribal member, this may impact access, referrals and coordination of services in the tribal communities. Tribal nations may have resources that children who are enrolled members can access even if they don't live in the tribal community. Families who are fostering or adopting need to identify all of the services and supports available in their community so that they will know where to go and whom to contact when a need arises. Families need to be proactive not only in identifying these services but also in contacting the service providers before a specific service is needed.

Seeking services is a normal part of preparing to foster or to adopt because a family needs to be prepared to address issues that a child is currently facing as well as the challenges that might arise as the child ages and develops. The more supports and services that can be put in place early on, the better prepared a family will be to handle whatever situations arise.

The effects of trauma, separation and loss on a child do not go away quickly. This impact likely will ebb and flow over time, and it might increase at different times throughout the child's life. Even when life has been going well, a new developmental stage, a life transition (such as moving from middle school to high school) or a milestone (such as the anniversary of an important event, a birthday or a holiday) can bring up new questions from the child. When a new developmental stage or milestone is approaching, you need to watch for signs that the child might need additional support. You might notice changes in the child's mood, eating habits or sleeping patterns. If you see such changes, create more opportunities for the child to talk with you; and be prepared to "plug into" your service network to get additional support for the child and yourself.

Question 6: How can parents who are fostering or adopting be effective advocates?

Being an ***advocate*** for a child means that you speak out in the best interests of the child. Advocacy can mean that you push for something, argue in favor for or against certain services or even plead for something that the child needs. Sometimes a parent who is fostering or adopting will need to advocate for services or supports that the child needs. This advocacy can occur in numerous places, including in the child's school, on the child welfare team and with local service providers. A parent who is fostering or adopting has unique knowledge that comes from living with the child and understanding the child's needs and how those needs are changing over time. As a result, it is important for a parent who is fostering or adopting to stay involved with the child welfare team and the child's service providers to make sure that the child is receiving the supports needed to excel.

Listed below are some strategies that you can use to be an effective advocate for a child that you are fostering or adopting:

- If the child is involved with the child welfare team, make sure to consult with the team and the case manager before you do any type of advocacy.
- Attend meetings and events, and stay informed about the child's progress in school and other areas.
- Keep a record of services that the child has been offered and those that have been requested.
- Use ***child-first language*** to identify the issue or need in a way that refers to the child first and the issue or need second. For example, instead of saying "an autistic child," say "a child with autism." Instead of saying "Jayme is developmentally delayed," say "Jayme has difficulty being focused and completing tasks."
- Assume that everyone has the child's best interests at heart.
- Express the issues of concern to you clearly, and state the outcomes that you want.
- Understand and address the issue not only from your own viewpoint but also from the opposing point of view. This will help you to anticipate questions and to reduce the potential for a "No" response.
- Do your research; know what is available and what is required.
- Talk less, and listen more. Often, the other party eventually will get to the answer you need if you let that person talk.
- Bring a backup. Having someone with you will help you to stay focused on your goal. Your backup can take notes and offer suggestions. Choose someone who is emotionally neutral, professional and able to act as a notetaker.

Question 7: How can a parent who is fostering become an active partner with the child welfare team to ensure that the child's needs are being met?

Open communication with the child welfare team is essential to making sure that the child's needs are met. The team can get information from the child's history, but you have the day-to-day information about the child. Together these produce a full picture of the child's needs. Keep track (preferably in a logbook or notebook) of all the issues and strategies you have used successfully to address the child's needs. Document milestones and important events as well to keep a record of the child's successes, interests and talents. Keep the case manager informed of the child's progress, and alert the case manager about any issues that arise. Attend meetings held by the child welfare team; bring along documentation related to the child's school, medical care, dental care and mental health providers.

Question 8: What is the Child Welfare Information Gateway?

The Child Welfare Information Gateway (www.childwelfare.gov) is a resource-rich, online "virtual library" of everything related to child welfare in general, foster care, adoption, kinship care and more. It includes hundreds of easy-to-understand articles about a wide range of topics, including parenting, children's issues, school, transitions, medical and mental health

issues, parenting teens and more. The website has a search option; so, you can type a few key words into it to find what you need! You also can find a listing on the site for each state or tribe's foster care and adoption manager and their contact information. The Child Welfare Information Gateway also includes information about each state or tribe's laws and regulations related to fostering and adopting a child. The website additionally includes your community's child welfare data.

Question 9: What are some of the informal supports that you potentially can use when raising an American Indian Alaskan Native child?

American Indian Alaskan Natives always have had built-in networks of persons who can be depended on to help, especially with raising children. These networks of individuals and groups can be considered family through blood relation or "like kin." Perhaps similar to your own experience in your upbringing, a child of American Indian Alaskan Native heritage may refer to pseudo family members (fictive kin) as the child's other mom or dad, uncle, auntie, siblings, cousins, mentors, coaches and teachers who are like kin to the child. This is in keeping with the view that all of life is relational and that many communities are one large extended family of relatives whose basis is respect.

It is important for you to gain knowledge and understanding of the child's pre-existing relations (those prior to and while in foster care) to maintain healthy connections for the child, when possible. Your support for positive relationships -- particularly those that involve culture -- is essential to the child's well-being. Culture is an important factor in the well-being of American Indian Alaskan Native children. These types of informal networks can be elders, tribal mentors and others who are knowledgeable concerning tribal traditions and who keep crucial tribal customs. These culturally relevant resources can be particularly helpful meeting a child's needs, especially in helping the child to have and to support a sense of belonging.

You cannot assume who or what is important to a child; so, it is never too late to ask and to involve these individuals in the life of the child in your care, when possible. Below are some examples of questions to ask the child and others connected with the child, including the child's family and members of the child's tribal nation. You might ask open-ended questions (those that elicit answers to who, what, when, where and why):

- Who is important to you and your family and the child?
- Whom do you call when you need help?
- What can you tell me about the people who help you or other members of your family or [Fill in the name of the child.]?
- How do they help you, other members of your family or [Fill in the child's name.]?

- What overview can you give of tribal or clanship affiliation; tribal traditional or informal adoption practices; other ways of knowing who is kin or "like kin" through blood, cultural or other recognized tribal practices; American Indian Alaskan Native community structures that can provide inclusive, culturally safe environments for the child and the parents fostering or adopting the child?

To gather perspectives about the degree of helpfulness and strength of these informal networks and supporters, you might ask questions of the child or the child's family such as:

- Whom do you see or talk with regularly?
- How does the [Fill in the individual, community or group name.] help to support you?
- Which supports that we have talked about are particularly helpful for you, your family or the child, if any?
- Which supports that we have talked about not particularly helpful for you, your family or the child, if any?
- Which supports that we have talked about are stressful for you, your family or the child, if any?

All of the informal resources outlined for the child can be applicable as well to the parent who is fostering or adopting. Interviews conducted with American Indian Alaskan Native parents who are fostering or adopting have revealed that peer support through informal groups is especially helpful. Those interviewed found that peer support, among other factors mentioned, helped them not to feel alone or defeated when they faced parenting challenges.

Raising Your Kin

What's Happening

No matter why or how they came to live with you, your relative's children will benefit from being in your home. When children cannot be with their parents, living with a family member may provide:

- Fewer moves from place to place
- The comfort of a familiar language, culture, and family history
- A chance to stay with siblings
- More contact with their parents, depending on the situation

What You Might Be Seeing

Despite these benefits, the children will face some unique challenges:

- They may feel insecure and unsure that you will take care of them.
- They may act out or challenge you.
- They will miss their parents.
- They may be anxious or depressed.
- They may seem young or act too old for their ages.

What You Can Do

It will take time for your relative's children to feel safe and secure in their new home with you. You can encourage these good feelings in a number of ways:

- Set up a daily routine of mealtimes, bedtime, and other activities.
- Help the children feel "at home" by creating a space just for them. Allow them to bring comfort items from home, such as bedding, stuffed animals, and photos or posters.
- Talk to the children, and listen when they talk to you.
- Set up a few rules and explain your expectations. Then, enforce the rules consistently.
- Reward positive behavior. When children make mistakes, focus on teaching rather than punishing.
- Be as involved with their school as you can, and encourage your children to participate in school activities.

This is a big job, and you may need help from your community. Here are some suggestions:

- Help with housing or other bills, clothing, or school supplies may be available in your community to help you meet the children's needs.
- Join or start a support group in your neighborhood. Often there are local kinship caregivers support groups.
- Ask for help and referrals from a church leader, the counselor at the children's school, or a social services agency.
- If necessary, get professional help to address any special needs your relative's children may have, such as medical care, mental health care, or special education. Use respite care if it is available.

For more information on support for kin raising children, visit Information Gateway's About Kinship Care web section at **http://www.childwelfare.gov/topics/outofhome/kinship/about/**.

Remember: Parenting a relative's child brings special challenges and special joys. Do not hesitate to ask for help or seek services in your community for yourself and your children.

This tip sheet was created with information from experts in national organizations that work to prevent child maltreatment and promote well-being. At **https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/tip-sheets/**, you can download this tip sheet and get more parenting tips, or call 800.394.3366.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 4:

Responding to Children in Crisis

Effective Communication

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

RESPONDING TO CHILDREN IN CRISIS

SESSION 4

Responding to Children in Crisis

Competencies

Knowledge

- Define strategies that can be used to calm children who are escalated.
- Explain ways to make children feel physically and psychologically safe.
- Understand how dysregulated children are reacting from a place of fear with a fight, flight, and/or freeze response.
- Recognize signs of a child who is moving toward dysregulation and know strategies to employ to prevent further escalation.
- Know strategies and attitudes to keep in place when intervening during a crisis.

Attitudes

- Committed to parent children who may have episodes of extreme dysregulation and/or crisis.
- Willing to learn techniques to keep oneself regulated even during a crisis.

✏️ Journaling Thoughts

HANDOUT 1: MANAGING CRISIS

Phase One: Triggers

A "trigger" is an internal or external message that reminds the child about a past event. Triggers can be a negative or embarrassing experience that embarrasses, shames, frustrates, or scares the child. The initial feelings of the triggering phase are usually followed quickly by anger.

Examples of triggers include: events, times of the year, smells, sounds, situations or interactions such as holidays, homework time, transition to and from school, criticism from peers, hosting company, lack of sleep, changes in routine, etc.

WHAT TO DO

- Track what happens right before a crisis—use a journal or a calendar to take notes
- Collect information about the child and past events that will help you better understand possible triggers—talk to former caregivers
- Look for patterns and connections that will help you come up with ways to lessen their impact

Phase Two: Escalation

The escalation phase is when the child starts to lose control of their behavior. They may have behaviors such as yelling, swearing, becoming very demanding, or making threats.

WHAT TO DO

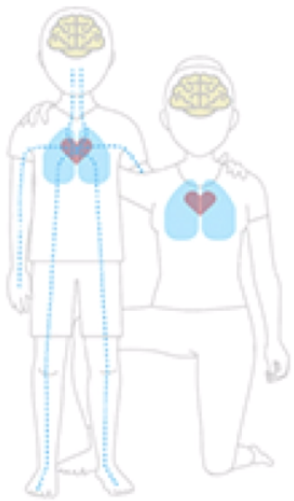
- Keep the stimulation level low
- Give them enough space so they don't feel trapped
- Move breakable items out of the way or items that could be unsafe for the child
- Ask other people to leave the area
- Step back and remember that how you react to them may cause their behaviors to further escalate
- Stay calm and do not over-react
- Listen to the child, rather than argue or try to reason
- Offer ideas, but avoid attempting to control
- If it's safe, sit down in order that you appear less threatening
- Look for constructive opportunities to distract

Phase Three: Crisis

As the situation progresses, the child enters the crisis phase. This is when the child is no longer able to think clearly. When in crisis mode the child cannot solve the problems constructively, nor are they able to express their feelings and control their behavior. They might become physically aggressive.

WHAT TO DO

- Stay calm and do not engage in the confrontation
- Keep some physical distance between you and the child
- Stay present but quiet
- Do not talk about consequences or try to reason
- Give the child physical and emotional space
- Focus on the feelings—not the behavior
- Remember: the acronym QTIP (**Quit Taking It Personally**)



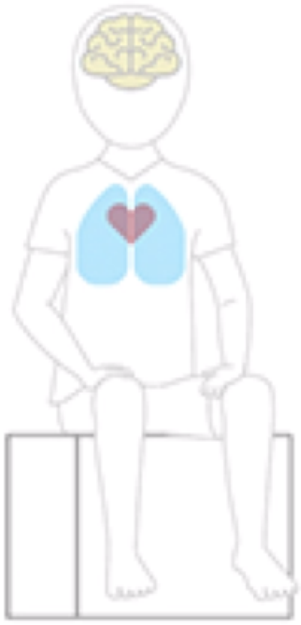
Phase Four: Recovery

The recovery phase is when the child starts to gain more control over their behaviors again. You might notice their voice lowering. The child will start to relate to you more clearly and appropriately and seem more relaxed. When the child is calm, they may feel remorse for what happened and try to apologize, or they might remain upset and want to be alone. The recovery phase is the time when the child can learn from the crisis and hopefully be shown ways to handle a similar situation differently the next time.

WHAT TO DO

- Be patient as the child is showing signs of calming down
- Seek connection and trust
- Help your child reflect on the crisis
- Be present, loving and nurturing

While being nurturing and comforting, you might be met with anger from the child: “Get away from me! Leave me alone!” These angry statements can help you to give voice to the crisis. Respond by saying things like: “I know this is hard and that getting close is scary. I want you to know that I’m here for you.”



STRATEGIES TO PREVENT A CRISIS

While you will not be able to prevent every crisis, there are some things that can help prevent your child from entering the crisis phase.

WHAT TO DO

- Create routines
- Prepare the child for new environments and experiences
- Be an "attuned" parent— pay attention to the child's unique patterns of communication
- Anticipate and plan for basic needs: HALT
- Create distractions
- Model for the child how you regulate yourself and keep yourself calm

Hungry/Thirsty
Angry
Lonely
Tired

MANAGING YOUR REACTIONS

- Identify your own "triggers"—such as the child not being respectful or not following directions, times when you feel misunderstood or when you experience too many new challenges
- Think about what the need is behind the child's behavior
- Know ahead of time what things work to calm yourself down (turning down the TV that's too loud or taking a few minutes to step outside)
- Stop for a minute to take a deep breath before you react can help you feel calmer and in control

IDEAS FOR MODELING SELF-REGULATION

- "I am frustrated right now, and I'm going to take a few minutes to calm down before we talk about how we're going to solve this problem."
- "I need a break, so I am going to go on a walk / call my friend / exercise / read/ journal."
- "Can anyone tell me a funny joke right now? I really need a good laugh."

CRISIS SAFETY PLANS

A Crisis Safety Plan is a plan for managing a child who becomes so elevated and out of control that they, you, or other people become at risk for harm.

WHAT TO INCLUDE

- The steps that will be followed by all family members when a child's behavior is escalating and when a child is in the crisis phase
- A ready and accessible list of people you can call to help

When you create your plan, prepare people for what they will need to do—don't wait until you are in the middle of the crisis event.

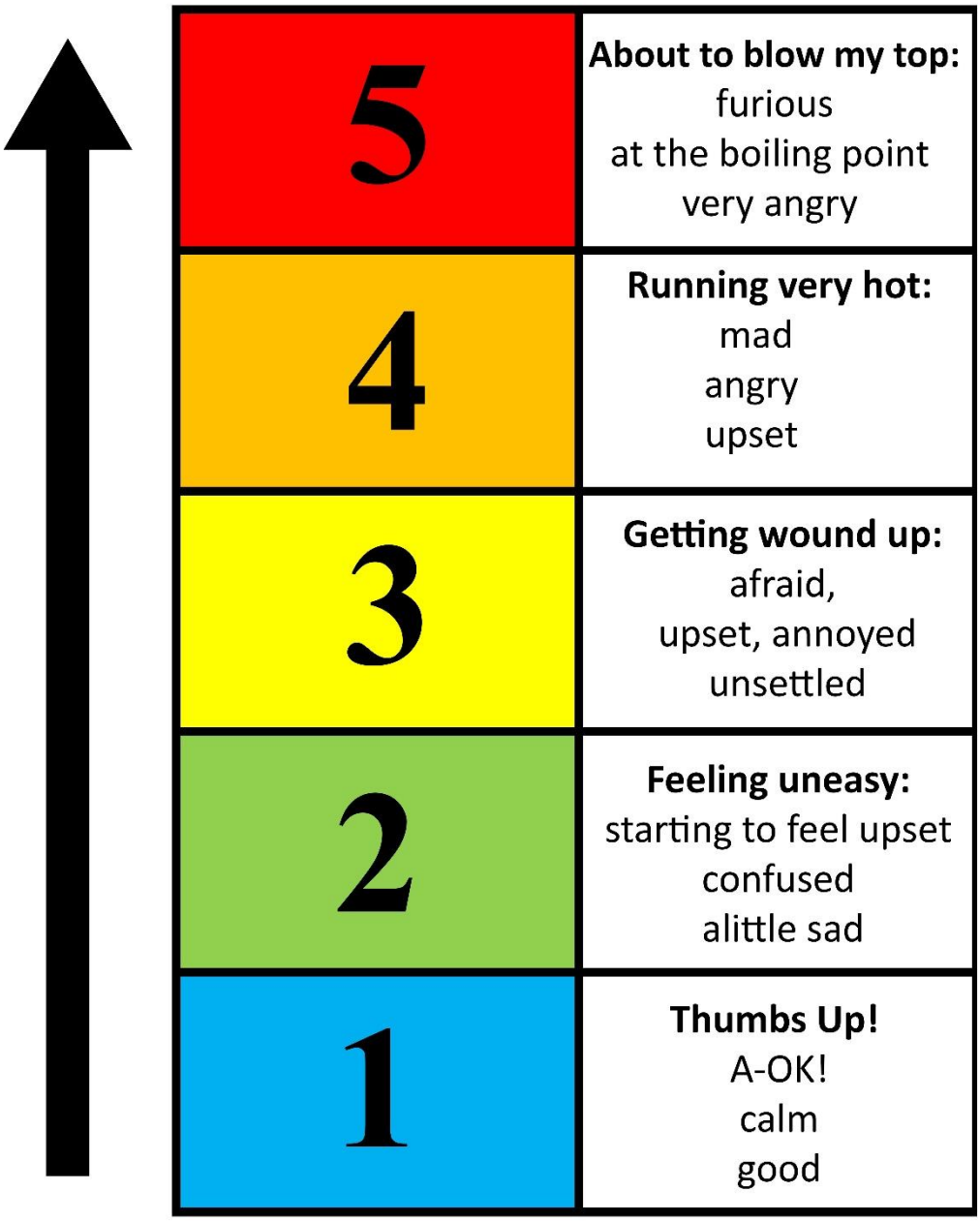
PARENT TIP SHEET: DOS AND DON'TS TO MANAGE ESCALATED BEHAVIORS

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.



5	**About to blow my top:** furious at the boiling point very angry
4	**Running very hot:** mad angry upset
3	**Getting wound up:** afraid, upset, annoyed unsettled
2	**Feeling uneasy:** starting to feel upset confused alittle sad
1	**Thumbs Up!** A-OK! calm good

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

ANGER METER

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

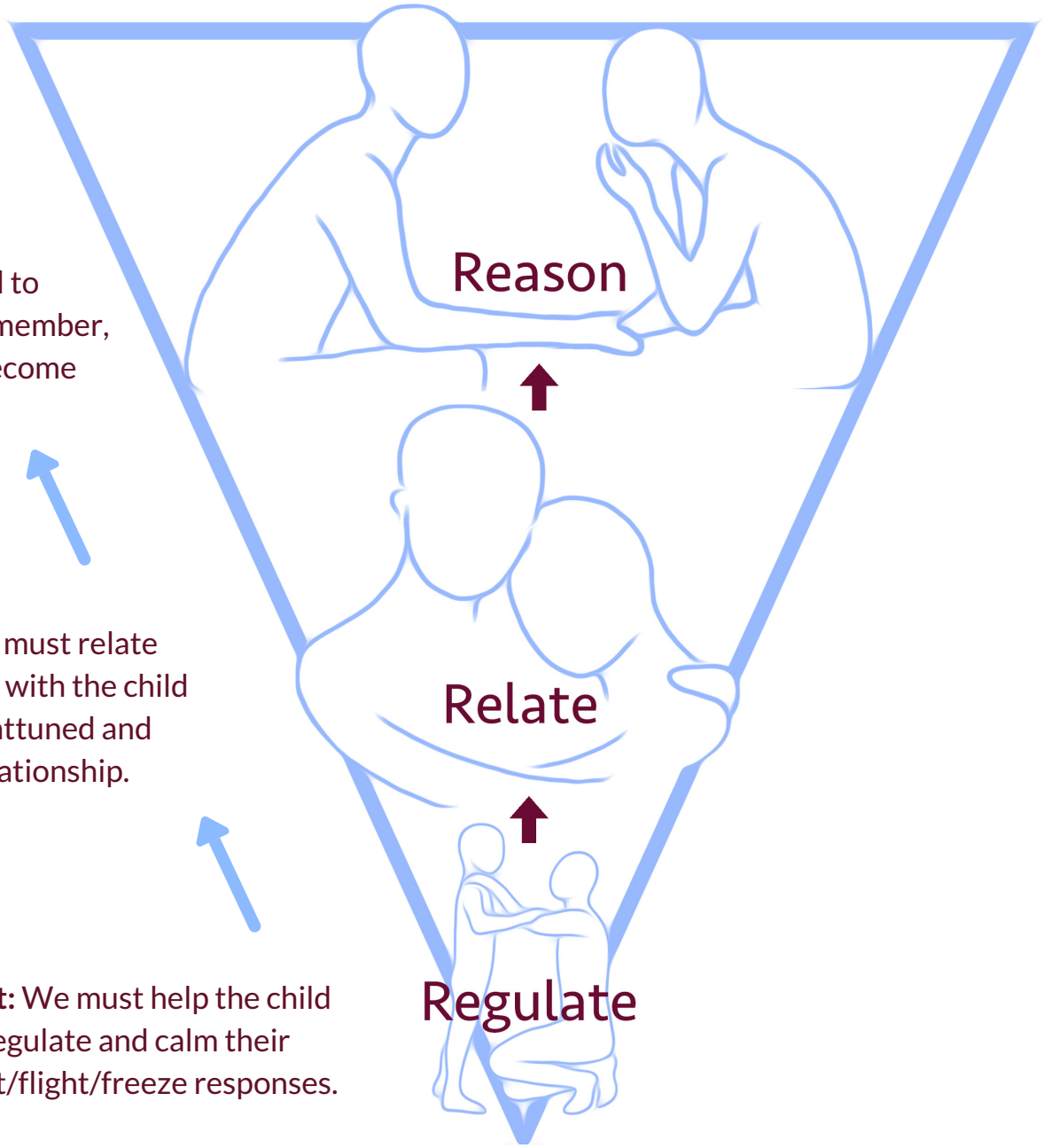
  - Checking in on me
  - Making my favorite meal
- If the people identified for support are not those that can be reached easily, acknowledge that those people are comforting, but list others who are more quickly accessible. This list should include at least one professional. Numbers should be on the 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.

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.

Helping Children Manage Behaviors: Increasing Affect Regulation

Adapted by Anna Libertin, NACAC's communications specialist, from a webinar by Sue Badeau

Everyone struggles to manage their emotions sometimes: in our most stressful moments, we let our feelings take over and fail to embody the best version of ourselves. For children who have experienced trauma, abuse, and neglect, managing feelings and behaviors can be an even bigger challenge. Lying, stealing, raging, cursing, hoarding, harming oneself or others, acting out sexually, destroying property, and other tough behaviors are often survival skills that children have used to cope with past trauma.

It's important to recognize the root of these challenging behaviors so we can begin to address them. When a child experiences trauma, they feel fear, confusion, worry, anger, and a sense of being out of control. The smells, sounds, images, and feelings associated with these traumatic memories can later trigger these emotions, even if a child is now safe. As a result, the responses of children in your care might not seem to match the situation or setting they're in. For example, a child who has lost members of his birth family in a drive-by shooting might begin acting out every time he enters the school cafeteria because the loud sounds place him back in those harrowing moments. A teen's mood might shift suddenly when you're baking a pie because the smell reminds her of her birth parents' biggest fight, which took place at Thanksgiving.

Being able to appropriately match one's thoughts, feelings, and behaviors to events is called affect regulation. While children who experience trauma might not be able to manage their emotions and behaviors right away, following the steps below can help them re-learn or further develop their affect regulation.

In the Moment

At the height of a triggering situation, a parent's main goal should be to help their child become calm. Whether scared, sad, mad, or confused, at their core a child is feeling out of control and unsafe. As a result, their bodies are hyperalert. Focus first on getting the child to slow down—work on helping the child pause before they take action. There are many ways to do this, including practicing controlled breathing, chewing gum, or listening to their favorite song.

When a child is triggered, they're not only remembering a traumatic event—they're physiologically reliving it. Help them find ways to be present in the current moment and distance their physical selves from this memory by having them clap their hands, spin around, or hold an ice cube. Ask them to focus on the way they feel in their body and draw attention towards specific senses: "Do you hear the buzz of the air conditioning?", "Do you smell the wood of the chair you're in?", "Do you feel the threads of the carpet on your toes?"

Once the child is physically calm, help them to feel comfortable and safe again. Then, create a plan. Find two or three things the child can do to relax or create two or three things they can say to themselves that can help them calm down. If you find the child struggles with triggered outbursts frequently, put these ideas on a little card or make a mnemonic device that might help them remember what they can do to calm down and who they can call for support. For example, remind the child to be "CALM":

- **Control** the messages they tell themselves by looking for humor, acknowledging the struggle but setting it aside, considering the consequences of a negative action, or learning to look at the situation from a different point of view.
- **Assert** themselves with respect for themselves and others instead of using anger or aggression which could escalate conflict.
- **Lie** back in a comfortable chair and breathe deeply or walk around to release the adrenaline.
- **Make** use of memory aids to help themselves stay calm—like a rubber band on the wrist that acts as a tangible symbol of their commitment and strategies to manage behaviors.

After an Incident

After an outburst or meltdown, it can be easy to wonder, "What is wrong with this child?" Remember that these reactions, which seem so out of the blue, are the result of significant past trauma. Instead of asking what's wrong, ask, "What may have happened to this child that has caused this behavior?"

Be observant: Look closely at what is happening before, after, and at the time of a meltdown or challenging behavior. Identify patterns of sound, sights, and smells so you can determine what might trigger these responses and be more prepared for next time.

Once the child is calm and the incident has passed, sit down with the child and work on talking about what exactly they were feeling in the moment. Behaviors are a way for people to communicate emotion, so if the child can understand how they are feeling, they can find new ways to express themselves. Describe different emotions—including happy ones—and explain to the child that it is okay to feel mad, sad, scared, or confused. Ask them to think more deeply about their bodies. Asking questions such as "What do you think your body is trying to tell you when your face gets hot?" or "Why is it that right before your math test, you had a tummy ache?" can help the child connect their body's reactions to their feelings and behaviors. You can also work with them to help them recognize their own triggers—while the child might not be able to explain why they get agitated when you make a certain meal, asking them if they know why this always seems to happen at a specific place can help them start to connect the dots. If they are unused to expressing emotions, the child might resist having this conversation. Don't force the child to talk about their emotions if they're feeling uncomfortable. Instead, deflect the attention by explaining how you might have felt in a similar situation or think of different ways for the child to express themselves, such as through art or music.

Forming Habits Over Time

Teaching a child to manage their emotions takes routine, persistent practice. Begin by working with the child to recognize and interpret other people's emotions. Children who have experienced trauma don't just struggle with understanding their own feelings—they often have a tough time reading others, too. Accustomed to living life in a hyperalert state, one flash of anger on someone's face could be read as a threat, no matter how calm that other person might be. Additionally, understanding the other people's emotions can help the child model and identify their own feelings through body language and facial expression. Use puppets, play "feelings" charades, or watch TV with the sound off to help the child guess how someone might be feeling based on their cues.

Then, think ahead. Once you recognize the situations that trigger the child, you can plan for the next time the child might be in that environment: work with the child to identify exactly *what* behavior needs altering and explain *why* the child might want to change their behavior. Then, practice how to change the behavior, so that when they enter into the situation, they feel empowered to choose how to behave. One way to work through this problem-solving process is the SODAS method:

- **S**ituation—Think about what goes on that gets the child in trouble. In other words, identify the issue. Be clear and concise when discussing it with the child.
- **O**ptions—Think about what the child's options are in that moment. Generate several ideas, even a few that are silly.
- **D**isadvantages—Think about what the disadvantages are for each option.
- **A**dvantages—Think about what the advantages are for each option.
- **S**olution—Work with your child to determine which option is best and what the child could do next time.

You can practice the SODAS method with books or TV shows, pausing at the point of conflict to think about a character's situation and options and letting the child decide what the solution could be. Once this groundwork has been done, you can implement clear, consistent rewards and consequences to help turn these positive behaviors into habits. Knowing what to expect can help children make informed decisions and feel safe: use specific detail when asking the child to do something, and be sure the child knows why they're receiving a reward or consequence and what that reward or consequence might be.

Work to "catch" the child being good and try to give effective praise. Instead of simply saying "Good job!" or offering praise that might be insincere, be specific— "You remembered to do this without being told. That's amazing. I'm proud of you." Practice *chaining,* where you give clear instructions that include all the basic information and provide positive reinforcements for the successful completion of each "link" in the "chain." Eventually, as a child becomes familiar with their environment and their tasks, you can wean them off of these praises and prizes so that they are only rewarded after much more significant achievements, like receiving positive reinforcement after completing a task rather than receiving it after completing every step along the way.

Above all, remember that feelings, thoughts, and behaviors are linked to each other and deeply affected by trauma. Children who experience trauma are resilient survivors—their behaviors reflect this and often helped them in the past. But teaching a child to manage behaviors in triggering moments can help them feel empowered and in control of their current life. In all of the above suggestions, predictability and structure is key: learning how to turn behaviors into habits requires a sense of safety and readiness that can be present when expectations are communicated clearly, calmly, and consistently.

FACTSHEET FOR FAMILIES

November 2018

Parenting Children and Youth Who Have Experienced Abuse or Neglect

Children and youth who have been abused or neglected need safe, stable, and nurturing relationships and environments to recover from the trauma they've experienced. If you are parenting a child or youth with a history of abuse or neglect, you might have questions about the impacts and how you can help your child heal. This factsheet is intended to help parents (birth, foster, and adoptive) and other caregivers better understand the challenges of caring for a child or youth who has experienced maltreatment and learn about available resources for support.

WHAT'S INSIDE

Child Welfare Information Gateway

Children's Bureau/ACYF/ACF/HHS
800.394.3366 | Email: info@childwelfare.gov | https://www.childwelfare.gov

Children's Bureau

Child Abuse and Neglect and Its Effects

Knowing about abuse and neglect (also known as child maltreatment) and their effects will help you respond to the needs of your child or youth while building trust, a sense of safety, and support in your relationship. How you respond to your child's maltreatment will depend on what you know about his or her history and the type of abuse or neglect experienced. The first step toward understanding how to best parent your child or youth is learning what child maltreatment is.

Child maltreatment falls into four main groups:

- *Physical abuse* refers to a nonaccidental physical injury (from hitting, kicking, or burning, for example) caused by a parent, caregiver, or trusted adult with whom the child has regular contact, such as a teacher, babysitter, or coach.
- *Sexual abuse* refers to forcing or coercing a child or youth to engage in sexual activity, including exploitation through pornography.
- *Emotional abuse* is a pattern of behavior that hurts the emotional development or sense of self-worth of a child or youth (for example, constant criticism, threats, or sarcasm; belittling, shaming, or withholding love).
- *Neglect* is the failure of a parent or caregiver to protect a child or youth from harm or provide basic needs (for example, food, shelter, supervision, medical care, education, or emotional nurturing).

For more information on types of child abuse and neglect, see the following Child Welfare Information Gateway publication:

- *Definitions of Child Abuse and Neglect* (State statutes): https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/

According to the U.S. Centers for Disease Control and Prevention (https://www.cdc.gov/violenceprevention/acestudy/about.html), children and youth who have experienced abuse or neglect are at higher risk for poor long-term health, impaired mental health, and negative social consequences than those who have not experienced child maltreatment. Examples of poor health outcomes include high blood pressure, delays in physical and emotional development, depression or anxiety, and attachment disorders. Abuse or neglect can impair healthy development by negatively affecting the way a child's brain develops. Maltreatment can delay or alter how he or she is able to process information and respond emotionally, see right from wrong, anticipate the consequences of actions, and learn from mistakes. The effects of maltreatment can be long-term, occur immediately or years after the abuse, and may depend on several factors, including the following:

- The age of the child or youth at the time of the abuse or neglect
- Whether the maltreatment happened once or was ongoing
- Who abused or neglected the child or youth (for example, a parent or other caregiver)
- Whether a nurturing person was in the child or youth's life
- The type and severity of the maltreatment

For more detailed information on the effects of child abuse and neglect, see the following Information Gateway publications:

- *Long-Term Consequences of Child Abuse and Neglect* (factsheet): https://www.childwelfare.gov/pubs/factsheets/long-term-consequences/
- *Understanding the Effects of Maltreatment on Brain Development* (issue brief): https://www.childwelfare.gov/pubs/issue-briefs/brain-development/

While child abuse and neglect can leave physical and emotional scars, it can also cause trauma and toxic stress. Trauma occurs when someone directly experiences injury or threat of injury or witnesses an event that threatens or causes serious harm to themselves or a loved one. According to the Center on the Developing Child at Harvard University, toxic stress can occur when a child lacks a supportive parent or other adult and experiences strong, frequent, or ongoing adversity, such as physical or emotional abuse, chronic neglect, caregiver substance use or mental illness, or exposure to violence (see https://developingchild.harvard.edu/science/key-concepts/toxic-stress/). Responses to trauma experienced by children and youth may vary; some children may be reluctant to trust, some may act out, and some may withdraw from family and friends.

For more information about trauma, see the following Information Gateway resources:

- *Helping Your Child Heal From Trauma* (tip sheet): https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/tip-sheets/
- *Parenting a Child Who Has Experienced Trauma* (factsheet): https://www.childwelfare.gov/pubs/factsheets/child-trauma/

Other Resources on Child Abuse and Neglect and Its Effects

The American Academy of Pediatrics' guide, *Parenting After Trauma: Understanding Your Child's Needs: A Guide for Foster and Adoptive Parents*: http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf

ZERO TO THREE's *Healthy Minds: Nurturing Your Child's Development* handouts with information about supporting healthy brain development in the first 3 years of life: https://www.zerotothree.org/resources/series/healthy-minds-nurturing-your-child-s-development

How Can I Help My Child or Youth Heal?

This section explores strategies for helping your child or youth build resilience after experiencing abuse or neglect. It also discusses protective factors and capacities that parents can develop to help prevent future child maltreatment or retraumatization.

Building Resilience and Promoting Protective Factors and Protective Capacities

Although exposure to abuse or neglect increases the risk of negative psychological, social, and emotional short- and long-term outcomes, your child's resilience may protect him or her from developing poor physical or mental health issues. According to the American Psychological Association, resilience in children and youth enables them to thrive in spite of their adverse circumstances. It involves behaviors, thoughts, and actions that can be learned over time and can be nurtured through positive and healthy relationships with parents and other caregivers and adults who guide them in healthy problem-solving strategies (see http://www.apa.org/helpcenter/road-resilience.aspx). As with any skill, resilience must be developed. You can help your child or youth build resilience if you:

- **Model a positive outlook.** When faced with a problem, show your child or youth that the problem is only for a short time and that things will get better. Children and youth learn from your ability to bounce back from and work through tough situations.

- **Build confidence.** Let your child or youth know when he or she does something well, such as demonstrating kindness or honesty.
- **Express support.** Express love, empathy, and support verbally and physically. Express your love through words, notes, and hugs.
- **Build connections.** Create bonds with friends and family that can support your child or youth during challenges and teach him or her to consider other people's feelings.
- **Allow children to express their feelings.** Teach them how to identify and describe their feelings and commend them for expressing feelings of hurt or sadness without acting out.
- **Be consistent.** If you say you'll be there, be there. If you say you'll listen to concerns, listen. This will help teach your child or youth that people can be trusted.
- **Be patient.** Children's reactions to trauma vary as widely as the types of trauma one can experience. There isn't a one-size-fits-all solution.
- **Teach your child or youth the importance of healthy behaviors.** Have open and honest talks about the dangers of drugs and alcohol, smoking, and sexually inappropriate behavior. Teach your child the importance of eating properly and exercising.

The healing process does not always follow a clear, straight path. After experiencing trauma or maltreatment, resilience takes time to develop. Steps you can take to help your child or youth heal include the following:

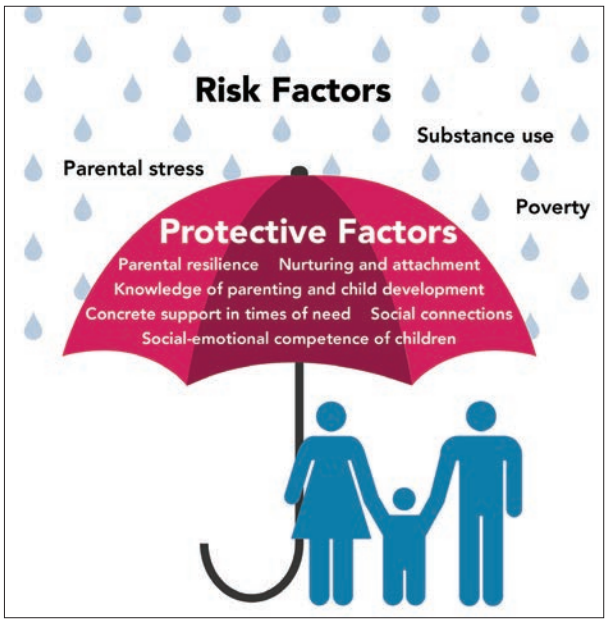
- Address your child's physical safety first by assuring him or her that no one will physically touch or harm them. This will help your child or youth develop feelings of trust and openness to psychological and emotional healing.
- Address the past as the past. Help your child or youth identify elements of his or her current life that are different from the past. Use this as a chance to discuss expectations and personal boundaries—limits set in relationships that protect our sense of self. To encourage feelings of belonging and attachment, provide regular routines around mealtime, naps, and bedtime; talk with your child or youth about the importance of feelings; and teach him or her to solve problems in age-appropriate ways.

For more ways to help your child or youth build resilience, see the tip sheet, *Building Resilience in Children and Teens*, at https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/tip-sheets/.

As children and youth can be resilient, so can parents. By increasing your own resiliency, you will help to improve your child or youth's long-term well-being. As you develop these skills, you build protective factors, which are elements or tools that help to reduce the negative effects of child maltreatment and the trauma resulting from it.

Protective Factors

Issues like substance use, poverty, parental stress, and lack of parental supervision present risks (also known as risk factors) that can increase your child's chances of developing poor health, experiencing abuse or neglect, or other negative outcomes. Protective factors, such as strong social connections and solid parent-child attachments, may buffer the effect of risks and help children, youth, and families manage difficult circumstances and fare better in school, work, and life. Building protective factors to support children and youth who have experienced child abuse and neglect can also help increase their resilience. Learn more on Information Gateway's Protective Factors to Promote Well-Being webpage at https://www.childwelfare.gov/topics/preventing/promoting/protectfactors.



Protective Capacities

As a parent, you also have the potential to protect your children. These abilities, known as protective capacities, develop over time. Improving your own mental and emotional well-being will help you to develop these protective capacities, which will then better enable you to help your child or youth build resilience and reduce the risk of experiencing harm, including abuse or neglect. Protective capacities can be categorized as mental, emotional, or behavioral.

Mental Protective Capacity[1]: Your knowledge, understanding, and perceptions of your child or youth

Emotional Protective Capacity: Your feelings and attitudes toward, and identification with, your child or youth

Behavioral Protective Capacity: Your actions and behaviors toward your child or youth

A parent who develops healthy protective capacities may incorporate positive characteristics into his or her mental, emotional, and behavioral thoughts, feelings, and actions (see Table 1 for characteristics associated with each capacity).

Table 1: Protective Capacities[2]

Mental Protective Capacity	Emotional Protective Capacity	Behavioral Protective Capacity
• Has an accurate perception of the child • Recognizes threats to the child's safety • Has realistic expectations of the child	• Feels a positive attachment to the child • Shows love toward the child • Has empathy for the child • Is sensitive toward the child	• Has a history of protecting the child • Sets aside own needs for benefit of the child • Controls harmful impulses in parenting situations

[1] These terms and definitions are adapted from the Children's Bureau's Center for States' publication *Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families* (2016) available at https://tinyurl.com/yax8xkpk.

[2] The information in this table is adapted from the Action for Child Protection publication *Assessing Caregiver Protective Capacities Related to Parenting* (2010) available at http://action4cp.org/documents/2010/pdf/June_2010__Assessing_Caregiver_Protective_Capacities.pdf.

Building a Strong Relationship With Your Child or Youth

A child's earliest relationships are some of the most important. Attachment refers to the relationship that develops as a result of a caregiver's sensitive attention to a child and the child's responses to the caregiver. A strong and secure emotional bond between children and their caregivers is critical for children's physical, social, and emotional development, including their ability to form trusting relationships and to exhibit positive behaviors. Helping parents learn and practice the nurturing skills that lead to strong, secure attachments is a well-supported pathway to positive outcomes for children.

If children lack an attachment to a caring adult, receive inconsistent nurturing, or experience harsh punishment, the consequences can affect their lifelong health, well-being, and relationships with others. In some cases, children may lack a strong attachment because their parents work multiple jobs to provide for them, so less time is spent together building a strong and secure emotional bond. Parents may need additional support and resources to address this issue (see the Where Can I Find Support? section of this factsheet for more information.)

To help build a secure relationship with your child or youth:

- **Be available.** Provide consistent support to build feelings of trust and safety.
- **Be supportive and empathic.** Comfort your child or youth when he or she is upset, modeling appropriate displays of affection and building self-esteem.
- **Be encouraging.** Listen and be involved and interested in your child's activities. Stay aware of his or her interests and friends and stay actively supportive.

Resources for Building Resilience and Promoting Protective Factors and Protective Capacities

The American Psychological Association's guide *Resilience Guide for Parents and Teachers:* http://www.apa.org/helpcenter/resilience.aspx

The American Academy of Pediatrics' Building Resilience webpage: https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx

The Children's Bureau's annual *Prevention Resource Guide* offers parents and caregivers tip sheets and more information about protective factors: https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/tip-sheets/

The Children's Bureau's Child Welfare Capacity Building Center for States' webinar "Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families" (free registration required). Although the webinar is intended for child welfare managers, the information on protective capacities and protective factors may be equally helpful for parents and other caregivers: https://capacity.childwelfare.gov/states/focus-areas/child-protection/ (scroll down to Webinars)

Developing Caring Discipline Techniques

As part of normal development, children and youth act out on occasion and challenge the authority of parents or caregivers. Toddlers throw tantrums. Children whine. Teenagers argue. To help a child learn from these natural behaviors, parents need sound techniques for handling them.

Retraumatization occurs when people have experiences that, whether or not they are aware of it, remind them of a past trauma, leading them to experience the initial traumatic event again.

Positive discipline techniques teach children and youth the difference between acceptable and unacceptable behavior and help a child internalize self-control, self-discipline, and self-respect. Children should always know that you love, support, and respect them, even when you correct their unacceptable behavior.

When parents are angry or feel frustrated they may use unpleasant or painful methods—physical or emotional—in reaction to and for the purpose of discouraging behavior. A child who is misbehaving can be frustrating but using physical force or other abusive techniques to teach a lesson is never appropriate.

For children and youth who have experienced abuse or neglect, using physical force or other abusive techniques could elicit memories of past trauma or cause retraumatization. How harmful a method is may depend not only on the punishment chosen but also on the abuse or neglect your child or youth experienced. For example, sending your child to bed hungry could retraumatize her if she had previously experienced neglect by being denied food.

Other factors like lack of sleep and a poor diet can also impair a child's ability to make good choices or to show self-control. Before disciplining a child for misbehaving, consider whether he or she is tired, hungry, or reacting to an underlying issue like fear or anxiety. Try to engage your child or youth in a quiet activity that will provide needed rest or decrease anxiety or offer a snack or an early meal to ease his or her hunger.

Positive Discipline Tips and Techniques

Positive discipline that works at one age may not work at another. Children change as they go through their developmental stages, so using age-appropriate discipline when parenting a child or youth who has experienced abuse or neglect is important in promoting healthy development and preventing retraumatization. Allow your child or youth to learn at his or her own pace. Break tasks into small, manageable steps that will provide a sense of success and accomplishment.

Table 2 shows ways in which discipline builds and changes over time as children go from very young, to school age, to teenagers. It provides suggestions on how you can enforce discipline through role modeling, setting rules and limits, and using encouragement to discipline instead of physical or emotional abuse.

Table 2: Discipline by Developmental Stages[3]

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
Role Modeling • Children learn by watching adults. At this age, showing children how to act and how to follow rules is crucial for learning. • If you treat children with respect and kindness, they will learn positive behaviors	**Role Modeling** • You are your child's greatest role model. Behave and treat others, including your child, the way you expect them to behave and treat others. • Role play social skills and problem-solving for greater learning.	**Role Modeling** • Although your teen may not engage with you like he or she did as a child, what you do and say is still important. • Help your teenager manage self-control by modeling control of your own emotions.
Rules/Limits • Rules and expectations should be clear, simple, and enforced consistently by following through on consequences. This helps young children feel secure. For example, if you say, "You will have to get out of the bath if you keep splashing," make sure you follow through.	**Rules/Limits** • Establish an end time for a negative consequence, such as loss of TV time for 24 hours or loss of a video game for 2 days. • Be consistent but also be flexible and allow for independent choice making when possible.	**Rules/Limits** • Set up rules for things such as homework, chores, time with friends, curfews, and dating and discuss them with your teenager. • Give your teen control over some things, which will help to limit the number of power struggles and will ensure your teen respects your decisions.
Encouragement • Discipline is also about recognizing good behavior. Give praise to reward good behavior.	**Encouragement** • Provide your child with positive attention daily, including quality time spent just with him or her. • Don't expect perfection. Praise their efforts so they know they are doing well and don't have to be perfect.	**Encouragement** • Guide your teen in making decisions and solve problems with them. Ask for their input and ideas and decide the best solution together. • Empower them to make their own choices while giving them your support.
No Physical Punishment • Never call your child names or hit them. You will teach them that this type of behavior is acceptable. • Use direct eye contact and a calm tone when giving a direction, a warning, or when enforcing a consequence.	**No Physical Punishment** • Avoid negative methods of behavior correction, such as sarcasm, teasing, verbal abuse, or physical punishment, as they do not help children learn.2 • Set up a behavior plan or chart to decrease negative behaviors. At this age, children are eager to work toward rewards. • Give praise and acknowledge good choices.	**No Physical Punishment** • When your teen breaks a rule, take away privileges such as screen time or time with friends and discuss why these consequences have occurred. • Communicate with them about what they need to do to earn their privilege(s) back.

[3] Unless noted otherwise, the items listed in this table are adapted from the Behavior Corner, LLC, webpage, Discipline Considerations Based on Age (2014), available at http://behaviorcorner.com/age-discipline/.

Resources on Discipline

Prevent Child Abuse America's webpage Tips for Parents: Teaching Discipline to Your Children offers advice for parents on teaching discipline: http://preventchildabuse.org/resource/tips-for-parents-teaching-discipline-to-your-children/

The annual *Prevention Resource Guide* includes tip sheets for parents and caregivers, such as Dealing With Temper Tantrums, which address several parenting issues. The free guide and tip sheets are available on Information Gateway's website: https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/resource-guide/

The Pennsylvania Family Support Alliance provides definitions of discipline, parenting styles, and abuse, as well as examples of the difference between discipline and abuse: http://www.pa-fsa.org/Parents-Caregivers/Preventing-Child-Abuse-Neglect/Discipline-Parenting-Styles-and-Abuse

For more information on the differences between discipline, punishment, and child abuse, visit Information Gateway's Discipline Versus Abuse webpage: https://www.childwelfare.gov/topics/can/defining/disc-abuse/

Where Can I Find Support?

Recovering from abuse and neglect is a journey that affects the entire family. Parents and caregivers need support to learn as much as they can about child maltreatment. Developing your parenting skills can go a long way toward promoting your child's well-being and building a healthy family. Circle of Parents offers parent-led self-help groups where anyone in a parenting role can openly discuss the successes and challenges of raising children: http://circleofparents.org/.

Parent Education and Training

Parent education programs offer ways to handle demanding situations and enhance problem-solving skills. These support and training programs are geared toward reinforcing your positive parenting skills and teaching you effective strategies to reduce the occurrence of your child's misbehavior. Parent education programs can be online or in-person, involve one-to-one instruction, or take place in a group setting. Whether you prefer a course with direct instruction, videos, or another format, successful programs:

- Promote positive family interaction
- Involve fathers
- Use interactive training techniques
- Offer opportunities to practice new skills
- Teach emotional communication skills
- Encourage peer support

Resources on Parent Education

Nurturing Parenting Programs offer parents materials and resources designed to build nurturing parenting skills: http://nurturingparenting.com/NPLevelsPrevent.html

The website for the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, a service of the Children's Bureau, has several resources for parents: https://friendsnrc.org/parent-leadership

Information Gateway's Parent Education Programs webpage provides programs and resources that have been successful in supporting parents and strengthening parenting skills: https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/

Therapy and Support Groups

Dealing with the effects of maltreatment can be challenging. You and your family may wish to seek support from a professional. Therapy and support groups can provide children, youth, and caregivers with the skills necessary to build healthy relationships, overcome past trauma, and prevent reoccurring or future trauma.

Therapists best suited to assist with parenting children and youth who have experienced abuse or neglect should:

- Be trained and knowledgeable about the impact of trauma on children, youth, and families
- Allow and encourage your participation in treatment
- Not restrain a child or youth or intrude on his or her physical space, as children and youth who have been maltreated need to develop clear boundaries to feel safe and prevent retraumatization

If you're an adoptive parent, it's important that the therapist you seek fits the needs of your family and is "adoption competent." Information Gateway's factsheet, *Finding and Working With Adoption-Competent Therapists*, offers information on the different approaches to therapy (for example, group or family therapy, individual psychotherapy, cognitive therapy, and parent-child interaction therapy), treatment settings, and tips for finding the right therapist for adoptive families, but many of the tips are applicable to other families, too: https://www.childwelfare.gov/pubs/f-therapist/. Which therapy is best for you and your family may depend on the age of your child, your goals, and the challenges that you and your family want to address.

Resources on Therapy and Support Groups

The National Child Traumatic Stress Network provides summaries of trauma-informed therapies to fit your family's needs: https://www.nctsn.org/treatments-and-practices/treatments-that-work

To find support groups and other resources in your State, visit the National Foster Care & Adoption Directory: https://www.childwelfare.gov/nfcad/

Conclusion

If you are the parent or caregiver of a child or youth who has experienced abuse and neglect, helping him or her through that trauma can be daunting, but there are resources available to help. It's important to remember that many children and youth who have been abused or neglected do not grow up to abuse others and can live happy and healthy lives. You and your family play an important role in your child's healing. The more you know about child maltreatment and the services available for support, the better prepared you will be to help your child through this difficult time.

Suggested citation:

Child Welfare Information Gateway. (2018). *Parenting a child who has experienced abuse or neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

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.

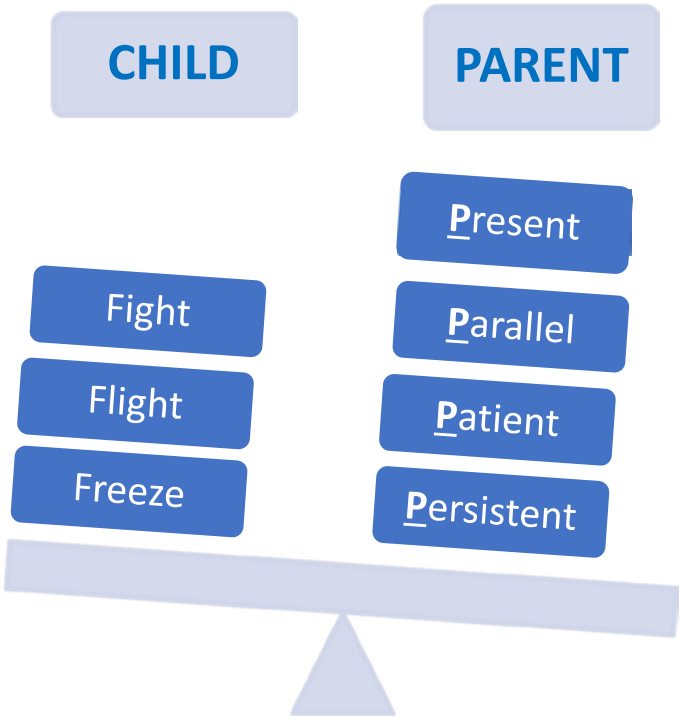
Don't forget to breathe! Even if you have to remind yourself to do it– breathe!

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.

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

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.

Moving Forward in Your Parenting Journey

Congratulations on completing the classroom portion of the KTFC 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 KTFC 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 themes during training to find help with specific situations. 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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