

Separation, Placement and Reunification in Child Welfare

CORE 4

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SEPARATION, PLACEMENT, AND REUNIFICATION IN CHILD WELFARE SERVICES

Preface

Training Time 3 days (7 hour training days)

Target Audience Newly employed or inexperienced child welfare caseworkers and supervisors; and experienced caseworkers and supervisors who have not had formal training in child protective services.

Practice Competencies

“Separation, Placement, and Reunification in Child Protective Services” is the fourth module of the Competency-Based *Core Curriculum for Child Welfare Caseworkers*. This module addresses the knowledge and skills required for child welfare caseworkers to provide services related to child placement, including risk assessment, separation and placement services, family intervention, working with foster caregivers, reunification and stress management. This is a Core curriculum module. The competencies taught in this curriculum module are comprised of knowledge and skills needed by all child welfare caseworkers.

The following child welfare competencies are addressed by this training module:

Section I: The Philosophy of Permanence and Permanency Planning

The caseworker understands the necessity of permanency planning and reasonable efforts to prevent placement or promote timely reunification.

Section II, Part A: Crisis Theory

The caseworker recognizes that the separation and placement experience could lead to precipitation of psychological crisis for families and children and can apply concepts of crisis intervention theory to separation and placement of children

Section II, Part B: Understanding Separation

The caseworker understands the potentially traumatic outcomes of the separation and placement experience for children and their families, including serious disruption of family relationships, and disturbances in the child's cognitive, emotional, social, and physical development.

Section III, Part A: Placement

The caseworker understands how properly structuring a placement can help prevent crisis and its consequences; and knows how to prepare the child and parent for placement of the child in foster care in a way that minimizes stress and provides emotional support to the child and their family.

Section III, Part B: Cross-Cultural/Racial Placement

The caseworker understands how to assess the capacity of a caregiver to meet the cultural needs of a child whose culture is different from that of the caregiver; and knows how to advise caregivers regarding the provision of care that respects and supports the child's cultural identity.

Section IV, Part A: Children's Reactions to Loss: Common Behavior Patterns of the Grieving Process

The caseworker can recognize the physical, emotional, and behavioral indicators of placement-induced stress in children of various ages and identify strategies for alleviating stress.

Section IV, Part B: Parent's Reactions to Separation

The caseworker can identify grieving reactions of parents resulting from the separation of their children and how this may affect behavior and interactions with the caseworker.

Section V, Part A: Placement Disruption

The caseworker knows the reasons for placement disruption and strategies to avoid it when children are in out-of-home care.

Section V, Part B: Visitation

The caseworker knows the necessity of regular and frequent visits to maintain the family members' relationships and other important relationships with the placed child; and can use casework strategies that enable families to participate in the planning of, and to attend, visits.

Section V, Part C: Reunification

The caseworker understands the fragile process of reunifying families and knows strategies to promote reunification.

Section VI: Stress Management

The caseworker knows the personal and psychological stresses associated with placement and casework and can identify strategies to prevent emotional distress and burnout.

Expectations of Trainer

The trainer should be knowledgeable and skilled in concepts of child protection, including child welfare values and principles; the dynamics and indicators of child abuse and neglect; risk assessment; cultural dynamics in child protection; the investigation and assessment of child maltreatment; and in-home family services.

The trainer should have had considerable experience in child welfare services.

The trainer should be knowledgeable in concepts of cultural diversity and should be skilled in training culturally competent child welfare practice.

The trainer should have had considerable experience conducting training workshops, and should have excellent group facilitation skills.

The workshop uses case examples, group discussion, role-play, and other simulations to promote an understanding of the values and concepts of child protection and to develop caseworker skills. The success of the training may be largely dependent upon the trainer's ability to use the experiential learning sections of this curriculum to help trainees fully understand the concepts and to properly apply them to their jobs.

Instructions to the Trainer

Instructions for the use of this curriculum are included within the body of the document. Instructions for the next presentation or exercises are in a numbered paragraph, located flush left on the page. Content to be presented to trainees is indented. Each section contains an introduction with the following information:

Time	(The amount of time necessary to complete this section.)
Purpose	(The intent of this section.)
Competency	(The competency statement describes the level that will be attained by the end of the section.)

- Objectives** (Learning objectives that will be met after the completion of this section.)
- Materials** (Materials needed for this section including such items as handouts, flip charts, markers, and tape.)
- Method** (A description of the training delivery methods.)

Within each section icons are used in order to quickly identify for trainers specific media, materials or types of presentation. The icons are:



Handout



Power Point



Video



Create flip/Trainer writes

At the end of each section of the curriculum is a subsection titled “Trainer Materials” which includes copies of all handouts used in that section, trainer notes re: processing of the handouts and a listing of content of all prepared flip charts for that section.

Good luck and Have FUN!!!

SECTION I

THE PHILOSOPHY OF PERMANENCE AND PERMANENCY PLANNING


Time	1 Hour
Purpose	To provide a philosophical and procedural basis of permanency planning.
Competency	The caseworker understands the necessity of permanency planning and reasonable efforts to prevent placement or promote timely reunification.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Understand the philosophy of permanence and its importance in maintaining psychological health of children.▪ Understand the need for permanence for all children▪ Identify specific measures that lead to permanence for children.
Materials	Handout 1-a: “Competencies, Core 4” Flip charts, Markers, Tape Video, “Searching for Family: Moments in the Lives of Children in Foster Care” Video, “Concurrent Planning Video Series: Kids Speak: Open Adoption”
Method	Presentation by trainer with follow-up discussion.

Training Module:

GET READY!!!

- ◇ Welcome trainees to Core 4, where we will discuss the topic of “Separation, Placement, and Reunification. Acknowledge the hard work, extra effort, and time they often put in to attend training.

- ◇ Introduce trainers—specifically emphasize personal and professional experience, which is most relevant to this training subject matter—as trainees may have met trainers in earlier trainings.
- ◇ Take care of housekeeping—including information on meals, restrooms, hotel specifics, mileage, and per diem forms.

 **THE NEED TO BE AWAY AT TRAINING CAN FEEL LIKE:** A huge imposition or a major distraction

- ◇ Explain that by the time trainees are attending Core 4 they typically have full caseloads and as a result, are struggling with the responsibility of effectively balancing a variety of demands. We are aware that the need to be away from the office for training can feel like a huge imposition or a major distraction.

 **Coffee Cup Picture**

- To put it a little differently, the need to attend training can add to the feeling that you are about to go under for the last time.
- It is our hope that this training will provide answers to some of the more challenging issues and questions that you’ve encountered thus far.
- By doing so, we believe that the time can be experienced as helpful rather than burdensome.
- Note on paper any questions or concerns you’ve identified related to the topic of “separation, placement, and reunification.”
- Ensure that you raise the questions or issues prior to the end of the training so that you leave with more than you came into the training with.

ACTIVITY- “Car/Driver” Icebreaker

Explain to trainees that they are now going to participate in an icebreaker. Give trainees the following instructions:

1. Pair off with a person that you don’t know or that you know minimally.
2. All pairs move to an open area of the training room.
3. As a pair, stand one person behind the other; rear person faces the front persons back.
4. Rear person, put your hands on the shoulders of the front person.
5. Front person, extend your arms out front with palms facing forward and close your eyes.

6. Rear person, you are the driver; front person you are the car.
7. Each pair should maneuver around the room without the use of any verbal communication; eyes should remain closed
8. Direct pairs to switch roles after approximately 1 to 2 minutes.
9. Stop the activity approximately 1 to 2 minutes after the role switch.

Process by saying the following:

What was your reaction to being the “car”?

What was your reaction to being the “driver”?

How does this relate to the clients we typically work with?

Explain, “We do this activity to help you appreciate more about the journey children and their families experience as they work with you. For instance, they often have little or no relationship with you. Right away, however, you assume the role of driver and the child and family assume a role similar to that of the car. It is expected that they follow your guidance. The foundation for this car-driver partnership is **trust**. Trust that the driver will guide and direct respectfully and without causing major harm. Also trust that the car will reach the agreed upon destination in a specific time frame. So, exercise caution, be alert and thoughtful as you travel with kids and families on this journey.

Instruct trainees to take their seats. Ask for self introductions, including:

- Name
- County
- Role in County
- Length of time in their role
- Does your job focus more on separation, placement or reunification?

Trainer Note: You can tell trainees that in Colorado in 1995, the average length of stay for a Child Welfare caseworker was about 18 months. Tell them that we want them to remain in the system to do the work they have been trained to do!

ACTIVITY: “COOKIE PERSON”(OPTIONAL ACTIVITY)

INTRODUCE THE CONCEPT OF “COOKIE PERSON” by explaining the following:

Your cookie person is an individual who provides unconditional caring/love and support to you. He/she celebrates your strengths and is aware of your needs. This person may be someone who:


- Is a family member or is unrelated to you.
- You knew briefly or over a long period of time.
- May or may not be alive today.
- You have frequent contact with or not.

Separate trainees into groups of 4-5. Each individual should identify their “cookie person” and identify the kind of support received. Take 10 minutes. Reconvene the group. On a flip, write the kinds of support trainees received.

Ask the group why a cookie person is important and what relevance this has to the parents and children we work with. Cover the following information:

- Having experienced a cookie person (s) in one’s life is a good indicator of the ability to form adequately functioning and satisfying relationships in life. Some of the children/adults in the Child Welfare system are currently or have previously maintained a relationship with a cookie person. This would seem to indicate the ability to have a functional relationship. The prognosis for these children/adults is better than for those who have not experienced a cookie person. Simple questioning will reveal if your client has experienced the “goodies” that a cookie person offers.

This training module is about separation and placement, events that are made easier with the presence of a “cookie person. A “cookie person” (or at least cookies) is essential to adequate stress management.

 Refer trainees to Handout 1-a: “Competencies, Core Part 4”. Ask them to review the competencies and identify any specific learning needs/interests or any questions they may have about the training. Explain the training schedule for the next three days.


ACTIVITY: Permanency Planning


- Immediately prior to beginning this activity, ask participants to gather up anything they have been working on (i.e., note taking, coloring, eating a snack, etc.) and hold it in their hands.
- Instruct participants to move with the items in hand, three chairs to the right and be seated.
- Note: If people look confused or ask for clarification, simply repeat the instruction and offer no assistance. Once everyone is seated in a chair, advise participants to make themselves comfortable and without any explanation begin the discussion.
- Ask the group, “How would you define the word “myth”?”
- Once responses are offered but without commenting on the responses, (in three or four minutes) again, ask every other participant to stand and gather their belonging in their hand. (Note: In order to “mix-up” the group, trainers

might ask those standing in the front to move to the back of the room and be seated in an empty chair. Those who are standing in the back of the room are instructed to be seated in a vacant chair in the front of the room.)

- Again, without any explanation, resume the discussion by stating, “A myth is a fiction or half-truth that is commonly accepted as true.” Offer examples of myths (i.e., one size fits all, easy to assemble).
- Explain that in child welfare, there is a myth that, “Older children handle changes in placement better than younger children. “
- Ask, “Based on what you have just experienced, do you agree or disagree?” Then ask, “What impact do changes in placement have on a person, regardless of age?” Possible Responses: The changes are disruptive, irritating, distracting, create confusion, and interfere with the development of a sense of belonging and self worth.
- Emphasize that this is true, regardless of the child’s age. Explain that it is imperative to focus both on the child’s need for safety, as well as, a permanent sense of belonging in the most home-like environment that meets the child’s needs.
- We begin this training with a discussion of permanency planning because “permanence in a safe environment” is the goal of child welfare practice.

PERMANENCY PLANNING

 Is based on the right and need of ALL CHILDREN to grow up in the most family-like environment that meets their needs for:
(*This applies to all children, regardless of their age*)

 Physical and emotional nurturance
Safety
Permanence

- Generally speaking, we respond to children’s needs for safety with a high degree of success. Often though, there is less focus placed on a child’s need for physical and emotional nurturance in a permanent environment.

WHAT IS PERMANENCY PLANNING?

 PERMANENCY PLANNING IS:

- A step by step process of assessment

(Used to determine some understanding of the nature of the problem and how to resolve it.)

- The identification of goals and action steps
(These are related to the presenting problem)
- The monitoring of service outcomes
(To determine if they are leading to achievement of the goal)



WHEN SHOULD PERMANENCY PLANNING BEGIN?

- Permanency planning should begin at intake or immediately. Traditionally, we have waited until it is clear that a case is going to termination before we begin permanency planning.

Permanency planning does not begin after a child is in placement, but informs all case decisions. The goal of permanence is a driving force behind family-centered practice and intensive home-based services, which assure a child's permanence in his or her own home by preventing placement. Concepts and principles as discussed in this section should guide ALL child welfare activities.

Ensure that the following points are made:

- Permanency planning is a comprehensive case planning process directed toward the goal of securing a permanent and stable home for a child.
- Case planning is a step-by-step process of assessment, identification of the goals and objectives, formulation of tasks, and reassessment of the outcomes of services.
- The term, “permanency planning” reflects some basic assumptions regarding the rights and needs of all children have to live in a family environment that, in reality and in the child’s perception, will be permanent. The term “permanency planning” reminds us that all case planning activities should be directed toward assuring that every child in our care has a permanent family, capable of providing them with nurturance and protection. Some have defined the criteria for a permanent home as: attachment, permanence and sense of kinship.
- Help the group recognize that the *concepts of permanency planning are derived from an understanding of the developmental needs of children and the traumatic effects of separation and placement on children’s development.*
 - All children have a right and need to live and develop within safe, secure, and permanent families with parent(s) and other family members whom they can love, trust, and depend upon.


- Casework activities must be prioritized to assure that a permanent placement is achieved for children within as short a time period as possible.
- In developing a permanency plan for a child, the least restrictive, most family-like setting available and that meets the child's safety, emotional and physical needs, is the plan of choice.
- At all times the caseworker should consider the permanency plan for the child. Keep in mind that the more restrictive the placement, the more difficult it is to return the child home.
- Foster homes may eventually become a permanent home for a child (due to an increased use of "legal risk/foster adopt" homes).
- Many counties report approximately 70% to 80% of their adoptions involve foster parents adopting a foster child(ren). In some of these situations, the foster parents become legal guardians for the child rather than adoptive parents. However, there are instances when legal barriers or other unusual circumstances prevent a formal, permanent placement such as adoption or guardianship. In such situations, if the foster home placement is *stable* over time, if the family is psychologically *committed* to the child, if the child and the family identify the child as a permanent *part of the family*, and if the intent of a permanent (i.e.; lifetime) relationship exists, a foster home placement with a specific caregiver may be considered a legitimate permanency goal for the child.
- The level of care that will ensure safety and meet the child's needs should guide the best choice of a permanency goal. Each permanency option should be available to all children, regardless of their age

Achieving Permanence



Video: "Searching for Family: Moments in the Lives of Children in Foster Care"

1. Explain that participants will watch a video clip noting the needs a specified child has, in order to experience permanency. Separate participants into three groups, assigning one group to focus on Robert, the second group to focus on Jamil, and the third group to focus on Joaquin.

 While watching the clip, each group is to note, on Handout 1-b, “Achieving Permanency for Adolescence, the needs that must be addressed in order to have their assigned child experience permanency.

2. Show the video, “Searching for Family: Moments in the Lives of Children in Foster Care.” At the clips conclusion, instruct participants to work in their assigned groups and do the following:
 - Identify the needs that must be addressed in order to have their assigned child experience permanency.
 - Identify an appropriate permanency goal for the child and explain why that goal is most appropriate.

Note: Give 10 minutes to complete the task and be prepared to record responses on flip paper.

3. Reconvene the large group and have small groups report their responses.
4. Note: There is no one “correct” response, in fact, a case can be made to pursue any number of the permanency goals discussed in initial Core modules. The learning point of this activity is that adoption can be an option for all three of the youth. Adoption has traditionally been viewed as an unacceptable option for adolescents. Additionally, many believe that certain populations of children (i.e., adolescents, children with disabilities, African American children) are unadoptable. It has been shown that loving families can be found for these children but different approaches must be used to identify, prepare, and support such families. Note: We will say more about the preparation and support caregivers benefit from during a later section.



TO ACHIEVE PERMANENCE FOR ADOLESCENTS:

1. Don’t accept “no” initially.
2. Describe what will be done differently
3. Engage adolescents in the process
4. Review case
5. Plan to minimize/eliminate crisis
6. Encourage “lifelong relationships”
7. Maintain and nurture relationships with birth family?
8. Provide training for child and parent(s)
9. Encourage one on one activities between parent(s) and child
10. Identify parent resources

5. Discuss the above powerpoint slide by saying: The following steps should be taken to achieve permanence for older children and others who, traditionally, were labeled, “unadoptable:”
 - Initially, don’t accept “no” from the child – Often, children who have been labeled “unadoptable” or “hard to place” are disillusioned with the systems’ ability to accomplish the goal of permanence, with any degree of success. Therefore, when a child is asked to express a preference regarding adoption or not, the common response is, “no.”
 - Therefore, it is important to first describe for the child the benefits to be gained through adoption (i.e. sense of belonging, ongoing support system)
 - Then describe what the Case Manager will do differently from that which was done in the past, in order to lead to have the youth experience a different outcome.
 - Engage the youth in the process - Seek his/her assistance in identifying any adults with whom they have experienced positive and supportive relationships in the past. This may include teachers, coaches, parents of friends, and previous GAL’s. Re-contact these individuals to determine if they are interested in establishing a lifelong relationship or a mentorship with the youth. Such a relationship may, in time, become a permanent placement for the youth or lead to one.
 - Encourage lifelong relationships – This may be with family members, placement caregivers, and others involved in the child’s life.
 - Maintain and nurture relationships with birth family members – If appropriate, help the youth maintain some level of connectedness with their birth family. If this is in the child’s best interest, decide if the contact should be face to face, written correspondence, or something else and how frequent.
 - Review the case – Clarify the strengths and needs of the youth. Review placements, lengths of placements, and reasons the youth was moved. Some placement disruptions may have had nothing to do with the youth’s behavior.
 - Provide training for child and caregivers – When children are placed in group settings, they may lack the skills and knowledge needed to function successfully in a family environment. Therefore, caregivers and children may benefit from training that address the development of effective coping and problem solving skills.
 - Provide supportive resources – Identify with the caregiver the resources needed to enable successful parenting and ensure that the support is provided to the caregiver.
 - When it is determined that the child cannot return to his/her family, steps should be taken to locate a permanent alternative home for the child.
 - To prepare a child for termination of parental rights, the following should occur:
 - Provide updates on parent progress – Keep the child informed on his/her parent’s degree of compliance with the treatment plan. This permits the child

to receive support and preparation throughout the process so that emotional can occur.

- Termination of parental rights hearing – Once a date is set, let the child know. Keep the child apprised of what is going on and provide support to enable effective coping.
- Involve the caregiver – Keep the caregiver apprised of what is going on in the case and the information being given the child. This allows the caregiver to provide adequate support of the child.
- Describe for the child the adoption procedure – Will the Case Manager change for the child may be a big concern for the child.
- Assess future contact with the birth family – Will it occur? How often and in what form? With what family members?
- Good bye visits – Can it occur? In what form? What preparation and support does the child and parent need?

POINTS FOR DISCUSSION



- When it is determined that the child cannot be returned to his or her family, steps should be undertaken to locate a permanent alternative home for the child. This should be considered at the onset of planning as a part of *concurrent planning*. We are mandated to do this to ensure that the child's needs, whatever they may be, are met.
- To prepare a child for termination of parental rights, the following should occur:



PREPARING CHILD FOR TPR:

- Parent progress updates
(Where are the parents in terms of compliance with the treatment plan. Discuss successes and barriers. Keep parents informed.)
 - TPR hearing date
(Once date is set, let child know. Keep them apprised of what is going on)
 - Involve caregiver
(Keep the caregivers apprised of what is going on in the case. This benefits them and allows them to better help the child.)
 - Describe TPR procedure
(Let the parents, caregivers and child know what to expect.)
 - Describe adoption procedure
 - Assess future contact with the birth family
(Will it occur? How often and in what form? With what family members?)
 - Plan ongoing contact with siblings
 - Life book work
 - Good bye visits
- Ideally, a permanent placement should be legally formalized through adoption or through guardianship when adoption is not possible. Potential placement

- resources include relatives, families who have provided care to the child (including the child's foster family) and families who have been approved by a licensed child placement agency to adopt children.
- Adoption should proceed quickly. The agency should systematize all legal and court processes to assure timely filing and receipt of termination orders. The search for the most appropriate home for placement of the child should be conducted prior to the termination of parental rights. This permits placement into an adoptive family shortly after termination of parental rights is received.
 - If a child has been in a state foster care or relative placement, the foster or relative home should be assessed as a potential adoptive family before the agency considers placement in a new home. This is particularly important if the child is strongly attached to the caregivers, and if the family is psychologically committed to the child. Other options, such as guardianship, may be considered to give the placement long-term stability, if adoption is not possible.

  Refer to handout 1-c, "Reflection Sheet." Explain that we will see a video clip in which two youth whose parent's rights were terminated, describe their experiences. Ask participants to watch the clip and note their responses to the questions on the handout. Show the video, "Concurrent Planning Video Series: Kids Speak: Open Adoption." Show the two clips related to Rosalinde and Douglas. Process the clip by asking the following questions:

1. What insights did you gain from Rosalinde and Douglas?
 2. How will you apply these insights to your work with children and their families?
- Conclude by saying, "Permanence as well as safety should be the underlying goal in all child welfare case planning. A child's overall well-being is dependent, in part, upon the Child Welfare system's ability to effectively address the child's need for belonging and connection."

Transition to the next section by saying:

At times, our effort to achieve permanence for children can precipitate a clinical crisis. Let's discuss specific strategies to minimize trauma that can lead to a state of crisis for both child and parent.

SECTION II

PART A: CRISIS

Time	1 hour, 15 minutes
Purpose	To help trainees recognize that separation and placement into substitute care can potentially precipitate a clinical crisis for children; and that a child's developmental maturity influences his/her understanding of, and his/her emotional reaction to, separation and placement. These variables should be considered when developing plans for placement. Specific strategies to minimize the traumatic effects of placement will be discussed in Section IV.
Competency	The caseworker recognizes that the separation and placement experience could lead to precipitation of psychological crisis for families and children and can apply concepts of crisis intervention theory to separation and placement of children.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Understand how separation and placement can precipitate a crisis for children and parents• Understand the elements and dynamics of crisis• Identify common reactions to crisis• Identify factors which influence whether the separation of out of home placement is likely to result in crisis
Materials	Handout 2-a: "Key Factors Associated with Crisis" Flip chart, Markers, Tape Small slips of paper containing two words that are commonly used in the child welfare profession Business size Envelope
Method	Presentation by trainer, experiential exercises, and group discussion.

Training Module:

- ❖ Review the competency and learning objectives for this section.

CRISIS

POINTS FOR DISCUSSION

- Crisis intervention theory identifies and describes normal human responses to situations of overwhelming stress and is useful in assessing and understanding the experiences of children who are removed from their families and placed into substitute care.
- Crisis intervention theory has application for the development of placement strategies to reduce the likelihood of crisis for children who must be separated from their families.

Crisis Activity:

- **Trainer Note:** Write a number on each person's name tent prior to the activity.
- Instruct each participant to pull a slip of paper containing two words from an envelope.
- Explain that the words are common in child welfare and that participants will use the pair of words in a brief oral presentation which each person will prepare and deliver to the group today. The presentation must be precisely three minutes in length, have a clear introduction, body, and conclusion.
- Feign a sudden realization of time constraints and explain that we will hear five people, identify a second group of five and proceed as long as time permits. Ask if there are any questions, repeat the instructions if needed, but do not provide further clarification. Ask, "Are you ready to begin?"
- Ask participants to identify the number that appears on their own name tent.
- The trainer selects five numbers randomly, asking the person with the corresponding number to come with their slip of paper to the front of the room.
- Once the five people are at the front of the room state, "Before proceeding, let me check in with the group."

WHAT IS A CRISIS?

Process the activity by doing the following:

- Ask the group, “How many of you experienced some degree of stress after hearing that you would be doing some public speaking?” Ask two or three of the participants who acknowledge feelings of stress, to describe their initial thoughts. Then ask the group, “What were your reactions when your number was not called?”
- Explain that in the training environment you can choose to what degree you wish to participate. This activity required participation which can cause stress in a person and lead to a sense of crisis.
- Explain that **crisis** is defined in the Social Work dictionary as, “An internal experience of emotional change and distress. It is a social event in which a disastrous occurrence disrupts some essential function or existing social institution.”
- Now direct questions to the five participants at the front of the room. Ask, “What were your thoughts and feelings when you heard your number called? What are you thinking/feeling right now? How are you coping with what you are about to do?”
- Inform the five participants that they will not have to present to the group. Offer each a prize and thank them for their participation as they return to their seats.
- Explain that the activity is used to help us recognize and understand more about the effects of stress on children and parents.

ELEMENTS OF A CRISIS ARE:

- ❖ Stress
- ❖ Perception
- ❖ Coping

Identify and define the elements of crisis as follows:

- **Stress** – usually involves some type of change in one’s life circumstances including, changes in the environment, interpersonal relationships, or in one’s own individual development. Some events are universally stressful (i.e., death of a close family member/friend,

serious illness/personal injury, environmental disasters.) Normally, the magnitude of change affects the degree to which the event is stressful.

- **Perception** – is the sense we make out of the things we experience. The individual's perception of an event affects the degree to which the event is experienced as stressful. Individuals may experience the same or similar event quite differently. Factors that may effect perception include: The level and quality of experience with the event (i.e., a lot versus little experience, good versus poor experience), cultural/social/racial factors that might leave one wondering whether he/she will be misunderstood or unfairly judged. (i.e., worries about the impact of gender/age/race/ethnicity/accent, etc., may effect perception causing stress.
- **Coping** – Is the struggle to overcome a problem or difficulty. When an individual's repertoire of coping responses is inadequate to overcome the stressful situation, crisis often results. The most effective human coping response is described as a constructive problem-solving response. This includes, assessing the problem, using appropriate resources and support systems, and developing plans and strategies to directly address and overcome the problem. When such strategies are effective in managing the stressful situation, equilibrium is generally re-established and crisis is avoided. Explain that crisis theory suggests that much of human behavior is directed toward maintaining physical and emotional stability (equilibrium/homeostasis)



CRISIS THEORY SUGGESTS:

Much of human behavior is directed toward maintaining physical and emotional equilibrium/homeostasis

- ❖ Ask, "For those of you who felt a sense of stress, let's compare your reactions with those that commonly occur during crisis.



COMMON REACTIONS TO CRISIS

- ❖ Disorganized thinking
- ❖ Hostility/anger
- ❖ Immobilization
- ❖ Loss of behavioral control
- ❖ Indecision
- ❖ Escape (drugs/alcohol)



ELEMENTS OF CRISIS

- Stress – Ask, "In addition to the parent and child who else is involved in the placement?" **Answer:** The caseworker. Ask, "Who has had a

placement that that was particularly crisis ridden?" On a scale of 1-10 with 1 being no stress and 10 being stress off the charts, what is your typical level of stress on your job?

- Perception – We make contact with a family and make an assessment of the situation to determine whether placement is indicated. When we perceive placement as necessary we feel less of a sense of crisis.
- Crisis – How do you cope when you find yourself in a crisis state when facilitating the placement of a child?



Referring again to the "COMMON REACTIONS TO CRISIS" PowerPoint make the point that caseworkers are not immune to the reactions that parents have to the state of crisis. We have to find ways for effective coping to keep doing the work and for doing it well. So, monitor your reactions and take care of yourself.

- ❖ Disorganized thinking
- ❖ Hostility/anger
- ❖ Immobilization
- ❖ Loss of behavioral control
- ❖ Indecision
- ❖ Escape (drugs/alcohol)



DOES THE SEPARATION OF OHP=CRISIS?
(It depends on a number of key factors)

- ❖ Ask, "Does the separation of out of home placement lead to crisis?"
Response: It depends on a number of key factors.



Identify the "key factors listed on Handout 2-a, "Key Factors that Influence Whether Crisis Occurs." These factors influence the likelihood that the individual will experience stress to the degree that crisis results. They include:

- **Developmental age at the time of separation** – Children react differently to separation depending on their age.
- **Significance of the Loss** – The more value placed on a relationship, the greater the likelihood that the loss will result in crisis.
- **Degree of control** – Control over the situation is a significant factor in the individual's ability to cope with the separation. Allow the person to exercise options whenever possible. (i.e. Do you want to carry your bag or do you want me to do it?"

- **Is the separation/loss temporary or permanent?** – Temporary separation, while distressing, are rarely as painful as a permanent loss. Many people are able to survive lengthy separations if they are certain that it is not permanent.
- **Loss perceived as, “my fault”** – If we perceive ourselves to be the cause of a separation, either through negligence, an act of commission or inadequacy, normal feelings of loss are complicated by feelings of guilt and self-blame. This creates additional emotional distress and the separation is potentially traumatic.
- **Any other loss/separation experiences?** – Previous negative loss experiences will increase the child’s sense of trauma, while positive experiences will increase the child’s ability to cope.
- **Meaningful attachments to provide support** – Support from other meaningful relationships helps one cope during the period of grieving and prevents a feeling of total desolation and emptiness. The absence of strong supports may create significant additional emotional distress and loneliness.
- **Loss anticipated or unexpected?** – Losses are often less stressful if there has been warning or if they have been anticipated, giving the person time to prepare and/or consider options and behaviors in the face of loss.

Summarize the discussion by pointing out, “We have all experienced separation/loss and therefore realize the potential result of pain. Let’s examine the issue of separation more specifically.

SECTION II

PART B: UNDERSTANDING SEPARATION

Time	1 hour, 45 Minutes
Purpose	To understand the trauma associated with separation and placement of children.
Competency	The caseworker understands the potentially traumatic outcomes of the separation and placement experience for children and their families, including serious disruption of family relationships, and disturbances in the child's cognitive, emotional, social, and physical development.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Understand the dynamics of separation and typical emotional responses to the separation experience.• Understand the potential emotional trauma that can result from separating children from their parents and placing them into substitute care.
Materials	Flip Chart, Markers, Tape
Method	Presentation by trainer, group exercises and discussion.

Training Module:

- ❖ *A clear understanding of the potentially traumatic outcomes that may result when children are separated from their families is an essential element of effective case management. Let's examine the dynamics of separation and identify approaches that support children through the process.*
- ❖ *Ask participants to call out common separation experiences. Trainers record the responses on a sheet of newsprint. **Responses may include** death of a loved one, divorce, job change, changes in residence, etc.*
- ❖ *Then ask participants to identify the specific feelings associated with the separations. **Responses may include** sadness, despair, anger, excitement, joy, relief, etc. Again, record the responses on flip paper.*

- ❖ Ask participants to identify “what helped.” **Responses may include** supportive friends and family, religion/spirituality, escapes, food, therapy, etc. Again, record the responses on newsprint.

- ❖ Finally, ask, “How is the separation of out of home placement different than other separations?” **Responses:** usually involuntary, not a typical developmental life experience, viewed negatively by society, usually carries elements of shame and blame.

- ❖ Explain that participants will take part in a guided imagery that will allow the opportunity to experience separation on an experiential level rather than simply an intellectual one. Participants should understand that they will experience the activity as an adult but without the controls typically used as an adult. Ask that participants take the activity seriously, listen, use his/her imagination, and allow trainers to be the guide. Explain that at times, questions will be directed to individuals and at other times to the group as a whole. If a participant prefers that questions not be directed to him/her, the person’s name tent can be turned down to indicate this. Also, if an individual chooses to not respond to a particular question, the person can say, “pass.” Participants should relax, get comfortable, and prepare to begin.

- ❖ Refer to the “**Family Fixer**” script and conduct the guided imagery activity as instructed.

Trainer Note: In introducing the activity, please use the word “imagery” rather than “fantasy.” Sometimes similar activities are called “guided fantasy”; the word “fantasy” usually suggests something pleasurable and the activity may be somewhat unpleasant for the trainees. Follow the script as written making sure to call on individuals by name in order to check on the participants and hearing how they are doing. Some participants cannot “get into” the imagery and the responses of other participants can assist them. Calling on individuals also keeps them “in their head” and precludes them slipping into other losses they may have experienced and which can be very disruptive for the participant.

Your pacing and use of silence are critical to the success of the activity. Gain mastery of the content so that you can free yourself from the curriculum and be more personally responsive to the group. By paying close attention to the group’s reaction you can call on participants by name, personalize the questions and be more attuned to the participants and the feelings that they are experiencing. Take about 15 minutes to conduct the guided imagery. Use most of the time available for

processing. This font indicates the role of the family fixer. *This font indicates the role of the narrator.*

Trainer Note: This exercise adapted from GPS-MAPP training, copyright Child Welfare Institute, Atlanta. Used with permission of original author Heather Craig-Olson

“Family Fixer” Script

Ask participants to think of their home.

All of us have one very important thing in common. We all have a place we call “home.” Take just a moment and think about your “home”. It may be your house or apartment, a backyard, or even your car that comes to mind. Think of favorite room. See the faces of those you share your home with. Maybe you have a roommate, a husband or wife, partner, or child. Perhaps you have a pet or maybe you live alone. I want you to see the sights in your home, smell the aromas you associate with home; hear the sounds you love to hear in your home. Think about all the things in your home that make it home. I want you to be in your favorite place, with your people.

Now that you are in your home, I want you to listen to me very carefully.

Trainer Note: Stand up. Knock on the table when you say you are knocking on the door. Call on different people by their name as you ask questions.

I am the Family Fixer.

I am a person in a position of authority and I am knocking on your door. My job is to fix families. I fix families by making sure that the members are safe. If people are not safe I move them to live with a new family. Because you are not safe, I am going to move you today. I am going to move you, every one of you, to a new home with a new family. There is a family I have in mind who has been waiting for someone like you for a long time. When I told them I was coming to get you they were very happy that today is the day.

What do you think about this? (Direct this question to 2-3 people.)

Trainer Note: If people say they won’t go, respond very firmly and nicely that they have to and that they will because they are not safe and as the Family Fixer you must do your job. If they say that they will hide or escape, explain calmly that you will find them and bring them back. If they ask you why you are doing this reiterate that it is your job. Answer no

other questions. Respond with “That’s a very good question”, or reflect their question back to them, i.e. “Sounds like you’re worried whether or not you will get to come back home.”

You will have twenty minutes to pack a cardboard box or suitcase. You may only take what will fit in the suitcase or box, so you’ll have to leave your bed, your bicycle, stereo, and computer. Maybe I’ll get them for you later. No pets and no people, that’s the rule. You won’t need them anyway, because you will have a new family and a new pet. Please think about what you will pack--we haven’t much time.

Trainer Note: Ask several people what they will pack.

I am taking you from your home.

Hurry and finish packing! It is time for us to leave. Give me your hand while we leave the house. Let’s get away from your home.

Look back and see the faces of your family as they watch you leave. How do they look? What are they doing? How do they feel?

Now let’s go to your new home. Let me tell you a little about the people you will be living with. They are so excited that you are coming to live with you. I’ve told them a lot about you. They have waited for someone like you for a long, long time.

Just think---for you women, there is a man at this new home who will call you “wife”. For you men—there is a woman who will call you “husband”. The children can’t wait to have a new “Dad” or “Mom.” They are very excited that you are going to be living with them.

Look out the window of my car. See how much nicer this neighborhood is than your old neighborhood. The houses are bigger and fancier. The cars in the driveways are newer than your car. Your new family has more money than the family you came from. You’ll have a bigger TV, a computer a 12-disk CD--all the things you’ve wanted, but couldn’t afford! Aren’t you pleased?

What word describes how you are feeling? What questions do you have for the family fixer?

Trainer Note: Respond to *all* questions with: “**That is a good question, but I don’t know the answer.**”

Look, we’ve have arrived at your new home. See how big and nice the house is?

Look, that's where you will be living. Let's go meet your new family.

Trainer Note: Knock on the table for effect. Call on individual trainees by name and ask them how they are feeling right now.

Here is your new family...new husband, new wife, new partner, new children. See how happy they are that you are here. They have been waiting so long for a mommy or daddy, husband or wife or partner just like you. Even the dog seems happy to see you. Look at how he is wagging his tail. Go with your spouse and look around your new house.

Raise your hand if you want to see your left behind family?

How soon do you want to see your left behind family?

If you'd just had a fight with your spouse/partner or were really aggravated with your children, would you still want to see them right away?

How long do you think it will take to fit into your new family?

How do you think your new family will feel about you wanting to see your left behind family? How do you think I, your Family Fixer, feel about you wanting to see your left behind family after I worked so hard to get you a new one?

Trainer Note: Most trainees say they do not care what the new family or you think. Most trainees will indicate that it will take a long time, maybe never.

Are any of you already plotting a strategy to run away?

Well, even though you may think that you will never be comfortable with your new family and never fit in, all of you are very strong. You have good coping skills. You learn how to be a spouse and parent in your new family—you manage to adjust to your new home. Despite the fact that you are angry, sad, and lonely, you are able to cope—and you have done a good job being the new husband, wife, mom, dad, partner in this family. You like these people and they need you. You are adjusting well and time goes on.

I forgot to tell you that you cannot see your left behind family—your old family—without my making the arrangements. Besides--it is very important that you learn to get along with your new family, and visiting or talking to your

left behind family could only upset you. As a Family Fixer, my job is to help you adjust. I think that a “cooling off period” of a couple of weeks is in order.

You have no contact from the Family Fixer for a few weeks, however, your new spouse tell the family fixer that you are adjusting well.

So I decide not to “rock the boat.

As a Family Fixer, it takes a lot of my time to make arrangements for you to see your left behind family, and I have so many families to fix that I am very, very busy. You know you are lucky that you still have me. Sometimes people have lots of Family Fixers to cope with, or the Family Fixer keeps changing.

Days pass, turning into weeks and weeks turn into months. It is now a year later. It was 12 months ago that the Family Fixer brought you to your new family. Remember you are strong people, able to cope with change. You have become attached to your new family. In fact, you have seen less and less of the Family Fixer—and your new home and family have become familiar. You’ve grown accustomed to the routine. However, one day there is a knock on the door.

Guess what? It’s me ... the Family Fixer! I have the most wonderful news for you. You are going back home!

Trainer Note: Direct the following questions to individual trainees.

What word best describes how you are feeling? What questions do you have for Family Fixer?

Trainer Note: Paraphrase questions and responses, but don’t answer the questions.

You have some time to prepare for leaving. What will you take back with you from your new family? How will your new family feel about your leaving? If you show happiness about going home, will this change how the family feels about you?

I’d like you to look at the faces of family members as you and the Family Fixer drive away. How do you want them to feel?

Look, were almost back at your old house. In almost no time you will be back in your old neighborhood-- in your old home, with your old family.

What do you think has happened in a year’s time? You probably have some questions that worry you. For example, “Will your people still be there?” “Will they want you back?” “Will your children remember you?” “How has your spouse or partner managed without you?” “Have you been replaced?”

Consider, “What does your old family think your last year has been like? If you say nice things about the family you were living with, what do you feel your old family will think or say?”

“You are now back with your old family. Would you like to see the family you just left?”

How many of you think relationships with your old family will be like they were before you left?” “How many of you think your family will never again be the same?” “How many of you will feel as safe as before the Family Fixer came into your life?”

- ❖ *Begin to transition participants out of the activity by saying the following:*
- ❖ *As we bring this imagery to an end, I want you to think about how you are feeling emotionally and physically.*
- ❖ *What one word describes how you are feeling right now? (Repeat each word to emphasize impact and record all responses on newsprint.)*

Trainer Note: Try to get a verbal response—a word—from every person in the room.

- ❖ Refer back to the guided imagery saying, “It is important that you leave the guided imagery and return to the present. Once again, picture your homes, see the people you share your homes with, see the sights and hear the sounds as you return to your own homes. When you are ready to come back to the group, you may open your eyes.
- ❖ *Allow a couple of minutes for participants to collect their thoughts.*
- ❖ *Process further by asking:*
 - *“What reactions do you have to the activity?”*
 - *“How do you think this compares to what children actually experience when the separation of out of home placement occurs?”*
 - *Explain that no one in the room would ever facilitate a separation in the manner conducted by Family Fixer. However, it is possible to incorporate particular aspects of Family Fixer in everyday practice. For example, it is not uncommon to hear Case Managers say, “you’re going to like this*

family, they're nice and they do a lot of fun activities." Such a statement may unintentionally demean the child's family.

- *Ask, "At the point of separation, what would you have wanted the Family Fixer to do differently?" Record responses on a sheet of flip chart paper titled, "Separation." (Note: Trainers will refer back to this sheet when "placement" is discussed.)*

- ❖ *Assure participants that we will examine the issue further to determine what caseworkers can do to minimize the trauma commonly associated with the separation of out of home placement.*

SECTION III

PART A: PLACEMENT

Time	1 Hour, 45 minutes
Purpose	To identify placement guidelines that minimize the sense of trauma and prepare the child and parent for placement of the child into out of home care. Finally, to identify post-placement supports that help parents and children cope with change.
Competency	The caseworker understands how properly structuring a placement can help prevent crisis and its consequences; and knows how to design placement activities for the child, parent, and foster parent, including pre-placement preparation and visits to minimize stress and provide emotional support to the child and family.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Identify pre and post placement guidelines that minimize trauma for children and their parents• Identify guidelines to help prepare a child and parent for placement• Identify placement supports that increase a child and parent's ability to cope with out of home placement
Materials	Handout 3-a: "Empowering Parents of Children in Placement" Handout 3-b: "Conducting Placement Activities to Reduce Stress and Trauma" Handout 3-c: "Preparing Children for Placement" Handout 3-d: "The Life Book" Video: "Annie. One of the Lucky Ones" Power Point: "Placement", "9-P's of Placement", "During Pre-Placement Planning", "Placement Guidelines", "Post-Placement Services", Picture of Girl with Wagon Flip chart, Markers, Tape
Method	Presentation by trainer and group discussion.

Trainers Note: For supplemental information on placement, preparation of all parties and post-placement services, see Trainer's Material Section 4.

Training Module:

 PLACEMENT- Minimize Trauma

Placement Goals and Methods

Trainer Note: The child placement methods described here require planning, commitment and time by the caseworker. Many trainees will say that they don't have time to conduct placements in the manner described. Remind trainees of the negative consequences to children and families if caseworkers don't follow these procedures. Focus discussion on ways caseworkers can prioritize their time to allow implementation of as many of the recommended placement activities as possible.

Stress that agency commitment to proper child placement practice is necessary to assure successful implementation at the casework level. Agency policies and procedures must be developed to promote and support effective placement practices. Managers may need to be trained regarding the types of programmatic changes required to achieve this.

- ❖ Remind trainees that we have spent a great deal of time discussing the potentially traumatic impact of out-of-home placement. However, we recognize that placement is necessary—critically necessary—at times. Stress that when they must remove a child, they are not evil child-snatchers—but professionals, providing a necessary intervention to protect a child.
 - As we talk about placement we will focus on ways to minimize the sense of trauma that commonly occurs.

Trainer Note: Encourage the group to think back to concepts of grief/loss/crisis discussed earlier and to apply these concepts in formulating appropriate placement activities to minimize trauma for the child and family.

 9-P's of Placement:

**Pre Placement Planning Prevents Post Placement
Panic and Promotes Permanence!**

- ❖ A commitment to proper child placement practice which involves planning and preparation is critical to minimizing placement crisis or trauma.

POINTS FOR DISCUSSION

- Placement decisions must be based upon sound, factual information about the child and the family.
- Emergencies must be carefully assessed to determine the degree to which the child is truly endangered.
- If a child is found to be at risk, it should be determined whether he can be protected in his own home with intensive, in-home supportive services before deciding to place him in out-of-home care.
- The caseworker and agency must guard against the effects of personal and institutional racial and cultural bias in determining the need for placement of minority children. This can best be done when the Case Manager identifies and notes observable information that leads him/her to the conclusion that placement is necessary. Also, when the Case Manager explores other possible interpretations for what was observed or heard. Finally, draw conclusions tentatively, continuing to be receptive to new information that may change the conclusion.
- Out of home placement must NEVER be used as a “tool” to motivate or punish families and children. Its ONLY purpose is to provide safety and protection for children.
- When a child must be placed, we want to use the placement experience to help strengthen families as well as to protect the child. We also want to prevent unnecessary negative outcomes of placement for both the child and the family.
- Thorough placement planning, adequate preparation and careful implementation can reduce the likelihood that the move will precipitate a *clinical* crisis for the child and/or the family; and can reduce the long-term negative consequences of the separation and placement experience.



PRE-PLACEMENT GUIDELINES:

- Encourage a clear understanding of reason for placement.
- Explore possible coping strategies
- Promote visitation
- Offer information about the child welfare process

- Support child's adjustment of OHP
- Support foster parent's ability to consistently meet child's needs
- Refer to reunification goal
- How to contact caseworker

❖ Briefly discuss these guidelines covering the following information:

The guidelines are intended to:

- To assist families and children to achieve a clear and accurate perception of the reasons for placement, and to provide them with opportunities to talk about the placement experience and resulting feelings.
- To increase the child's and the family's ability to cope with the placement by involving them in placement activities, conducting placement activities in steps, or parts, which are more easily managed by the child and the family, and by providing support during and after placement.
- To clarify when subsequent contact will occur between the parent and child.
 - Offer information about the subsequent process the parent/child will encounter due to involvement in the child welfare system.
 - To enhance the child's adjustment in the placement setting.
- To strengthen the foster parent's ability to meet the child's special needs while in placement.
- Communicate the goal to reunify parent and child.
- Provide information for contacting the caseworker.

❖ Once the decision to place is made, the following guidelines must be considered:


 PLACEMENT CONSIDERATIONS:

- Level of care that meets child's need and provides safety
(***Can we do this?*** Maybe not to the degree we would like, but, ***would you place a 2 year old child with a sexual perpetrator?*** So, to some extent, we do take the child's needs and safety issues into consideration.)
- Consistency regarding: school, community, culture (How will continuity in these areas be addressed?)

- ❖ Refer participants to handouts 3-a, “Empowering Parents of Children in Placement,” 3-b, “Conducting Placement Activities to Reduce Stress and Trauma,” and 3-c, “Preparing the Child for Placement.” Explain that this information can be used as a resource of specific ways to minimize the trauma of out of home placement for parents and children.

ACTIVITY “Preparation for Placement Relay Activity”

- ❖ Explain, “You will see a video clip dramatizing child maltreatment. The clip is used to establish the context for work we will do related to the issue of out of home placement.”

 Show clip from “Annie: One of the Lucky Ones,” video. Start at the beginning of the clip and end at the point the caseworker is leaving the home with the children and turns to the mother saying, “They’ll be all right!”

- ❖ After watching the clip ask the group, “What do you see that is inconsistent with what is considered, “best practice?” **Response**, The parents are interviewed with the children present in the same room. It is best to interview children and parents separately. Explain, “An investigation was conducted and you have enough information to conclude that out of home placement is warranted.”

Set up the relay activity with the following information:

We’re about to do an exercise and it involves you, the class, being a virtual caseworker. As the caseworker, you will interact with the character (played by a trainer) and your purpose is to prepare the characters for the reality of placement. This is not a forensic interview, rather, the caseworker will interact with the character in a way that informs, supports, and prepares the character for the fact that the separation of the parent and child is about to happen.

The idea of this activity is to give each participant an opportunity to practice interacting with the character. We typically practice interviewing work with parents, in real live situations with clients. Today, we have a rare opportunity to practice in a setting that is supportive, allows participants an opportunity to make mistakes, try out language and gain from the knowledge and skills of others. Explain that Trainer #1 will assume the role of parent (Mrs./Mr. Dexter) and child (Annie/Andy [depending on the caseworker’s gender) and the co-trainer will get the activity started by setting the stage for the discussion. Hold up the koosh ball and explain that each participant will interact with the character for a minute or two then toss the ball to another participant. Explain that, “Your colleagues will engage in all kinds of behavior (avoid eye contact, pleading looks, etc.) to encourage you not to toss the ball their way. However, disregard such tactics and share the wealth!” Again, after 1-2 minutes of communicating with the character or if

the participant gets “stumped” while searching for an effective approach, toss the ball. It is important to note that if while interacting with the client you say something and realize that it didn’t sound right, it is fine to self correct and say for example, “Wait a minute, let me say that differently,” and then do so.

Trainer Note: If during the activity, someone says something that is not helpful or if they appear to be stuck, the trainer (character) can freeze the activity. The trainer might suggest the participant get help by throwing the ball, or might process with the participant what felt uncomfortable or unhelpful about their comment.

Commence with the activity, helping participants along as necessary. The ball is tossed from participant to participant with each person taking his /her turn. When the ball lands in the hands (or vicinity) of a participant, that individual is expected to continue the process of preparing the individual for placement. If you would like to make a change from the approach started by the previous worker, simply state for example, “I’m about to change the approach,” then do so. They should cover all that we’ve discussed so far to prepare the person. Explain that this is a “fish bowl” activity with the role of the caseworker rotating amongst the class participants.

For each character the co-trainer will get it started, and will toss the koosh ball to a participant. Before starting the activity, ask participants if they were preparing both Mrs. Dexter and Annie for placement, who they might want to prepare first. If participants are not able to provide an answer, explain that Mrs. Dexter may be able to provide us some useful information in how best to prepare Annie. So, whenever possible prepare the parent first.

- a) Begin this activity with Mrs. Dexter and after about 20 minutes, take the time to ask Mrs. Dexter what was helpful and what wasn’t (trainer should stay in character for this de-brief). Switch to Annie and conduct the activity for another 20 and debrief in the same manner. If the following information has not come out during the activity, ensure that the following points are covered: The caseworker must thoroughly explain and discuss the reasons for the removal and placement of the child, including the risk to the child if he remains in the home; the agency's inability to assure protection of the child in the home; and the parents' ultimate responsibility to provide a safe environment for the child
- b) The caseworker should attempt to develop a relationship with the parent and acknowledge the parents' anger and grief in response to the loss of their children, and should expect them to be initially resistant.
- c) Parents should be asked to provide in-depth information regarding the child's schedule, routines, likes and dislikes, and needs, to help the foster parents maintain continuity for the child.

- d) The caseworker should stress the importance of the parent remaining a central figure in the child's life throughout the placement period. The child's adjustment to placement will depend, in part, on the parent's willingness to work with the caseworker.
 - e) When Possible, encourage the parent to be involved in identifying a safe placement option for the child. (i.e., a relative placement)
 - f) When possible, encourage the parent to be involved in deciding what the child should take to the placement and help the child pack clothes, toys, and other belongings.
 - g) Often, the parent can meet the caregiver which can be assuring for the child and parent as well.
 - h) Offer information related to school issues to older children. (i.e., Will attendance at the child's current school change?)
 - i) Offer an opportunity for the parent/child to ask questions.
 - j) Ensure that both parent and child have information indicating how the caseworker can be contacted.
- ❖ Before separating the parent and child, **disengagement messages** or blessings can have a powerful and positive impact on a child or youth's ability to settle into out-of-home placement. The caseworker should explain that the child may be very frightened, and that the parent can be of considerable help to the child by being supportive and reassuring, and by making the move as easy for the child as possible. Point out that the move will happen anyway; and the parent can make it easier for the child if they can tell him/her the following:
- Many parents may not be able to give these messages to their children—but many can—especially with work and support from the caseworker, therapist, or others involved in the case.
 - The messages are simple, yet powerful—but must be sincerely given.

Disengagement Messages

- I love you
- I want you to be OK
- I'll be thinking about you until I see you again

- Disengagement messages are difficult, but not impossible to achieve. They may be done face to face; or if too difficult, in a more tangible form, such as a letter, audio or video tape.
- **A few parents may interfere with or sabotage the placement. In these circumstances, the caseworker's primary responsibility is to protect the child.**

See **Trainers Materials** for more detailed information on processing this activity. Trainer's material includes information on making placement decisions, choosing appropriate placement, preparation of all parties and pre-placement activities. Preparation of the caregiver and post-placement support of the caregiver can be addressed during Section V, Part A, Placement Disruption.



POST-PLACEMENT SUPPORT:

- Emphasize the ongoing role of the parent as parent
- Caseworker contact within 24 hours of placement
(This may be a brief phone call with the parent and child.)
- Supportive services to bio-family and foster family
- Child-placement story (a factual story that explains the child's placement but respects their right to privacy. The child can share this information with kids at school who inquire.)
- Life book work
- Positive experiences that enhance child development
- Regular visitation

Post-Placement Support

❖ Cover the following points:

- Encourage the parent to remain in a parenting role with the child. The caseworker's expectation that the parent remain in a central parenting role with the children, even during placement, can strengthen the parent's feeling of ongoing responsibility for the well-being of the child.
- The Case Manager should initiate contact with the parent within 24 hours of the placement. If the Case Manager maintains regular telephone and face-to-face contact with the parent, it is less likely that the parent will withdraw.
- Regular and frequent visitation between the child and the parent is critical. The first visit should occur within 48 hours of placement. The Case Manager

should spend some time with the parent prior to this visit to discuss the parent's feelings and to prepare the parent for the visit. We will discuss visitation in more detail during an upcoming section.

- Parents should be involved in making major decisions about the child. Parents should routinely be involved in agency staffings and conferences to develop or to review the case plan, or to discuss problems in case plan implementation.
- Supportive services are also essential to help the parent/child cope with the separation.
- A “Child Placement Story”- If necessary, caseworkers can help a child develop a story to explain to other people the reasons for the placement.
- Some children may have difficulty answering questions from friends, neighbors, teachers, and others curious about why they are living in a foster home. Children are often embarrassed and self-conscious, and may fabricate reasons for their placement, or they may avoid discussing it. The caseworker can help a child deal with this situation by jointly preparing and practicing an honest, simple, but non-judgmental explanation of why the child has come into care. Doing so can prevent embarrassment for the child.
- An example of an appropriate explanation might be: “My parent has some things to do, so I'm staying with the Smiths for a while.” The foster family, including all children in the family, should be informed of this, and all family members should use the same explanation when asked about the child. If pressed for more information, the child should be instructed to refer questions to the caregivers.
- Without a conscious effort by caseworkers and caregivers, children may “lose” portions of their lives, and have significant gaps in their personal history. Some fairly simple strategies can help to prevent this.
- At placement, provide caregivers with a notebook, folder or large manila envelope. Ask and have significant gaps in their personal history. Some fairly simple strategies can help to prevent this.
- At placement, provide caregivers with a notebook, folder or large manila envelope. Ask that they save pictures, school notes and papers, art work, and any other significant information (Health Passport, information about medical/dental care, a record of childhood illnesses or injuries, etc.) in it. This information can be shared regularly with parents, and can go with the child when s/he leaves placement.

- Life book work (Handout 4-d) - Explain that the Handout provides a great deal of detail about compiling a life book. Ask if any trainees have utilized life books with clients—if so; ask them to describe their process.
- Summarize how a life book can be helpful, making the following points:
 - Each child in placement should have her own *life book*. Life books can contain pictures and other memorabilia. They life can also document stories about past or present experiences. An older child can write into the life book; the younger child can dictate their stories to an adult.
 - A life book provides continuity for the child and may allow a child to share her earlier life with foster family, therapist and friends. Foster parents should help in developing and maintaining the life book by adding photos and stories from the present.
 - Life books are excellent tools for the caseworker to use with a child to help him/her *think about and understand his/her history*. Life books should also be used to help children from ethnically and culturally diverse backgrounds develop and *maintain a positive cultural identity and self-esteem*.
- To help repair a child’s damaged sense of self which may be exacerbated as a result of out of home placement, children need to experience a routine that includes activities that enhance normal child development. (i.e., daily routine, regular attendance at school, supervised extra-curricula activities, hobbies, opportunities to experience success and achievement)
- The importance of family visitation will be discussed tomorrow.
- ❖ Transition by saying, “We will now identify post-placement supports that help children cope with the stress that commonly occurs when placement for the child is cross-cultural or cross-ethnic.

Section III

Part B: Support for Cross-Ethnic/Racial Placement

- Time:** 1 hour, 15 minutes
- Purpose:** To identify the support children need when the placement is a cross-ethnic/racial one
- Competency:** The caseworker understands how to assess the capacity of a caregiver to meet the cultural needs of a child whose ethnicity/race is different from that of the caregiver; and knows how to advise caregivers regarding the provision of care that respects and supports the child's racial/ethnic identity.
- Objective:** Trainees will identify placement supports that nurture the child's racial/ethnic identity.
- Materials:** Video: "Knowing Who You Are"
Handouts: 3-e "Worker's Assessment Guide"
3-f "Racial/Ethnic Identity Development"
3-g "Common Challenges"
3-h "Support for Cross-Ethnic/Racial Placements"
- Method:** Small group activity and discussion

Training Module:

Begin the discussion with the following introduction: We know that positive self-esteem and identity play an important role in a child's ability to cope with trauma. When out-of-home placement occurs, a child's sense of self, including identity, can be damaged. Caregivers providing care to children whose race or ethnicity is different from that of the caregiver often find it challenging to know how to support the child's racial/ethnic identity.

❖ Further state:

An aspect of child or human development seldom discussed is that of ethnic/racial development. Yet, caseworkers need to be as knowledgeable about this developmental process as those processes described by Piaget, Erikson, and other developmental theorists. Further, a concern expressed by foster and adoptive caregivers who are providing cross-racial care is that caseworkers are generally unprepared to provide the level of information, guidance, and support needed to help children who are likely to be the target of racism (due to skin color or other identifying characteristics) identify and cope with the “isms” he or she is apt to encounter. The well-being of marginalized children depends, in part, on the child’s ability to manage denigrating messages in a way that promotes and reaffirms his/her sense of value and self worth. In the child protection system, a child in substitute care relies on the foster caregivers, adoptive providers, and ultimately caseworkers to provide the ego strength, guidance, and tools needed to effectively identify and cope with subtle, as well as, the overt “isms” encountered. Let’s look at a video that illustrates why this issue is important for children who are placed cross-racially.

- ❖ Show the video clip, “Knowing Who You Are.” (Start at the beginning and end when the supervisor/worker [who appears to be a white woman with long, straight, and dark hair] describes her experience working with an African American male and states, “This is the work!”)
- ❖ To process the video ask the following:
 - In what ways does a healthy/positive racial/ethnic identity support a youngsters functioning?
 - What insights do you gain from this clip and how will you apply that insight to your work with children and their families?
 - What questions/concerns does this clip raise for you as a caseworker? (Be prepared to respond to any questions raised. Trainer Note: You might avoid this question if you need more time to increase you depth of knowledge in this area.)
- ❖ Let’s look at a tool that can be used to help workers and families assess the family’s capability for meeting identity needs of children whose race/ethnicity is different from that of the care giving family. Refer participants to the handout 3-e, WORKER’S ASSESSMENT GUIDE.
- ❖ Ask the question: “What does the Multi-Ethnic-Placement Act and the Inter-Ethnic-Placement Act say?” Expected Response should in effect say: “These laws prohibit the use of race, color, or national origin as the reason to delay or deny a child’s placement with a foster or adoptive family (in other words, no discrimination permitted by placing agencies). Explain that we offer the assessment guide as a way to help care giving family members consider and assess their own capacity to effectively provide cross-racial/ethnic care of children. Specifically refer to the appendix of the document as containing examples of possible situations that family members can use to guide their own discussion of how they might handle the situation.

- ❖ Refer participants to handout 3-f, RACIAL/ETHNIC IDENTITY DEVELOPMENT, which describes what the process of identity development can look like for both ethnic and White individuals. While there are a number of models which describe this process, the model offered here is adapted from Cross, Helms, Phinney, Steinberg and Hall to help caseworkers and caregivers better understand and respond to a child's needs in this developmental area. Explain that, "All people are members of various ethnic groups and all people have color." However, for the sake of this discussion, the "ethnic identity model" refers to the process commonly engaged by those who are stigmatized in this country as a result of their skin color or heritage. The "white identity model" focuses on the process often encountered by individuals in this country who hold a socially dominant position. Respond to any questions related to the handout.

- ❖ Explain that, like development in other domains, ethnic/racial development is a dynamic and fluid process. Further, it may differ in some important ways from what you the caseworker, the foster parent, or adoptive parent experienced and consequently anticipate for the child moving through the process.

- ❖ Refer to handout 3-g, "Stages of Development During the Coming-Out Process" and handout 3-h, "Disclosure and Confidentiality." State that we include a description of the development of gay and lesbian sexual identity along with information for managing disclosure and confidentiality because this developmental process is also rarely discussed. The current section is focused on children of color due to the disproportionate representation of these children in the Child Welfare system. However, handouts 3-g and 3-h are provided to alert caseworkers to the need to support the overall healthy development of all children including those whose sexual identity appears different from that of the mainstream.

- ❖ Explain that positive racial/ethnic identity development in children relies on adults to intervene supportively when emotionally harmful situations occur. We will identify the support children need in order to develop a positive racial/ethnic identity. Refer participants to Handout 3-i, COMMON CHALLENGES. Use the handout 3-f, RACIAL/ETHNIC IDENTITY DEVELOPMENT as a resource for completing the assigned task.

- ❖ Separate the group into dyads. Instruct each pair to select one of the challenges and decide what might be causing the behavior in the child. Then, identify the support needed by the child to manage the challenge and encourage positive identity development. Give five minutes to complete the task. Refer to handout 3-j to record any note taking.

Use the following information to process the activity:

CHALLENGE A

THE FOSTER PARENTS ARE DEVOUT CHRISTIANS. THEY ARE MAKING A CONSCIOUS EFFORT TO EXPOSE A 12 YEAR-OLD FOSTER CHILD TO THE JEWISH

RELIGION HE HAS BEEN EXPOSED TO FROM BIRTH. A HEARING IN THE CASE IS SCHEDULED FOR NEXT MONTH, TO DECIDE IF TERMINATION OF PARENTAL RIGHTS WILL OCCUR. RECENTLY, THE CHILD REPORTED TO YOU, THE CASEWORKER, AND TO THE FOSTER PARENT THAT HE FEELS FUNNY ATTENDING SYNAGOGUE ALONE OR WITH FRIENDS AND IS CONSIDERING CONVERTING TO CHRISTIANITY.

1. WHAT MIGHT BE CAUSING THE CHILD'S REACTION?

POSSIBLE RESPONSES: THE CHILD MAY BE CONFORMING IN AN ATTEMPT TO REFLECT THAT WHICH HE BELIEVES IS PREFERRED. ALSO, HE MAY BE STRIVING TO FEEL A GREATER CONNECTION WITH FAMILY, ESPECIALLY IF HE BELIEVES TERMINATION OF PARENTAL RIGHTS IS INEVITABLE. FINALLY, THE CHILD MAY FEAR THAT HE WILL BE ILL PREPARED FOR HIS BAR MITZVAH (AN IMPORTANT LIFE EVENT FOR MANY WITHIN THE JEWISH CULTURE; CELEBRATED WHEN A CHILD REACHES AGE 13) AND FEELS RESIGNED TO THE NEED FOR CONVERSION.

2. IDENTIFY THE SUPPORT NEEDED BY THE CHILD TO MANAGE THE CHALLENGE AND ENCOURAGE POSITIVE IDENTITY DEVELOPMENT.

POSSIBLE RESPONSES: THE CAREGIVER SHOULD NOT SIMPLY CELEBRATE THE IDEA THAT THE CHILD WANTS TO CONVERT. FIRST, TALK WITH THE CHILD ABOUT WHY HE IS THINKING ABOUT CONVERTING. THE CAREGIVER MIGHT SHOW FURTHER INTEREST IN THE CHILD'S RELIGION BY INCREASING HIS/HER OWN KNOWLEDGE ABOUT JUDAISM AND ACCOMPANYING THE CHILD, IF PERMISSIBLE, TO SYNAGOGUE LEADERS. DETERMINE THROUGH THE RABBI IF THERE IS A JEWISH FAMILY WHO IS WILLING TO BE A MENTOR FAMILY FOR THE CHILD TO REINFORCE AND PROVIDE INFORMATION AND SUPPORT THE FOSTER FAMILY LACKS. ALSO, IT IS IMPORTANT TO PROVIDE FREQUENT AND GENUINE MESSAGES TO THE CHILD THAT VALIDATES BEING JEWISH.

CHALLENGE B

A FOSTER PARENT WITH A DIFFERENT ETHNICITY REPORTS THAT HER FIVE-YEAR-OLD AFRICAN AMERICAN FOSTER CHILD IS REPEATEDLY ASKING IF SHE IS DARK. ALSO, SHE FREQUENTLY WANTS TO KNOW IF THE CAREGIVER LIKES HER BEAUTIFUL LONG HAIR THAT IS ACTUALLY A SCARF SHE'S ATTACHED TO HER OWN SHORT HAIR TO OFFER THE EFFECT OF LONG HAIR. THE CHILD IS INCREASINGLY ENGAGING IN THIS BEHAVIOR.

1. WHAT MIGHT BE CAUSING THE CHILD'S REACTION?

POSSIBLE RESPONSES: THIS IS REFLECTIVE OF THE INITIAL NAIVETE PHASE.

THE CHILD MAY BE REFLECTING WHAT SHE BELIEVES IS CONSIDERED PREFERRED/VALUED IN HER COMMUNITY. ASK, “AT ABOUT WHAT AGE DO CHILDREN TYPICALLY FIRST BECOME AWARE OF PHYSICAL DIFFERENCES SUCH AS, SKIN COLOR, DIFFERENCE IN HAIR TEXTURE, EYE SHAPE, ETC..? RESPONSE, RESEARCH INDICATES THAT AS EARLY AS 7 MONTHS OLD, INFANTS CAN RECOGNIZE PHYSICAL DIFFERENCES IN THE SAME WAY THEY RECOGNIZE DIFFERENCES IN GENDER. CHILDREN OF COLOR OFTEN RECEIVE NEGATIVE MESSAGES ABOUT THEIR PHYSICALLY DIFFERENT CHARACTERISTICS, WHICH THEY INTERNALIZE AS A REFLECTION OF SELF WORTH. THEY MAY BE OVERWHELMED WITH THESE SUBTLE MESSAGES THROUGH THE MEDIA, SCHOOL (PEERS AND SCHOOL SUPPLIES), AND THE BROADER COMMUNITY. THEREFORE, BY ABOUT AGE FOUR AND FIVE, CHILDREN MAY ATTEMPT TO HOMOGENIZE THEMSELVES BY ACQUIRING OR LOSING A CHARACTERISTIC THEY BELIEVE IS EITHER HIGHLY VALUED OR REJECTED BY OTHERS. (I.E., THE CHILD MAY HAVE A STRONG PREFERENCE FOR LONG BLOND HAIR, LIGHT COLORED SKIN, OR THE WHITE MAJORITY CULTURE.) THERE IS A HIERARCHY OF COLOR IN THE UNITED STATES THAT REFLECTS LIGHT COLORED SKIN WARRANTING PRIVILEGE. THEREFORE, CHILDREN MAY ATTEMPT TO ACCULTURATE, SO AS NOT TO “STAND OUT” IN A WAY THAT THEY PERCEIVE AS NEGATIVE. EXPLAIN THAT THIS BEHAVIOR WOULD BE UNREMARKABLE IF IT WERE NOT FOR THE STATEMENT, “THE CHILD IS INCREASINGLY ENGAGING IN THIS BEHAVIOR.” MUCH LIKE A CHILD WHO IS INCREASINGLY ENGAGING IN MASTURBATION, ATTENTION GETTING BEHAVIORS, WE WANT TO UNDERSTAND WHAT IS MOTIVATING THE INCREASED BEHAVIOR AND WORK TO MINIMIZE THE CHILD’S NEED TO ENGAGE THE BEHAVIOR.

2. IDENTIFY THE SUPPORT NEEDED BY THE CHILD TO MANAGE THE CHALLENGE AND ENCOURAGE POSITIVE IDENTITY DEVELOPMENT.

POSSIBLE RESPONSES: CHILDREN OF COLOR AND OTHERS WHOSE PHYSICAL APPEARANCE IS SOMEHOW DIFFERENT FROM THE MAINSTREAM POPULATION, NEED FREQUENT EXPOSURE TO MESSAGES, EXPERIENCES, AND ROLE MODELS THAT AFFIRM THEIR PHYSICAL CHARACTERISTICS AND OTHER ATTRIBUTES. THEY BENEFIT FROM ADULTS WHO CAN STIMULATE AND ENCOURAGE OPEN COMMUNICATION ABOUT RACIAL/ETHNIC DIFFERENCES AND TO DESCRIBE HOW SOME IN THE COMMUNITY REACT TO SUCH DIFFERENCES. CHILDREN OF COLOR NEED ADULTS WHO CAN PROVIDE CORRECTIVE INFORMATION TO COUNTER INACCURATE OR STEREOTYPICAL MESSAGES CHILDREN MAY RECEIVE AND WHO WILL CELEBRATE THE CHILD’S UNIQUENESS.

CHALLENGE C

A 16 YEAR-OLD GAY FOSTER YOUTH REFERS TO STAFF IN DEROGATORY TERMS AND COMPLAINS THAT PARTICULAR STAFF MEMBERS AND PRACTICES ARE HOMOPHOBIC.

1. WHAT MIGHT BE CAUSING THE CHILD'S REACTION?

POSSIBLE RESPONSES: THIS MAY REFLECT THE IMMERSION PHASE IN WHICH THE CHILD FEELS ANGER TOWARDS THE MAJORITY GROUP IN GENERAL. ALSO, THE YOUTH MAY INDEED BE A VICTIM OF RACIST BEHAVIOR/PRACTICES. FINALLY, THE YOUTH MAY USE THIS HOT BUTTON WORD AS A WAY TO DEFLECT ATTENTION FROM HIS/HER OWN BEHAVIOR.

2. IDENTIFY THE SUPPORT NEEDED BY THE CHILD TO MANAGE THE CHALLENGE AND ENCOURAGE POSITIVE IDENTITY DEVELOPMENT.

POSSIBLE RESPONSES: TALK WITH THE YOUNGSTER TO DETERMINE WHAT HE/SHE SEES AND HEARS THAT LEADS HIM/HER TO CONCLUDE, "HOMOPHOBIC." IF THE CONCERN HAS MERIT (REFLECTS BIASED ACTIONS THAT INTENDED OR UNINTENDED), AN ADULT (THE FOSTER PARENT/CASEWORKER) IS NEEDED TO ADVOCATE FOR THE YOUTH AND PROBLEM SOLVE APPROPRIATE ACTIONS TO RESPOND/CORRECT THE SITUATION. HELP THE YOUTH MAKE POSITIVE CULTURAL CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS TO PROVIDE POSITIVE SUPPORT AND MODELING. ESTABLISH CLEAR LIMITS ON THE YOUNGSTER'S BEHAVIOR. IDENTIFY BEHAVIOR THAT WAS INAPPROPRIATE (I.E. DIRECTING PROFANITY AT ADULTS) AND OUTLINE WITH THE YOUTH AN APPROPRIATE AND EFFECTIVE PROBLEM SOLVING PLAN FOR ADDRESSING SUCH ISSUES IN THE FUTURE. (I.E. REPORT CONCERNS TO THE CASEWORKER OR AN IDENTIFIED STAFF PERSON WHO CAN INTERVENE.) ALSO, IDENTIFY BEHAVIOR THAT WAS APPROPRIATE (I.E. EXPRESSING CONCERN ABOUT THE ISSUE). IF IT IS DETERMINED THAT THE YOUTH IS USING THE WORD "HOMOPHOBIC" AS A SMOKE SCREEN, DISCUSS WITH THE YOUTH HOW SUCH OUTCRY SHOULD BE RESERVED ONLY FOR TIMES WHEN THE PROBLEM EXISTS. OTHERWISE, INAPPROPRIATE USE OF THE TERM CAN LEAD TO A SYSTEMATIC DISMISSAL OF HIS/HER CLAIMS WHEN IN FACT THE OUTCRY WAS MADE JUSTIFIABLY.

Refer to handout 3-k, "Tips and Strategies for addressing Harassment," as a resource guide for helping caregivers/staff and children respond to harassing behavior.

Finally, display the PowerPoint slide, "SUPPORT FOR CROSS-ETHNIC/RACIAL PLACEMENTS" summarizing with the following points.

SUPPORTIVE CARE SHOULD INCLUDE THE FOLLOWING:

- A WILLINGNESS TO STIMULATE AND ENCOURAGE OPEN FAMILY COMMUNICATION ABOUT RACIAL/CULTURAL DIFFERENCES

- A WILLINGNESS TO IDENTIFY BIAS WHEN OBSERVED AND TO TALK ABOUT IT
 - STRATEGIZE AND MODEL ASSERTIVE RESPONSES TO BIASED BEHAVIOR/POLICIES
 - ACT AS A BRIDGE FOR THE CHILD (CONNECT THE CHILD TO PEOPLE AND ACTIVITIES WITHIN THE CULTURE THAT REFLECTS THE CHILD'S CULTURE/ETHNICITY)
 - PROVIDE CORRECTIVE INFORMATION TO THE CHILD. (AS A RESULT OF THE CHILD'S EXPERIENCE OF ABUSE/NEGLECT, THE CHILD MAY HAVE A SKEWED PERCEPTION OF MEMBERS OF THE CHILD'S RACE/CULTURE. HELP THE CHILD UNDERSTAND THAT INAPPROPRIATE BEHAVIOR OCCURS IN ALL CULTURES/RACES; COMPETENT AND LOVING PEOPLE ARE IN ALL CULTURES/ RACES
 - LEARN WHAT THE CHILD IS THINKING (ASK THE CHILD QUESTIONS LIKE, "WHAT'S GOOD/HARD ABOUT LIVING WITH PEOPLE WHO LOOK/DO THING DIFFERENT FROM YOU?" "WHY DO YOU THINK THAT PERSON BEHAVED THAT WAY?" ETC.
 - CELEBRATE THE CHILD'S UNIQUENESS
- ❖ Transition to the next section by saying, "We have identified and discussed the support needed to help children cope with out of home placement. The following section addresses the support substitute caregivers need to prevent placement disruption.



Picture of Girl with Wagon

SECTION IV

PART A: CHILDREN'S REACTIONS TO LOSS:

Time 2 hours

Purpose

To help trainees identify a framework for understanding and responding to the behavioral and emotional reactions that occur during loss. To identify the physical, emotional, and behavioral indicators of placement induced stress that may reflect a clinical crisis for a child. Also, to identify appropriate interventions to mitigate stress related to placement.

Competency The caseworker can recognize the physical, emotional, and behavioral indicators of placement-induced stress in children of various ages and identify strategies for alleviating stress.

Objectives Through this activity, trainees will be able to:

- Identify a framework for understanding and responding to the behavioral and emotional reactions that occur during loss
- Identify the physical, emotional, and behavioral indicators of placement induced stress
- Identify supportive interventions to minimize the sense of stress and loss in children who are in placement

Materials Handout 4-a: Expressions of Grief
Handout 4-b: How a Child's Development Effects Grief
Flipcharts, Markers, Tape

Method Group discussion and small group activity

Training Module:




Core IV, Day II



GRIEF AND LOSS for Children

- Lead a large group discussion and refer to the grief process introduced by, Elizabeth Kubler-Ross, “as the framework we will be using for understanding and responding to the child’s behavioral and emotional reactions to loss.”
- Explain that, “While Ms. Kubler-Ross refers to the “stages of grief,” which implies a linear progression, we will use the term, “expressions of grief.” This is done to reflect the reality that these emotions do not occur in any prescribed order. They can occur in any order, concurrently, or not at all. In other words, individuals grieve in different ways.
- Write the DABDA acronym vertically down the left side of a sheet of newsprint. Explain that this is an easy way to remember the expressions of grief.

 Refer participants to Handout 4-a, Expressions of Grief and ask them to call out the word for each expression while the trainer completes each word as it is mentioned. **Responses are:** Denial/shock, Anger, Bargaining, Depression, and Adaptation/Adjustment.

DENIAL
ANGER
BARGAINING
DEPRESSION
ADAPTATION/ADJUSTMENT

- Briefly discuss each expression by doing the following:
 - **Ask**, “When you have initially placed a child, what does the child say or do that leads you to believe the child is in denial/shock?”
Possible responses: Child appears compliant and disconnected from the event as if the loss were of little significance, the child may deny the event happened/deny any negative feelings about the event, behavior may appear robot-like.
 - **Ask**, “What do caregivers report that lead you to conclude the child is experiencing anger?” Possible responses: Physical/verbal aggression, enuresis, encopresis, self-endangering behavior, destruction of property, anti-social behavior i.e., lie/steal.

- **Ask**, “What might a child say when he/she is bargaining?” **Possible responses:** The child may resolve to change his/her behavior for the better.
- **Ask**, “How does a child behave when he/she is expressing depression?” **Possible responses:** suicidal ideation/suicide attempts, decline in self-care/hygiene, hopeless, helpless, listless, lack of energy, distracted.
- **Ask**, “How do you know that a child is adapting?” **Possible responses:** increased energy, receptive to making emotional connections, hopeful, eager to re-enter routine and resume activities.

Cycle of Grief

- Explain that this process reflects what is referred to as the cycle of grief. It involves the following:
 - A level of coping that a person maintains prior to a loss.
 - The experience of a loss that precipitates for the person the spiral into the emotional expressions identified above.
 - Usually the emotional expressions level out or stabilize, known as a point of adaptation or adjustment.
 - A new loss or exposure to a trigger may occur propelling the individual back into a new cycle of grief.
- The hope is that at each point of adaptation/adjustment, the person is stronger and better able to cope with the sense of loss. However, this may not be the case.
- Explain that a variety of things may serve as a trigger. **Ask**, “What can trigger or cause a child to re-enter the cycle of grief? **Possible responses:** anniversary dates, sights, smells, children entering and leaving placement, contact with family members, etc.

- Explain, “Dr. Vera Fahlberg, an M.D. who has done a great deal of work with children involved in the child welfare system, tells us that when a child experiences out of home placement, the child is likely to perceive the event in one of three ways. The possible perceptions include the following:



Perceptions of OHP

- **Taken away** – Common when a crisis placement occurs, results in a child struggling with trust issues and anxiety
- **Given away** – Common when a relinquishment or abandonment occurs, results in depression, feelings of worthlessness.
- **In charge** – Reflected in children who “run,” act out or make false allegations against a caregiver all in an effort to disrupt the placement, results in children with multiple placements (common for adolescents)
- **Being moved** -- We want children to experience placement feeling that the decision to place is a shared adult responsibility made by adults who are taking care of them.

Transition to the activity by stating, “Let’s work in groups to identify and discuss the physical, emotional, and behavioral ways children commonly cope with the loss that results from placement. These common copings often reflect behaviors that are difficult for the caregiver to manage. Therefore, let’s take time to identify ways to help caregivers support children through a sense of crisis.



Refer participants to handout, 4-b, “How a Child’s Developmental Level Affects Grief,” and instruct participants to complete the tasks on the handout.

- Allow participants to self-select into one of four groups. Suggest that they base their selection on an age range with whom they work most, to make the exercise most relevant. The options are:
 - Infants and Toddlers (birth to 2 years old)
 - Pre-school children (3-5 years)
 - School age children (6-11 years)
 - Adolescence (12-18 years)

- Draw a simple house on a sheet of chart paper and include the heading “Child Loss.” Instruct each of the four groups to write the primary losses experienced by a child in their respective age range on the “Child Loss” chart paper (which should be posted at the front of the classroom).
- Distribute chart paper to each group, explaining, “The responses to questions 2 and 3 are to be recorded on the paper. Responses should be specific and practical for use by caregivers.
- Allow approximately 20 minutes to complete the assignment.
- Reconvene the large group and ask the person in each group with the most “feet” (as in appendage) in their house to report the group’s responses to the large group.

TRAINER’S NOTES FOR THE ACTIVITY:

INFANCY: (Birth-18 Months)—Attachment, Development of Trust

Cognitive/language Development

- The infant has *not developed object permanence*. *When* things are out of sight, they are GONE. Even temporary losses of significant caretakers are experienced as total. (They cannot comprehend that mother “will be right back.”)
- Infants have a *short attention span and memory*.
- Infants *do not understand change*--they only feel it. And, because they don't understand, *changes* and unfamiliar sensory experiences (sights, noises, people) *frighten them*.
- They have little or no language ability and thus, cannot *communicate*, except by crying. Most communications are non-verbal.

PsychoSocial Development

- Infants are totally *dependent upon others* for nurturance, care and survival!
- Infants generally form strong attachments to their primary caretaker and develop a sense of trust in that person. Often, when distressed, others cannot comfort them.

- After 5-6 months, an infant can easily discriminate between people and *displays anxiety in the presence of unknown persons.*
- The infant experiences *anxiety in the face of change.* Emotional stability depends upon similarity, continuity, and stability in the environment and the continued presence of their primary caretaker.
- Without language, infants have *few ways to communicate their needs.* If adults are not familiar with their cues and do not recognize their distress, *needs may remain unmet!*
- *Social attachments are limited* to immediate caretakers and family members.
- Infants have immature “social skills” and *do not easily engage into relationships with unfamiliar persons.* Adults must generally initiate and reinforce interactions.

Child’s Response to Separation

- Infants' *cognitive/language limitations greatly increase their experience of stress.* *Without a well-developed cognitive perception of an event, any change is threatening.* Infants will be extremely distressed simply by changes in the environment and the absence of familiar caretakers.
- Infants have *few internal coping skills.* Adults must “cope” for them by removing stressors from their lives and meeting all of their needs. When deprived of adults whom they have learned to trust and depend upon, infants are more vulnerable to the effects of internal and external stresses.
- An infant experiences the absence of caretakers as immediate, total and complete. Infants *do not generally turn to others for help* and support in the absence of their primary caretaker. An infant who has lost its primary caretaker often cannot be comforted by others.
- If separation occurs in the first year, it can *interfere with the development of trust.*
- The infant's distress will be less if the *new environment can be made very consistent with his/her old one,* and if the primary caregiver can visit regularly, preferably daily, and provide direct care to the child.

PRESCHOOL: (2-5 Years)—Mastery, Control, Autonomy

Cognitive/language Development

- The child uses language to communicate but has a limited vocabulary and *does not understand complex words or concepts*. Many thoughts or feelings cannot be fully expressed.
- The child *does not have a well-developed understanding of time*, particularly of long time periods. The child cannot discriminate between “next week,” “next month,” and “next year.”
- The child has *difficulty understanding cause and effect* and is often unable to discern how events relate to one another, to explain why things happen, or to predict what may happen next.
- The child may use *magical thinking* and fantasy to explain events. The child may feel that his/her actions or thoughts have exaggerated effects on events in his/her environment.
- The child displays *primarily egocentric thinking, which means s/he is not capable of understanding perspectives which are different from his/her own*. Other people's explanations of events may make no sense to him, and s/he will stubbornly cling to his/her own explanation. His/her logic is faulty by adult standards, but it makes perfect sense to him.
- The *child may not generalize experiences from one situation to another*. For example, despite the fact that his/her house and all his/her friends' houses have bathrooms, s/he may still doubt the existence of a bathroom in the foster home until s/he sees it for himself.

PsychoSocial Development

- The child is *still dependent on adults to meet his/her emotional and physical needs*. The loss of adult support leaves him feeling alone, vulnerable, and anxious.
- Development of autonomy and a need for self-assertion and control make it extremely difficult for a child this age to have things “done to him” by others. When thwarted by adults, the child is likely to create and engage in battles with adults to maintain some degree of control.
- The child is beginning to relate to peers in reciprocal, cooperative and interactive play.

- The child relates to adults in playful ways and is capable of forming attachments with adults other than parents. The child can turn to other adults to meet his/her needs.
- “Good” and “bad” acts are defined by their immediate, personal consequences. Children who are bad are punished. Children who are good are rewarded. The child's self-esteem is often influenced by how “good” s/he believes s/he is.

Child’s Response to Separation

- The child is *still essentially dependent and has limited coping abilities. S/he still needs dependable adults to help him cope.* However, emotionally healthy children of this age *can* turn to substitute caregivers or a known and trusted caseworker for help and support during separation or loss. Having some relationship with an adult in the new home prior to placement also s/helps to reduce a child's stress during placement.
- The preschool child often has an *inaccurate and distorted perception* of the separation/loss/placement experience.
- *Due to immature conception of time, any separation of more than a few weeks is experienced as permanent.* Without frequent contact with parents, a child may assume that the parents are gone forever!! S/he may *abandon hope relatively quickly and attempt to establish a permanent place in the substitute care home.*
- The child *will often view separation and placement as a punishment for “bad” behavior. Egocentric thinking limits understanding.* The fact that s/he had to leave home because someone else (his/her parent) had a problem, makes no sense. Children this age will cling to their own explanation for the separation or placement, despite attempts by adults to explain otherwise. This self-blame threatens the child's self-esteem and increases anxiety.
- Because the child *can’t generalize experiences* from one situation to another, *all new situations are unknown and, therefore, more threatening, which greatly increases the anxiety experienced by the child.*
- The child will display considerable *anxiety* about the new home. S/he will have *concerns about being cared for*, but may not have adequate language to express the concerns in detail. Insecurity may be expressed with questions such as, “Do They have Band-Aids at their house?” or “Does the dog bite children?” S/he needs reassurance that s/he will be fed, clothed, and that this family will care for him when s/he is sick.

- While verbal reassurances are helpful, *The child needs to experience the environment to feel comfortable in it.*
- *Rapid placement*, without proper preparation, may generate feelings of helplessness and loss of control, which *may interfere with the development of self-directed, autonomous behavior.* The child may learn that s/he cannot influence the environment and become placid and unassertive, or s/he may become engaged in a power struggle with adults in an attempt to assert and assure his/her autonomy.

SCHOOL AGE: (6-11 Years)—Initiative, Meaningful Secondary Relationships

Cognitive/language Development

- The child has developed cognitively to the stage of *concrete operations.* S/he understands cause and effect and logical relationships between events, but will have difficulty understanding abstract relationships. “Your mother gave you away because she loved you” is a logical inconsistency for this child.
- While most of their thinking remains concrete, some older school age children show a beginning ability to think and reason abstractly, and to recognize complex causes of events.
- The child has *limited perspective-taking ability.* S/he can, at times, understand other people’s feelings and needs. S/he is beginning to understand that things happen which is not his/her fault.
- The older school age child is able to understand perspectives other than his/her own. Some children have developed insight and can recognize and respond to needs and feelings of others. These children may recognize that their parents have problems, which led to the need for placement. (“My Dad is nice until he gets drunk, and then he gets mean and hits us.”)
- The world is usually experienced in concrete, black and white terms. The younger school age child is *most comfortable if his/her environment is clearly structured* and s/he understands the rules about how things should be done, and what is right or wrong. S/he is *concerned with fairness and often has difficulty accepting ambiguity or changes in previously defined rules.*

- The older child understands that rules often change depending upon the situation and can more easily adapt behavior to meet the expectations of different situations.
- The child has a more realistic perspective regarding time and can recall events which occurred months, perhaps years, earlier and maintain a sense of continuity over time. While able to differentiate between days and weeks, s/he cannot fully comprehend months or years. A school year is perceived as an eternity.
- The child can generalize experiences from one setting to another. (S/he will not ask if the foster family has a bathroom, because s/he understands that houses have bathrooms.)

PsychoSocial Development

- The child's social world has expanded to include many people outside the family. The child can form significant attachments to adults and to peers.
- Peers are extremely important. Most peer relationships are same sex. Both boys and girls may have “very best friends” who form their social support network, as well as peer groups with whom they identify.
- The child derives *considerable security from belonging to a same-sex social group*. For many children this age, their circle of friends is the focus of most activities and social interactions.
- Opposite sex friendships exist, but unless the child has been prematurely introduced to sexuality, these are of no special interest or concern.
- The child is a performer--*self-esteem is strongly affected by how well s/he does things in daily activities*, including academic performance and play activities.
- S/he is *anxious when s/he does not have structure or does not understand the “rules” of a situation*. If expectations for his/her behavior are ambiguous or contradictory, s/he does not know what is right and often feels helpless to perform properly.
- The child's value system has developed to include “right” and “wrong,” and s/he experiences guilt when s/he has done something wrong.
- Yet, “Right” and “wrong” are complex and evolving concepts. For most children this age, right and wrong are determined by principles, which they believe apply to all people, including their parents. While the child may

not understand the sources of, or the reasons for, this moral code, they can begin to understand that their parents have the capacity to do wrong.

- The child's *primary identification is with his/her family*. Sense of self and self-esteem are closely tied to the perception of his/her family's worth. If people talk about his/her family in negative terms, this reflects upon the child as well.
- The child is *fiercely loyal and exclusive in relationships*, and may have difficulty when s/he must choose between relationships with more than one person. The child may not understand how s/he can like both old friends and new ones, or love his/her mother and foster mother too.
- The child recognizes that being a foster child is somehow “different” from other children, at a time when it is very important to be more like them. S/he may be very embarrassed by this foster child status and quite self-conscious about this “differentness”.
- The child has *increased ability to cope independently for short periods of time*. He can feed, dress and care for himself, and travel independently around the neighborhood. S/he can manage some problems and resolve them without assistance from adults.
- *However*, the child still needs trusted adults for approval, support, leadership and nurturance—especially when things are difficult.

Child's Response to Separation

- The child *can develop new attachments and turn to adults to meet his/her needs*. If previous relationships with unrelated adults have been positive, s/he will be likely to seek out help from adults when it is needed. This increases the child's ability to cope in stressful situations.
- The child's *perception of the reason for the separation may be distorted*. S/he may *verbalize* that s/he is not at fault, *but* will not want to accept that his/her parents are at fault either. Self-esteem is closely tied with the parents' worth, and s/he needs to view them positively. However, in this child's cognitively concrete world, *someone must be blamed; and often the caseworker, the agency, or the foster parents are faulted*.
- The older child has an increased ability to understand the reasons for the separation. With help, s/he may be able to identify the causes of the family disruption, and to realistically assess the degree to which his/her

behavior contributed to the problems. With proper assistance, a child can develop a realistic and accurate perception of the situation, and can avoid unnecessary and unreasonable self-blame.

- The child can benefit from supportive adult intervention, such as casework counseling, to s/help sort through feelings about the separation or loss. Some children this age are able to acknowledge anger and ambivalent feelings and “talk them out.” This can help them cope with the situation.
- The child will compare foster caregivers to his/her parents, and the caregivers will generally lose the competition.
- *If given permission, a child may be able to establish relationships with caregivers without feeling disloyal to his/her parents.* If this is possible, out-of-home placement may not be as threatening.
- Aware of the perceptions and opinions of other people, the child may be embarrassed and self-conscious regarding his/her family's problems and inadequacies, and his/her foster care status. This may contribute to the development of low self-esteem.
- *The loss of peer group and friends may be almost as traumatic as the loss of parents.* Making new friends may be difficult, especially if the child is embarrassed by his/her “foster child status”. It may be difficult to replace “best” friends and peers in a foster care setting. The child may be lonely and isolated. Maintaining contact with the old peer group is helpful.
- The child will be very confused if the rules and expectations in the new setting are different from previous rules and expectations. S/he will be *anxious and uncomfortable until s/he fully understands what is expected of him/her.* Differences in rules may be perceived as “unfair.”
- The child has a better understanding of time. Separations (placements) of a few months can be tolerated, if the child understands s/he is eventually to go home. Longer placements may be experienced as permanent.
- Because this *child needs specifics*, if s/he cannot be told exactly when s/he is to return home, anxiety increases.
- If a child was placed after some perceived misbehavior, s/he may feel responsible and guilty, and anxious about his/her parents accepting him/her back.

- The child may be worried about family and may have considerable concern for siblings and parents. S/he will want reassurance that they are okay and getting the help they need.

ADOLESCENCE: (12-18 Years)—Individuation and Independence

Cognitive/language Development

- The child's emerging ability to think abstractly may make complex explanations of reasons for placement more plausible. But s/he still may be confused if the factors are too abstract. Some children may be developing an ability to understand complicated situations and events, others will not. As with adults, such ability may depend upon the individual's general intellectual potential.
- The child may have an increased ability to identify his/her own feelings and to communicate concerns and distress verbally.
- The youth has the cognitive ability to understand complex reasons for separation, placement, and family behavior. S/he can understand that things happen for many reasons, that no one person may be “at fault,” and that his/her parents aren't perfect. (S/he may not, however, be able to accept it emotionally!
- The ability to be self-aware and insightful may be of help in coping with the separation/loss and conflicting feelings about it.
- The youth is *more able to think hypothetically*. S/he can use this ability to plan for the future and to consider potential outcomes of different strategies.

PsychoSocial Development

- Early adolescence is a time of *emotional “ups and downs.”* The child may experience daily (or hourly) mood swings and fluctuations. At worst, it can be a chaotic time: at best, the child can still be volatile, unpredictable, and emotionally charged.
- *Physical and hormonal changes*, including significant, rapid body changes, generate a beginning awareness of sexuality. The child experiences many new feelings, some of which conflicting and contradictory. Emotional changes may be accompanied by solicitous and

- exaggerated behavior toward the opposite sex or anxious withdrawal--or both behaviors at different times as these youth experiment with new feelings.
- The child *begins to feel a desire to be “independent”*, but is not emotionally ready for true independence. Independence is expressed by verbal rejection of parental values and rules while adhering to peer values.
 - *Despite a verbalized rejection of adult rules and values, the child experiences considerable anxiety when deprived of structure, support and rules.*
 - The child may be embarrassed to admit a need for adult approval, support, and nurture. This makes it hard to enter into relationships with adults.
 - The child is *status conscious*. Much of the child's self-esteem is derived from peer acceptance and from being in the “right” peer group. These groups, and their members, may change from day to day. Some youth may reject childhood friends for acceptance into a more “popular” subgroup. *Standards of acceptance are rigid, and many youth this age may feel they don’t adequately measure up.*
 - The child may feel a need to keep up appearances and may defend his/her family in public and to adults, even if s/he actually believes his/her parents to be at fault.
 - The child has beginning awareness of social roles, and may experiment with different roles and behaviors. *Consistent social role models are needed.* Because sexual identity is becoming an issue, improper sexual behavior by the child's parents (sexual abuse, promiscuity) may be of increasing concern.
 - Though many children will have developed a moral attitude with clearly defined “rights” and “wrongs,” these values may cede to their friends' opinions and attitudes regarding their thoughts and actions. Values of the peer group often supersede their own.
 - The youth is developing *greater self-reliance*. S/he is more able to independently make, or contribute to making, decisions about his/her life and activities. This helps retain a sense of mastery and control, which helps reduce anxiety.
 - *Development of positive self-esteem is as dependent upon acceptance by peers of the opposite sex as it is in being accepted by same-sex peers. .*

Much social behavior is centered around dating. Group identification is less important: individual relationships are becoming more important.

- Identity is being formed by considering and weighing many influences, including family, peers, and one's own values and behaviors. The adolescent is beginning to develop his/her own beliefs and opinions. Many behaviors and ways of dealing with situations are tried, adopted or discarded in an attempt to determine what feels right personally.
- The youth is interested in adult role models. S/he will be responsive to adults who are honest, direct and who will talk about their ideas without enforcing behavioral expectations or values. The youth is often willing to listen and to try new ways of thinking and behaving.
- *Focus is turning to future planning and emancipation.* The youth is developing and experimenting with, self-reliance. S/he still needs the consistent backing of a family, but is essentially growing away from the family.
- In mid adolescence [16,17], many youth may begin to question previously held beliefs and ideas regarding right and wrong, and may be less influenced by peer attitudes. *An emergence of independent ethical thinking may be evident.*

Youth's Response to Separation

- Early adolescence is *emotionally a chaotic period*. The youth experiences stress as a result of internal, biological changes, and changes in the environment's expectations for his/her behavior. Any additional stress may create a "stress overload" and may precipitate a crisis.
- The youth *may resist relationships with adults and may describe adults in uncomplimentary terms*. In his/her mind, dependence upon adults threatens personal "independence." A youth may not be able to admit his/her need for support, nurture, and structure from adults. Without these, however, a youth may flounder and experience considerable anxiety. By rejecting adults, a youth deprives him/herself of a source of coping support. Peer groups, to whom s/he turns, usually can't provide needed stability and help.
- The youth may *deny much of his/her discomfort and pain*, thus preventing constructive coping with these feelings which may then be expressed through volatile, sometimes antisocial, behavior. The general emotional upheaval of this developmental period will be exhibited in mood swings and erratic temperamental behaviors.

- Separation from parents, especially if resulting from family conflict or unruly behavior by the youth, may generate guilt and anxiety.
- At a time when identity is an emerging issue, a youth may struggle to realistically deal with parents' shortcomings. Parents may be *idealized* and their shortcomings denied; *or* they may be *discounted*, verbally criticized, and rejected.
- Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult.
- The youth *is able to participate in planning and make suggestions regarding his/her own life*. This provides a sense of involvement, worth, and control. S/he will be less likely to resist a plan s/he has been involved in developing.
- Persistent attempts to engage a youth by a caseworker can have positive results. *Even if s/he never acknowledges that the caseworker is of help, s/he may greatly benefit from the support and guidance of the worker.*
- The youth will probably experience *ambivalence about his/her family*. S/he may need to reject them to support his/her own sense of independence, but may also need their backing, support, and caring. *Separation from family deprives adolescents of the opportunity to work out this developmental task within the family setting*. With help and reassurance that ambivalence is normal, the youth may be able to accept these feelings and be able to be angry at and love his/her family at the same time.
- *A youth's need for independence may affect his/her response to placement in a family setting, especially if the substitute family expects that s/he "become one of us."* The youth's family identity may remain with the birth family, and s/he may be unwilling to accept the substitute family as more than a place to stay. This may be perceived as a failure to "adjust" to placement, even though it is a healthy and expected response.
- The youth may not remain in a placement if it does not meet his/her needs. Often adolescents would rather find their own solutions and placements.
- Adolescents may positively use casework counseling to address the conflicts of separation [and placement] in a way that meets their needs without threatening self-esteem and independence. A strong relationship with a trusted caseworker can provide support, offer guidance and direction, and help a youth develop realistic, accurate perceptions of the situation and his/her role in it.

- Now let's take a look at what a caseworker needs to do in order to help children deal with the sense of loss.



CASEWORKER RESPONSIBILITY:

- Understand Loss
(Caseworker must help a child, in whatever way they can, to help the child understand the reasons for the loss.)
 - Express Feelings
(Give the child the opportunity to express their feelings. Encourage foster parents to help children in their care to express feelings.)
 - Appropriate Coping Skills
(If children do not have the appropriate coping skills, look at the need for services to help children cope.)
- In the book, "A Child's Journey Through Placement", Vera Fahlberg reminds us that as caseworkers, you are responsible for helping children in placement do three things:
 - Gain some understanding regarding their loss
 - Acquiring acceptable ways for expressing their sad and angry feelings
 - Developing effective coping skills for managing their loss
 - It is important for caseworkers to have some idea of how well a child is coping with the sense of loss. The following questions can assist the caseworker in doing so.



GRIEF ASSESSMENT QUESTIONS(See Trainer's Materials)

- Can you tell me about the separation?
(Helps you assess the child's willingness/ability to discuss the loss.)
- Can you tell me about the relationship?
(Get information on the nature of the relationship between the child and the perpetrator.)
- What's been happening since the separation?
(Could there be a crisis brewing?)
- Have you had any other tough times like this?
(Helps identify previous losses and coping techniques)
- Sometimes kids worry about..... or feel bad that..... Is that true for you?
(Is the child experiencing any guilt or self-blame?)
- What do you miss and what don't you miss about home?
(Identifies losses specific to home and family.)

Summarize by saying, “When the time is taken to identify the physical, emotional, and behavioral indicators of placement induced stress, supportive interventions can be employed to minimize crisis and trauma for the children.”

SECTION IV

PART B: PARENTS' REACTIONS TO LOSS

Time	1 hour, 15 minutes
Purpose	To identify parent response to grief and distress resulting from placement of the child. Also, to identify appropriate interventions to provide support and mitigate stress felt by parents in response to placement.
Competency	The caseworker can identify grieving reactions of parents resulting from the separation of their children and how this may affect behavior and interactions with the caseworker.
Objectives	Through this activity, trainees will: <ul style="list-style-type: none">• Know emotional and behavioral responses to loss due to out of home placement• Know supportive interventions to help Caseworkers manage parent reactions to loss
Materials	Handout: 3-c: Parent's Losses Flip charts, Markers, Tape
Method	Presentation and discussion.

Training Module:



PARENT Grief and Loss

Set-up required before beginning the module includes:

- Post sheets of chart paper around the room. Each sheet is headed with the name of an emotion in the grief process, (denial/shock, anger, bargaining, depression, and adaptation/acceptance).
 - Next, write, "Parent Loss," in the center of a sheet of chart paper. Draw arrows pointing out from the words, "Parent Loss," toward the edge of the paper. Prepare to write on the sheet of paper.
- Begin a large group discussion by suggesting parents often lose more than their child as a result of out of home placement. Ask participants to identify other

losses parents might experience when their child goes into placement? Write the responses at the end of the arrows on the chart paper.

- Responses may include:
 - Parents' self-esteem may be threatened. Their sense of adequacy and identity as competent parents may be threatened by the removal of their children.
 - Pride, pretense (i.e. "Things are fine in my home. I am an adequate parent".)
 - Control, privacy—caseworker and other professionals now intrude into family's private affairs.
 - Job. Court and case plan requirements may jeopardize employment.
 - Parents may have lost a sense of purpose or direction by losing someone for whom they can care.
 - Separation of the children from the family may disrupt the family's sense of belonging, family identity, and togetherness.
 - Parents may be criticized by their family and friends. They may lose an acceptable social identity and the respect and esteem of their family, friends, and neighbors. Strong cultural values about family unity may exacerbate this loss for minority families, particularly if the child is placed outside of the immediate community.
 - Removal of the children may limit the family's income and financial security. For families whose primary source of income is public assistance, the removal of the children may result in a need to move to a smaller home and loss of basic survival income. (SSI/TANF/Child Support)

- How a parent reacts to these losses; whether they are angry, defiant or manipulative for example, affects whether our own feelings of anger towards the parent are activated.

- When clients anger us it can be difficult to act on their behalf as an advocate or change agent. Consequently, it is important that caseworkers manage any inclination to judge client behavior.

- Research suggests that the nature of the interaction between caseworker and client may be more important than the theoretical framework used when it comes to motivating change. The way in which a caseworker chooses to intervene can have a direct influence on the perception a parent is left with regarding out of home placement and ultimately how the individual responds.

- Parents respond to the losses experienced due to the placement of his or her child by perceiving out of home placement in specific ways. Common ways that a parent may perceive out of home placement are as follows:



COMMON PERCEPTIONS

Loss/Potential Loss

(If the event is perceived as a loss or a potential loss, the predictable emotional response is depression. The greater the loss, the greater the degree of depression and the more severe the stress.)

Depression

Threat

(If the event is perceived or interpreted by the individual as a threat or a potential threat, the predictable emotional response is anxiety. The more significant the threat to the individual, the greater the degree of anxiety experienced and the more severe the stress.)

Anxiety

Challenge


(If the event is perceived by the individual as a challenge and the individual believes herself capable of avoiding a situation of significant loss or threat, the predictable emotional response is a mobilization of energy and activity directed toward resolving the situation.)

Mobilization of Energy/Problem Solving

- When the caseworker intervenes and the interaction leaves the parent with the perception that a loss has occurred, it is likely the parent will experience a sense of depression. If the interaction leaves the parent with a perception that he/she has been threatened, anxiety is a common reaction. Finally, if the parent perceives placement of the child as a challenge, mobilization of energy and problem solving skills commonly occurs. Consequently, the way in which the caseworker responds to the parent is critically important. We advocate the use of responses and supports that reflect the sense of grief a parent may be experiencing. A response that reflects respect, empathy, and compassion may play an important role in supporting a parent whose behaviors suggest they are struggling with the process of grief.
- Let's identify more specifically, the emotional and behavioral responses parents experience due to out of home placement, as well as, supportive interventions to help caseworkers and parents manage or cope with the experience.
- Refer participants to the five prepared sheets of newsprint posted in the room. Ask them to think of their most memorable parent who when the Case Manager answered the phone, before the parent identified themselves, the Case Manager found themselves reacting to the parent's voice. Continue saying, "As

you simply heard the parent's voice, your heart rate, body temperature, and blood pressure increased. You developed a knot in your stomach." In other words, you experienced what we call an affective or emotionally based response to the person and this is very normal. However, I want you to think of such a person. If you think of several, fine but use these recollections to identify a statement or behavior that you have heard or seen which might reflect each expression of grief. Note: Individually, participants are to write one phrase/behavior reflecting each expression of grief found on each sheet of flip chart paper.

- Give 10 minutes to complete the task.
- Reconvene the large group, ask a volunteer to read the responses recorded on one of the sheets of paper.

 Refer trainees to Handout 4-c, "Parent Losses," to take notes related to this discussion.

- As the volunteer returns to his/her seat, explain that, "Although our initial reaction to challenging behavior in parents may be an affective one, it is important that the caseworker quickly move to a cognitive response. Such a response allows the professional to incorporate one's education and skill to frame a supportive response rather than one that reflects anger/judgment.
- Initiate a large group discussion identifying appropriate interventions for each expression. We urge interventions to reflect a framework, which takes into account an individual who is experiencing grief. **Responses may include the following:**
 - **Denial/shock** — Denial of allegations/problems, may appear stunned, may avoid contact with the caseworker, may initially comply but with little expressed emotion. Cultures that place a high value on the notion that behavior should uphold the family's honor, may react by denying the incident or punishing the victim for disclosing. **Interventions:** Gently present the facts of the situation (refer to police & medical reports and pictures for example); validate denial with, "I can understand why it would be difficult to believe ...; provide guidance (i.e., I need you to ...)
 - **Anger/protest** — May threaten legal action, may be uncooperative/hostile, may be demanding or blame others/agency, may physically/verbally threaten the caseworker. **Interventions:** Acknowledge and validate feelings; allow time for venting but with limits; Ask, "Do you want to problem solve at this point or do you want to use this as a time to

tell me what's wrong?"; Listen and summarize points made; allow time for client to de-escalate; take threats seriously and say that you're taking the threat seriously; report threats to your supervisor; "drop the rope" (as in tug a war) align with the clients reaction vs. the point they're making.

- **Bargaining** — May become semi-responsive/more compliant to the caseworker, may make broad promises, may attempt to make a deal with the caseworker. **Interventions:** Help the parent maintain a focus on the case plan, negotiate when appropriate, and acknowledge willingness to make efforts.
- **Depression** — The parent may "forget" or miss appointments, may exhibit little follow-through/initiative, may display futility and loss of hope, may resort to old ways of coping/problem solving. **Interventions:** Point out successes made, gently insist that the parent make small efforts/steps at a minimum, identify and build support systems, suicide assessment and medication evaluation, modify expectations
- **Adaptation** - The parent may accept responsibility for the situation, may see gains that have resulted from the departments. **Interventions:** Celebrate successes, give encouragement and support

Summarize by saying, "Grief is common for children and parents when out of home placement occurs. A general understanding of the grief process, as well as, the behavioral and emotional responses that commonly occur, allows the caseworker to intervene in a way that facilitates behavioral change and minimizes stress and trauma. We will discuss ways to properly plan and prepare parties for out of home placement and further minimize stress for all involved."

SECTION V

ACHIEVING PERMANENCY

Part A: Placement Disruption

Time	1 hour, 45 minutes
Purpose	To identify strategies to prepare and support the least restrictive, most homelike, culturally relevant, and family or community-based placement that meets the child's needs.
Competency	The caseworker knows the reasons for placement disruption and strategies to avoid it when children are in out-of-home care.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Identify common reasons for placement disruptions• Identify strategies that prepare and support caregivers in his/her effort to meet the child's needs
Materials	Handouts: 5-b "Stages of Disruption" Power Point: "Core IV, Day III", "Preventing Placement Disruption", "Stages of Disruption", Character with fingers In Ears Flip chart, Markers, Tape
Method	Presentation, and discussion.

Training Module:

Trainers Note: For supplemental information on placement disruption, see Trainer's Material in Section 5-a.



CORE IV, DAY III



PREVENTING PLACEMENT DISRUPTION

- ◇ In spite of the efforts of caseworkers to maintain a child in placement, placement disruptions sometimes occur.

- ◇ Ask trainees if any of them have had an out-of-home placement disrupt? If so, what were the reasons for the disruption?



TOP REASONS PLACEMENTS DISRUPT

- Poor preparation of foster family/child
 - Abilities and needs mismatched
 - Lack of information to the foster family
 - Poor post placement support
 - Family system strain
 - Refusal to use support/resources
- ◇ Explain that the top reasons placements fail are: **Poor preparation** of the caregiving family/ child for placement, a **mismatch** between the needs of the child and the skills/knowledge of the caregiver, **inadequate information** given to the caregiving family (leaving the family ill prepared to make an informed judgement about their ability to meet the child's needs), **poor post-placement support** of the caregiver, **strain on the fostering family system**, and **refusal of the fostering family to use support/resources**.
 - ◇ Explain that we can best avoid these problems when we adequately prepare and support caregivers. Identify strategies helpful in preparing caregivers for placement by covering the following points:

Refer trainees to Handout 5-a, “**Preparing the Foster/Relative Caregiver**”

Preparing the foster/relative caregiver

- The foster or relative family should be prepared for a placement by receiving complete and accurate information about the child.
- If the caregiver is a relative, it should not be automatically presumed that they have all the information they need to care for the child. Relative caregivers may know the child, but may not have had day-to-day responsibility for the child's care, and should receive essential information about the child, as well.
- When caregivers have detailed information about the child, it increases their ability to maintain continuity in the child's life and reduce the stress s/he experiences. If the child and caregivers are from different cultures, information about culturally specific care giving practices should be stressed.

Information given to caregivers should include:

- Facts regarding the child's history and previous life experiences, including the factors which made removal and placement necessary. This should include any history of abuse, neglect, or sexual abuse/perpetration, the child's developmental history and level of functioning, and his/her anticipated response to the foster parents.
- The child's typical daily schedule, habits, likes, dislikes, and other information to help caregivers plan and carry out daily care of the child.
- How the child is accustomed to being comforted when upset; the child's fears and anxieties.
- Child's food likes and dislikes, including culturally specific dietary requirements and preferences.
- The child's interests, skills, and favorite activities.
- The type of discipline to which the child is accustomed, and how s/he should be disciplined while in out-of-home placement.
- The child's school behavior, academic ability, extracurricular involvement, and special academic needs.
- The child's verbal skills and ability to communicate.
- The child's usual behaviors in response to typical situations and to other people, including any behavior problems, fears, or emotional problems, and recommended methods of handling these problems.
- Information to help children from different cultural backgrounds to maintain their cultural identity while in placement. [churches, clubs or groups, foods, routines, etc.]
- The estimated length of time the child is expected to be in foster care.
- The agency's expectations of the foster parent in caring for the child, including providing services for the child (i.e. transportation), expectations for involvement in family visitation, and direct contact with the biological family.
- Foster parents must be encouraged to tell the caseworker if at any time during the planning or placement process, they realize they do not want to proceed with the placement of the child. Case Managers should respect the family's decision and seek another home for the child. If a placement is pursued despite the family's concerns, the risk of later disruption is extremely high.
- Kinship caregivers should be helped to understand their role and responsibility to protect the child. This may create conflict for the caregiver, since protection may mean restricting the parent's access to the child or monitoring visits between child and parent. The responsibilities related to protection must be clearly delineated prior to placement, and must be understood by both the foster parent and the birth parent. Resources for legal advice (i.e., obtaining a restraining order) may be needed.

 Refer trainees to Handout 5-b, “**Supporting the Foster/Relative Caregiver**”

◇ Cover the following points.

Supporting the foster/relative caregiver:

- A team approach to foster care formalizes a collaborative relationship between the foster parent and the caseworker to assure the delivery of comprehensive services to children and their families. This promotes either reunification or the development of a permanent alternative placement plan for the child.
- Offer case management support to help the foster parent deal with daily problems and stresses brought about by the placement. Frequent contact with the caseworker to discuss the child's and the family's adjustment to the placement can be reassuring and educational to the care giving family. *Unless it is inadvisable, the foster parent should establish and maintain direct contact with the biological parent to continue to obtain and clarify information about the child's behavior and habits.*
- Supportive case management services and referral to community service providers can strengthen the care giving family's ability to meet the child's needs. The caseworker and other agency support staff can assist foster parents by:
 - Assisting in the arrangement of an appropriate educational placement for the child.
 - Providing medical information and identifying resources for health, medical, dental, and other health related services.
 - Arranging for appropriate mental health counseling services.
 - Providing counseling services to the care giving family to help in adjusting to the placement of a difficult child in the home.
 - Assuring that foster parents receive prompt payment for their services.
- Schedule a case plan staffing soon after placement to assess the child's needs while in care and to develop the case plan for the family. Foster parents should almost always be involved in discussion of plans for the children in their care.
- Caseworkers can help caregivers understand a child's behaviors after placement, and should assist foster parents to develop and implement behavior management plans for individual children.
- Cultural variables should be considered to assure that a behavior management plan is culturally appropriate for children whose cultural backgrounds differ from that of their foster care giving family.

- The agency should make ongoing training available to foster and relative foster parents regarding the effects of abuse and neglect on children's development, behavior, and self-esteem, and the application of these principles to child care.
- Caregivers should understand the impact of separation on children's behavior and how these feelings may be expressed in negative and defiant behaviors.
- Foster families should be linked to community providers who offer culturally specific services for children of particular cultural or ethnic groups. Such providers can offer training to the foster family in culturally specific values and methods of care, and can also be reassuring and familiar to the child in placement. Relative foster parents should be encouraged to help identify community providers who can help them care for the child and meet the child's special needs.
- Respite care services should be made available to foster parents to provide them with periods when they can be relieved of care giving responsibility.
- Foster parents should be provided with opportunities to talk with other foster parents in order to vent their frustration, exchange ideas, and receive support. Explain that when a disruption occurs blaming and mudslinging will only make matters worse. It can impair the move of the child and may discourage foster parents from continuing as caregivers. While the disruption may reflect and instance when the care giver was unable to maintain the placement, it is possible that they could provide adequate care to other children. His/her ability to care for this particular child may have been mis-assessed. Use this as an opportunity to encourage self reflection in the caregiver and further assessment for the caseworker's to better understand the caregiver's strengths and needs.
- ◇ Identify the stages placements move through. Instruct participants to use handout 5-b, "**Supporting the Foster/Relative Caregiver,**" to identify the support needed at each stage to successfully maintain the placement.

 Refer trainees to Handout 5-c "Stages of Disruption," to take notes on this section.

Trainer Note: This information adapted from GPS-MAPP training.

 STAGES OF DISRUPTION:

1. Stage 1- Diminishing pleasure

(Negative out weighs the positive. At this point the person does not look very appealing)

Support: *Identify along with the caregiver, the child's strengths. Educate regarding how the offending behavior has supported the child's survival. Encourage the caregiver to schedule a regular time for respite care to allow the caregiver time to re-energize.*

2. Stage 2- Child identified as the problem

(Everything the child does is wrong.)

Support: *With the caregiver, identify one or two of the most concerning behaviors and work to determine why the behavior is occurring. Develop a plan for responding/managing the behavior(s). Caregiver needs to see positive change in the child's behavior to feel as if he/she is making a difference in the child. Intensive Family Treatment to provide a neutral perspective for the foster family and child.. Connect caregiver with an experienced and skilled caregiver as a mentor.*

3. Stage 3- Going public

(Complains to friends and family about the struggles they are experiencing in their attempts to meet the child's needs.)

Support: *Case staffing to get other involved parties involved in problem-solving. Since this is often referred to as "the point of no return", it is wise to identify an alternative placement in case one is needed.*

4. Stage 4- Turning point

(The "Big Button" is pushed. The child does something that the caregiver feared might happen.)

Support: *Continued intensive support from the therapist and caseworker.*

5. Stage 5- The ultimatum

("Either you change or you are out of here!")

6. Stage 6- Disruption

(It is true in this case that promises made are promises kept.)

 Character with fingers in ears

Conclude with the following:

When a placement disrupts, it does not automatically suggest that the caregiver is inept. An effort should be made by a caseworker to check in with the caregiver to discuss what was learned through the process by both the caregiver and the caseworker. For example, was it discovered that the caregiver is better at responding to some needs/behaviors over others? Could additional supports/resources be provided in the future? The better we are at assessing the needs and abilities of caregivers the more helpful we can be at providing needed support.

◇ Transition to the next section on visitation by stating, "Let's talk about the importance of visitation to children's sense of permanence."

SECTION V

PART B: PARENTING TIME

Time	1 hour, 15 minutes
Purpose	To understand the importance of visitation for maintaining attachment and identify casework strategies with parents that can facilitate visitation in order to reunify the family. Also, to identify elements of productive family visits.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Explain the importance of visitation between parents and children.• Identify the Colorado Children’s Code and Volume VII citations relevant to visitation.• Identify elements of productive family visits
Materials	Handout 5-d: “Visitation Citations” Handout 5-e: “Elements of a Productive Visit” Handout 5-f: “Developmentally Related Activities to Use During Visits” Handout 5-g: “Factors That Optimize Visitation” Handout 5-h: “Evaluation of Visits” Flipcharts, Markers, Tape
Method	Presentation and discussion

Training Module:

 ACHIEVING PERMANENCE THROUGH VISITATION

 THE SINGLE MOST CRITICAL FACTOR IN WHETHER REUNIFICATION OCCURS IS.....

 FREQUENT, CONSISTENT VISITATION!!

- ◇ Ask trainees to consider how it would feel to lose someone you love, and then have them re-appear periodically, only to leave again. Some trainees may have had similar experiences, as when separated from a spouse in military service, or when an adult child leaves for school, but returns to visit, etc.

- ◇ Help trainees identify the psychological disruption experienced by these comings and goings, and help them relate these feelings to the placement experience, particularly visitation. Ambivalent feelings about visits should be explored; looking forward to it, yet dreading the emotional upheaval; the recurring sense of loss when separating at the end of the visit; the readjustment to life without the person.
- ◇ Ask trainees whether more frequent visits would lessen the impact of separation at the end of the visit. Also ask the group whether they would prefer to visit, or to separate permanently. This should be related to the child's feelings about visits, and underscore the necessity of maintaining visits with their families for children in placement.
- ◇ Without frequent visitation with his/her family, the young child may quickly grieve the loss of family and develop attachments to new caretakers. Infants and preschool children may do so within a few months, school age children within a year. Children are often in substitute care for longer than this and therefore it is important that deliberate steps be taken to develop or maintain positive relationships between parents and children.

ACTIVITY: VISITATION: Caseworker Feud

SET UP:

On flip chart paper, write the questions found on the “Caseworker Feud” laminated cards (one question per sheet). For score keeping, write the name of each team on flipchart paper and then post this sheet on the wall.

1. Explain that we will play “Caseworker Feud” to identify issues that are important to family visitation.

2. INSTRUCTIONS:

- Divide trainees into three groups.
- Have one member from each group assigned to press the buzzer or stand if a buzzer is not available.
- The trainer reads a question. The first team, who can answer the question correctly, presses the buzzer and offers an answer.
- If the answer is among the “surveyed” responses, the team continues to offer answers until a “non-surveyed” response is given. The team then forfeits its turn to the second team that buzzed in or stood up.

- The second team then offers responses until a “non-surveyed” response is given, at which time, the team then forfeits its turn to the third team and the process is repeated.
- If the first team to buzz/stand fails to offer a “surveyed” response the second team to buzz/stand, offers responses until a “non-surveyed” response is offered. The third team then takes its turn.
- The co-trainer will act as scorekeeper.
- Teams earn a point for each correct “surveyed” response offered in a round. (per question) The team to earn the most points wins the round and the trainer moves on to the next question. If the number of points is tied, the team who guessed the highest ranked “surveyed” response wins the round.
- Trainer asking the questions will respond to answers by saying: “Good answer” or “Not one of the “surveyed” responses” or “And the survey says_____.”

Question #1

Why do we have family visits?

- *Maintain attachments*
- *Reassure the parent and child of the goal of reunification*
- *Assessment*
- *Treatment*
- *The law requires it.*

Question #2

Generally speaking, when identifying environments most appropriate for having family visits, the environments in the order of preference are:

- The child’s own home
- A relative’s home
- The foster home
- In a visitation center
- In a public community location such as a park or a zoo
- The agency is the *least normal, most institutionalized* setting in which visits can take place. The visit should be held in the agency only if the protection of the child cannot otherwise be assured.

Question #3

Why might a child become excessively upset, either prior to or after a visit with the parents?

- *Feelings of loss and separation*
- *The child may be disappointed with the visit*
- *The child may experience loyalty conflicts.*
- *The child may not feel safe with the parent.*

Question #4

When should parenting time between child and parent be supervised?

- *There is a risk of child maltreatment*
- *There is a risk of child abduction*
- *The child is fearful*
- *Parent behavior is unpredictable or inappropriate*

- ◇ Ensure that the following points are discussed either during the activity or in large group discussion:

“Why do we have family visits?”

- ◇ **Response:**

- To develop and **maintain relationship/attachment** between the child and parent.
- **To reassure** the child that he/she has not been abandoned and to reassure parents that the agency does want to reunify the family.
- To observe interactions between children and parents and to use the observations **to base assessments.**
- To provide **treatment**, teachable moments to demonstrate more effective coping and parenting techniques. Also, parents can practice new skills.
- It is also **required** by regulation and law. Refer participants to handout 5-d, “Visitation Citations” for Colorado codes and regulation related to family visitation.

- ◇ Research suggests the single most critical factor in whether reunification occurs is **frequent, consistent visitation!!**

- ◇ Since visitation is so important, let’s identify ways to use visits to help parent’s better meet the child’s needs and ultimately have more productive family visits. Author, Susan Mapp, offers the following framework for productive family visits.

- ◇ Identify and discuss the following elements of a productive family visit: (Refer participants to handout, 5-e “Elements of a Productive Family Visit,” for notetaking.



ELEMENTS OF A PRODUCTIVE FAMILY VISIT

What areas must be focused on to achieve a productive family visit?

- *Family friendly environment/homelike setting*
 - *Supportive timeframe*
 - *Parent support*
 - *Parent-child interaction*
 - *Practice new skills/coping*
 - *Model expected parenting behavior*
 - *Supportive transition for ending the visit*
 - *De-brief birth parent*
 - *De-brief foster parent*
 - *Documentation of the visit*
-
- **Family Friendly Environment** - Conduct the visit in an environment that is a clean, comfortable, and child proof. It should allow for privacy and opportunities to engage the child in age appropriate activities. The location of the visit should be the least restrictive, most normal environment, in the community, that can assure the safety of the child.
 - **Supportive Timeframe** - The timeframe should be of adequate duration to allow the parent to engage the child in routine activities, maintain relationship, and learn and practice effective coping and parenting skills. In general, one hour is not an adequate amount of time to accomplish these tasks. The length of the visit should vary depending upon the age of the child and his/her need for protection. Generally, children from birth to three years old need frequent and prolonged contact. (i.e. some clinicians suggest that infants and toddlers visit with parent(s) more often than once a week for several hours at a time [Haight et al.] and at least weekly for children over four or five years old with contact supplemented by letters/phone calls. Overnight visits can be considered when it is assured that the child can be protected in the home.
 - **Parent Support** - Prior to the visit, 10 to 15 minutes should be taken to meet with the parent in a supportive and empathetic way to develop a positive relationship. This time is used to discuss the psychological struggles the parent may be

encountering as a result of the child's placement. Visits may be quite difficult for parents. It can re-trigger the original sense loss/anger and remind parents of their own failures and inadequacies. Parents may feel the need to compete for the child's affection or tremendous sadness. Understandably, these issues can undermine the productivity of family visits. A parent can find it difficult, at best, to be receptive to new skills and information when he/she does not feel supported and at ease. The caseworker's ability to avoid condemnation of the parent is essential to facilitating behavioral change in the parent.

- Also, prior to visits, discuss parent and child behaviors, which may be anticipated. Provide insight into why the behavior may occur and identify effective ways to respond.
- The supervising person (caseworker/case-aide) should maintain a low profile and intervene only if needed. Parents should be allowed privacy with the child if the child's safety is assured. Parents may feel awkward in the presence of the supervising person. The caseworker may locate himself outside of the visitation room so he/she can see and hear what is going on without being easily visible to the parent or the child.
- **Promote Positive Parent-Child Interaction** - Encourage routine, age appropriate parent child interactions. (i.e., feed the child, comb the child's hair) Refer to handout 5-F, "Developmentally Related Activities to use During Visits," as a resource of suggested activities To promote positive parent-child interaction.
- **Promote Practice of New Skills/Coping** - Identify new skills the parent has gained through educational/therapeutic experiences and provide time for practice.
- **Provide Modeling of Expected Parenting Behavior** - Model, for the parent, effective approaches/coping skills for managing challenging parent-child interactions. Challenging interactions may include:
 - ***Normal feelings of loss and separation can be reactivated*** and may be expressed in emotional distress or behavioral acting-out by both parent and child. The child may appear to "regress" and re-exhibit


behaviors, which had improved or was eliminated prior to the visit.

- The ***child may be disappointed with the parent*** or their time together may be stressful. This is more likely if the parent and child have not seen each other for a long period of time and they are awkward and uncomfortable with each other.
 - The ***child may experience loyalty conflicts*** and may reject the parent. Foster parents need to communicate that it is acceptable to care about more than one set of parents. Both sets of parents need to understand that just as it is possible for a parent to care about more than one child; it is equally possible for a child to care about more than one set of parents.
 - The ***child may not feel safe*** with the parent and may avoid the parent.
- **Identify a Supportive Transition for Ending the Visit** - Help the parent manage the challenge of coping with his/her own and child's grief when preparing to end the visit.
 - **De-brief With Parent** - Meet with the parent following the visit to discuss the parent's perception of how productive the visit was and to plan any changes for the next visit.
 - **De-brief With the Foster Caregiver** - Contact the foster caregiver and discuss the behavior that may occur as a result of the visit. Offer suggestions for supporting the child.
 - **Document the Visit** - Finally, document the contact noting areas of improvement and areas that are in need of work. Note how the visit was and plan any changes for the next visit.
 - It is important that trainees understand that visits are NOT rewards or punishments for parents, they are **rights**. Visits are not to be restricted or canceled as punishment for non-compliance or some other real or imagined infraction. Visits may only be restricted or canceled if it can be shown that the child is at risk.
 - *Without frequent family visitation, the young child may quickly grieve the loss of his/her family and develop attachments to new caregivers. Infants and preschool children may do so within a few months, school age children within a year. Children are often in substitute care for longer than this. It is likely that children in "temporary" care for long periods will suffer a second, painful separation from their substitute*

care families when they are returned to their own families or to adoptive or other permanent homes.

The child should be helped to maintain an attachment to his/her family and be reunified with them as soon as possible. If reunification is not appropriate, then a systematic separation and quick placement into a permanent family environment should be achieved.

Trainers Note: For supplemental information on Grigsby, see Trainer’s Material, Section.

 Refer trainees to Handout 5-g “Factors That Optimize Visitation.” State, the following conditions must be met to optimize family visitation.

- Written visitation plan (*Required by policy*)
- Agency commitment (*comfortable visitation rooms; placement resources; flexible hours/comp time to accommodate visits; volunteers and others to assist; financial reimbursement to foster parents for transport*)
- Caseworker commitment
- Caseworker empathy for parent
- Caregiver commitment
- System supported caregivers (caregivers not overburdened)
- Siblings placed together
- Children placed near home

 Refer trainees to Handout 5-h, “Evaluation of Visits”


- Remind participants of the importance of documenting family visitation. Ask participants to recall the phrase from Core 2, “Work not written is work not done!” Explain that Handout 5-h “Evaluation of Visits,” is not a required form or format, but a suggested method which can be used with families for documenting and planning visits.
- Clearly, visitation plays a critical role in the reunification of parents and children. Continue to have this be an important focal point for all parties involved in the case.
- Transition to the next section by saying, “When family visits are consistent and productive, reunification is common. Let’s identify other supportive strategies that promote reunification.

PART C: REUNIFYING FAMILIES

Time	1 hour
Purpose	To raise awareness on how difficult reunification can be for families and provide information to facilitate the reunification of families.
Competency	The caseworker understands the fragile process of reunifying families and knows strategies to promote reunification.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Identify barriers to reunification.• Explain why reunification may be difficult for parents and children.• Describe strategies to promote reunification.
Materials	Handout 5-i: “Issues Involved in Reunifying Families” Handout 5-j: “Promoting Reunification” Handout 5-k: “Promoting Successful Reunification” Flip Charts, Markers, Tape Video: Concurrent Planning Video Series: Working with Birth Parents: Teresa & Darin
Method	Presentation and discussion

Trainers Note: For supplemental information on assessment, support, planning and aftercare, see trainer’s material Section 5-c.

FAMILY REUNIFICATION

 The planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers.

◇ Family reunification is described by researcher Susan Mapp as, “the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers.”

- ◇ It involves the progressive increase in contact between the child and parent until the parent assumes full responsibility for meeting the child's needs.

- ◇ Successful reunification requires a collaborative/team approach involving the child and family, service providers, and caseworker.

Trainers Note: Much of the information for processing the discussions in this section are in the Section V trainer material.

Issues/Barriers in Family Reunification

Trainer Note: Some of the content for this section has been adapted from Pine, Warsh, and Maluccio, (Ed.) Together Again: Family Reunification in Foster Care.



BARRIERS TO REUNIFICATION:

- Parents may view themselves as failures
- System involvement may be threatening to both parent and child
- Child and parent may fear a repeat of maltreatment
- Damage to parent-child relationship

POINTS FOR DISCUSSION

(Refer participants to handout 5-i, "Reunifying Families" and identify the main factors that often act as barriers to achieving reunification:

- **Parents may view themselves as failures**
 - Many parents whose children have been removed believe themselves to be failures as parents.

- **System involvement may be very threatening to both parents and children.**
 - Reunification with their children reminds them of this, and they often re-experience the pain and anger that accompanied the initial separation.

- Children in placement often ask their parents why they abandoned them, didn't come to get them from their foster homes, or didn't work harder to get them back. Children are often angry and hostile toward a parent who, in their minds, has failed them once before.
 - Angry children will also display considerable ambivalence about re-connecting with their parents because of their fear of being abandoned or rejected again. The parent must confront and deal with their child's anger and resentment. Yet, both may still hold primary identification with one another and genuinely desire reunification. This may create an “approach/avoid” behavior pattern in both parents and children that is confusing and disconcerting.
 - Children who have developed strong and healthy attachments in their out-of-home placement may adamantly resist separation from their substitute care families. Such separation may, in fact, be seriously disruptive and emotionally traumatic for them. Older children may clearly express their desire to stay where they are rather than be reunited with their families. In these situations, the child himself may sabotage efforts at reunification.
- **Child and parent may fear a repeat of maltreatment**
 - Reunification is likely to be viewed by some families as another potential failure, since there is no guarantee that their involvement with their child will be any different this time than previously. *Parents may lack the confidence to try again.*
- **Damage to parent-child relationship**
 - During the course of placement, parents and children may experience changes in attitudes and behaviors leading to changes in how each relates to the other. These changes may be positive or negative but often difficult to overcome.
 - After a long separation, where the child has had an opportunity to mature and develop in a different environment, parents may see the child as being very different from the one they remember. This is similar to how we feel when reunited with a friend or relative whom we have not seen for many years, and experience them as “not the same person” as the one we remember.
 - After a lengthy separation, the child may have completed the grieving process from her family. He/she may have re-attached to her foster family. The parent must then work to “re-win” the child's affection.

This is particularly difficult for parents who have experienced previous painful rejections, and who expect rejection from other people.

- The parents themselves may have grieved the loss of their children and built lives without them. They may have moved, remarried, or had other children. The child in placement may be theirs in name only. This is also true when reunification is being attempted with a parent who has not had significant parenting responsibility for the child in the past. In reality, the parent and the child are virtual strangers.
- Some parents may truly not want their children, but may not be able to verbally express this. It may be demonstrated non-verbally, through failure to participate in reunification activities or to meet case plan objectives, in spite of intensive agency support and intervention.
- Some parents may want to maintain a relationship with their children, but do not want the responsibility of full-time parenting. They will often seek to maintain an affectionate relationship with their children, but will not take steps to provide a home for them.
- Despite stating a desire to reunify, some parents may not, or cannot, choose to make the necessary changes to assure the protection of the child in their home, and reunification with them will likely place the child at risk of future harm. This might include a mother who chooses to remain with an abusive husband, despite the danger to the child of further abuse.

When is it Time to Reunify?

- Assessing Readiness for Reunification: - **Ask:** How do you know when it is time to reunify family members? **Possible Responses** include:

REUNIFY WHEN...

- The parent communicates a commitment to being a family
- Has complied with the treatment plan
- Demonstrates a willingness and ability to meet the child's needs

When substance abuse is an issue in a case, reunification is indicated under the following circumstances:

Reunify the parent who has misused substances when the parent...

- meets all previously stated conditions
- has made considerable progress regarding the substance abuse treatment plan

- attends parenting time consistently
 - has no serious mental health issues that impede his/her abilities
- ◇ Further, a primary factor in assessing readiness is that, despite lengthy separations, **they perceive themselves as a family and want to be together**. Parents should have a commitment to and identification with the child, and express a desire for a relationship with their child, despite the potential obstacles.
- ◇ Also when the parent has **complied with the treatment plan**. The treatment plan should be written in such a way that when compliance occurs, behavioral change has also occurred. This was addressed in Core 2.
- ◇ Finally, when the parent **demonstrates both a willingness and ability to meet the child's needs**. The parent has either the resources or access to supportive services which enable him/her to meet the child's needs.

Promote Reunification

- ◇ A common sequence of behaviors and emotions occur as families work toward reunification.
- ◇ Let's identify them and briefly discuss supportive strategies needed to promote successful reunification.

Trainers Note: For more information on the Stages of Reunification, see Trainers Material, Section 5-c.

STAGES OF REUNIFICATION

- Fear and Distrust
- Idealism
- Reality
- Real Fears

◇ **Fear and Distrust**

The actual decision to proceed with reunification tends to propel the family into a stage of fear and distrust. The family may see that they failed in maintaining the child in the home to begin with, and fears there will be a failure with reunification.

The case worker needs to help the family identify the aspects of reunification that are frightening, validate fears, and encourage the family. At this point in the reunification process, the case worker must be very clear about the tasks of all participants in the reunification process. Reunification must be linked to objective criteria that the family can strive for.

◇ **Idealism**

The move to the idealistic stage usually occurs when the family and child are committed to the reunification process. Here, the family may collude to make each other look good, and the parents and children try to please one another and avoid conflict. Complaints directed at the caregiver are common. It is important that the case worker challenge the idealistic beliefs and help the family focus on the reason for placement. Follow-up on all complaints but don't allow family to lose focus.

◇ **Reality**

This stage occurs when old parent-child conflicts and ineffective coping resurface, when the child compares home to their placement, or when some of the stresses of parenting resurface. A danger of this stage is that fear and distrust will ignite the old destructive interactions and/or abusive sequences.

The case worker can encourage the family to find new ways of interacting, and to help the family practice these new coping skills. New strategies for discipline should be discussed at this stage. It is critical that the Case Manager assess risk constantly.

◇ **Real Fears**

With the re-emergence of conflict in the reality stage, new fears of reunification may surface. Parents and the child may express their ambivalence about reunification and they may realistically identify their remaining concerns. Also in this stage, new forms of resistance to change and sabotage may occur.


The case worker should help the family to not repeat past actions. Families need to learn that they can break old patterns of behavior by consciously considering what old behavior and beliefs they want to keep and what they want to discard.

It is important at this stage to begin to talk about what actual day-to-day life will be like when the child returns home. The parent needs to explore what behavior will be acceptable, and what consequences will be utilized if

behavior is not acceptable. The child should also be given the opportunity to describe their expectations and fears about their parent's behavior.

Success at this phase does not always mean reunification. If reunification does not occur, the case worker can help the family decide how they want their relationship structured in the future.

Show the video, "Concurrent Planning Video Series: Working with Birth Parents: Teresa & Darin" (14 min.) In the video, two parents describe their experiences while involved in the child welfare system specifically identifying what was most helpful. Further explain that this would have been identified as a poor prognosis case since the parents previously lost custody of two children.

 Refer participants to handout 5-j "Promoting Reunification." Participants will watch the video and respond to the questions found on handout 5-j. Process the video **asking**: Identify an insight you gained from the parents and briefly describe what implications it has for your practice.

◇ **The Returning Phase**


The process of parents progressively resuming full parenting responsibilities, while children adjust to the new rules and structure, can be difficult. Children who are leaving placement may also be grieving the loss of relationships they made while away from home. Family members will experience shifts in relationships when a new person is added to interactions.

The process of reunification may begin when a parent complies with the treatment plan, has demonstrated the ability to meet the child's needs, and there is reasonable surety that the child will be safe.

The NCFAS-R (North Carolina Family Assessment Scale for Reunification) should be completed for all Program Area V cases to help determine if issues of safety and risk have been resolved to the point that it is appropriate to return the child to the care of his or her parent and close the case. The last two domains only needed to be completed if the children are in placement.

In this stage, the caseworker must make sure that the family has adequate preparation to ease the transition of the child returning home. Let's identify preparation needed by all parties.

Activity: Separate participants into three groups and give each group a sheet of flip chart paper. The groups are assigned one of the following to determine what should be done to prepare for reunification. (The parent, the child, and the caregiver) Responses are recorded on the flip sheet paper and reported to the large group.

 Refer participants to handout 5-k, “Promoting Successful Reunification,” for note taking. **Possible Responses** include:

- **Preparation for the Birth Parent:** Develop a formal reunification plan that includes the duration and frequency of progressively increased parenting time between child and parent, the order, and in what intervals children will be returned; acknowledgement that the family will need to re-organize as a family system and that there may be feeling of grief; identify “red flags” that suggest a potential crisis; complete the NCFAS-R as discussed in Core 2; identify effective coping strategies the parent has for managing potential crises; develop a safety plan that identifies what tasks will be done, by whom, how often, and duration to ensure the child’s safety; clarify, “How will the plan be monitored?”; arrange for essential supportive services, some cultural groups may access non-traditional community resources, i.e., elders, medicine people, cultural mediators who can be an important source of support; remind parents that the first year after reunification is the most difficult for the family, so consistent use of supports and resources is important.
 - **Preparation of the Foster Family:** Inform foster parent of birth parents increased ability/supports needed to parent more effectively and explain why this indicates the appropriateness of reunification; inform/involve the foster family in developing the reunification plan; identify caregiver’s need for support resulting from the child’s departure; decide whether and if so, how ongoing contact with the child/birth family will occur; identify needs for support for foster siblings
 - **Preparation of the Child:** Identify for the child the enhanced parental coping/skills gained by the parent(s) for more effective parenting; address resulting grief issues; include sibling work to help sibling relationships re-connect and be productive; maintain relationships wherever possible – face to face phone, written correspondence - with individuals who have become significant to the child.
- ◇ Conclude the section by saying, “It is important to remember that the goal for each child is safety in a permanent and stable environment where the child’s physical and emotional needs are met. Whether this occurs in a biological family, through guardianship, independent living, kinship care, or adoption, the goal of permanency was reached and success achieved.”

 SAFETY AND PERMANENCE FOR ALL CHILDREN!

SECTION VI

STRESS MANAGEMENT

Time	2 hours, 45 minutes
Purpose	To provide a forum in which trainees can identify and discuss the psychological stresses that they experience in conducting child welfare casework activities and develop strategies for coping with these stresses.
Competency	The caseworker knows the personal psychological stresses associated with placement and casework and can identify strategies to prevent emotional distress and burnout.
Objectives	Through this activity, trainees will be able to: <ul style="list-style-type: none">• Become aware of their own feelings regarding casework and have the opportunity to discuss them in a supportive atmosphere.• Develop creative energy outlets.• Develop strategies for dealing with stress.
Materials	Handout 6-a: "Real Life in Child Welfare" Handout 6-b: "Signs of Post-traumatic Stress Disorder" Handout 6-c: "The 24 Warning Signs of Stress" Handout 6-d: "Ten Tried and True Methods to Achieve Caseworker Burnout" Handout 6-e: "Take Care of the Caregiver" Handout 6-f: "Precepts for the Caseworker" "Pomp & Circumstance", C D player, mortarboard confetti. Video: "I Love Lucy" - (Job Switching episode)
Method	Open-ended group discussion or group exercise.

Training Module:

- ❖ Give Post test and Evaluations out at this time.
- ❖ Graduation ceremony (give certificates and sprinkle confetti, graduation key chains)

Lucy video: Job Switching

- ❖ State, "We thought this last video may highlight how some of you are feeling." Show the video. As the candy begins to move down the conveyer belt, trainer calls out,

“This is your first couple of weeks on the job!” As the conveyer belt speeds up, trainer calls out, “first 2 months”. When the supervisor is heard returning to the room trainer then calls out “administrative review”. Let clip continue until the scene ends.

- ❖ Stress management session: Trainer states, “The format for this section is different from what we’ve used in any past core trainings. We’ll facilitate an informal discussion so you can identify the things about the job that are causing you. Specifically, what’s making it hard for you to do your job?”

Explain the following:

We’ll not only identify job stressors but more importantly, what’s helpful for managing the stressors.

In order to respect your confidentiality, we ask that anything stated, references to particular counties, units, etc., remain in this room. What is said here pretty much stays here unless my co-trainer or I hear something that is either illegal or unethical, then we would have to report that information to the State.

It has only happened a handful of times in all the years of Core training. If we have to take that action we would let you know and we would never identify the individual responsible for raising the issue. While there are many people coming through Core all the time, it would not be impossible for others to identify you. So bare that in mind as we have our discussion. Any questions?

We are hoping that this time will be productive not only to hear your frustrations but to provide solutions as well that may come from your colleagues in this room as well as Chris/Kasey or myself.

Okay what are things that are making it difficult for you to continue doing this work?

- Supervision
- Workload
- Paperwork (color coding, calendar)
- Stress management strategies (David Conrad) See “Trainer’s Notes” below for information related to secondary traumatic stress if needed.

Refer to Handouts 6-a through 6-f for this section as issues are raised that relate to the specific handouts.

End day thanking participants and encouraging them to email you if they need anything further.

Trainers Notes:

- ◇ Distinguish between "burnout" and "secondary traumatic stress",
 - Burnout- emerges gradually and is a result of emotional exhaustion.
 - Secondary Traumatic Stress- is the natural consequential behaviors and emotions resulting from knowledge about a traumatizing event by a traumatized or suffering person. In other words, it is a form of post traumatic stress but is due to indirect exposure to trauma.

Talk about the Five Ways Secondary Traumatic Stress Effects People",

- Emotional consequences (heart)- sad, angry, depressed
 - Cognitive consequences (brain)- intrusive thoughts, dissociation, numbing, memory loss
 - Biological, physiological consequences (body)- chemical changes, illness
 - Behavioral consequences -drinking, drugging, eating,-aggression, social isolation
 - Interpersonal consequences- how you work with people, loss of intimacy, isolate
- ◇ Explain that there are five areas identified as especially susceptible to the effects of STS. Discuss each of following five areas:
 - Safety- self and loved ones
 - Trust- others and judgment
 - Esteem- feel inadequate as a helper, cynical, pessimistic, doubtful
 - Intimacy- isolate from others, self protect from pain, unable to separate from work, intrusive thoughts and sexual trauma imagery during sexual activity
 - Control- actions, thoughts and feelings
 - ◇ Discuss things that may help workers handle STS
 - Self care- lunch, yoga, meditation, hobbies, physical activity
 - Balancing clinical and non clinical work (research, teaching)
 - Peer support- one of the most powerful and effective anecdotes is connecting with others to talk about feelings (professional/peer).
 - Time management strategies
 - ◇ Congratulate trainees on the completion of their Core training. Wish them good luck and good-bye