

Separation, Placement and Reunification in Child Welfare

CORE 4 Handouts

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Colorado Family-Centered Child Welfare Services Training
Separation, Placement, and Reunification in Child Protective Services

Core 4: Training Agenda

DAY ONE

8:30 - 9:30	Trainer Introductions and Pre-Test
9:30 –10:15	Warm-up Activity and Trainee Introductions
10:30 – 12:00	Permanency Planning
12:00 - 1:15	Lunch
1:15 – 2:30	Crisis
2:45 – 4:30	Separation

DAY TWO

8:30 – 10:30	Placement
10:45 - 12:00	Cross-Ethnic/Racial Placement
12:00 – 1:15	Lunch
1:15 – 3:00	Child Loss
3:15 – 4:30	Parent Loss

DAY THREE

8:30 - 9:30	Placement Disruption
9:30 - 10:45	Visitation
11:00 - 12:00	Reunification
12:00 - 1:15	Lunch
1:15 - 4:00	Stress Management
4:00 - 4:30	Post –Test Evaluation

SEPARATION, PLACEMENT & REUNIFICATION COMPETENCIES: CORE 4

The participant who masters the content of this training module will:

Section I: The Philosophy of Permanence and Permanency Planning

- Know the philosophical and procedural basis that supports the need for children of all ages to have a sense of permanency.

Section II, Part A: Crisis

- Recognize that the separation and placement experience could lead to precipitation of psychological crisis for families and children and be able to apply concepts of crisis intervention theory to separation and placement of children.

Section II, Part B: Understanding Separation

- Understand 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 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

- Be able to 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 Loss

- Be able to 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

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

Section V, Part B: Parenting Time

- Know the necessity of regular and frequent visits to maintain the family members' relationships and other important relationships with the placed child; and be able to use casework strategies that engage families in the planning of, and participation in, visits.

Section V, Part C: Reunifying Families

- Understand the fragile process of reunifying families and use strategies to promote reunification.

Section VI: Stress Management

- Will experience a forum in which he/she can identify and discuss stressors associated with child welfare work and identify strategies to prevent emotional distress and burnout.

ACHIEVING PERMANENCY FOR ADOLESCENCE

Notes:

Reflection Sheet

Rosalinde – Placed at 7

1. Rosalinde describes conflicting perceptions of her birth mother. They include:
2. What characteristics/behaviors does she value in her adoptive mother?
3. How did continued contact with birth mother impact Rosalinde?
4. What insights did you gain from Rosalinde?
5. How will you apply these insights to your practice?

Douglas adopted – Adopted at 8

1. What contributed to Douglas' feelings of being the "outcast?"
2. What supported his ability to rebound from adversity?
3. How did the lack of contact with birth mother and continued contact with his sibling impact Douglas?
4. What does he say foster/adoptive children are searching for?
5. What insights did you gain from Douglas?
6. How will you apply these insights to your practice?

FACTORS THAT INFLUENCE WHETHER CRISIS OCCURS

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EMPOWERING PARENTS OF CHILDREN IN PLACEMENT (REFERENCE MATERIAL)

Casework activities designed to engage the parents of children in placement should begin as soon as placement is imminent. The caseworker should:

- Develop or strengthen the relationship with the parent. Increase, rather than decrease, contacts.
- Allow the parent to verbally express anger, resentment, and feelings of loss or fear.
- Explain that the child is being moved to respond to her need for safety, not to punish the child or the parent, and provide specific information that describes the risk to the child of remaining at home.
- Reassure the parent of the worker's intent to reunite the family and that reunification will occur as soon as the child's safety in the home can be assured.
- State that acknowledging problems and needs and working with the agency to strengthen the family's ability to care for their child is the first step toward having the child returned.
- Encourage the parent to become involved in the assessment of his or her own needs, problems, and strengths, and in the development of the case plan.
- Ask the parent to recommend relatives or family friends who may be able to care for the child as either an emergency or longer-term foster placement.
- Explain that the agency expects the parent to remain actively involved in the child's life throughout the placement period, to attend regular visits, and to be involved in decisions about the child's welfare.
- Explain that the child will be very frightened, and that the parent can be of considerable help to the child by being supportive and reassuring during the placement.
- Ask the parent to accompany the worker and child during the move, and to provide as much information as possible to the new caregiver.
- Acknowledge that the parent may prefer to fight the worker and agency, but that this may have potentially painful consequences for himself and the child.

During the period immediately after the move, the parent's continuing involvement should be supported and maintained.

- The worker should increase contacts with the parent during and immediately after the move.
- The foster caregiver should be given opportunities to talk with the parent about the child's needs, routines, and schedule. At times, exchanging phone numbers is useful. This maintains the parent's role as a primary source of information about the child.
- Scheduling regular and frequent visits between the child and the parent is critical. The first visit should occur within 48 hours of placement.
- Parents should be involved in making major decisions about the child. Parents should routinely be involved in agency staffings and case conferences.
- Encourage the parent to participate in planning and carrying out those activities necessary for the child to be returned home.
- It is extremely important that the agency make appropriate services available to parents to enable them to implement the activities in the case plan.
- If the agency does not involve the parent from the earliest stages of placement, we foster a sense of helplessness in the parent that ultimately works against successful reunification.
- A few parents may interfere with or sabotage the placement. In these situations, the worker's primary responsibility is to protect the child. With effective casework intervention, however, most parents can become responsible participants in the placement and casework process.

CONDUCTING PLACEMENT ACTIVITIES TO REDUCE STRESS AND TRAUMA (REFERENCE MATERIAL)

Conduct Placement Activities in Steps

Dividing placement activities into parts or steps, including pre-placement visits, allows the child to develop familiarity with and comfort in the new environment before he is placed there. The caseworker should:

- Schedule at least one, and preferably several, pre-placement visits in the new home. Allow the child to experience the home at different times of day, and under different circumstances.
- The child should be given a tour of the entire house. Those areas which are “hers” (bed, closet, dresser drawers, toy box, etc.) should be pointed out, and she should be encouraged to begin to use them to store her belongings.
- Schedule the first visits when only one or two family members are at home. One family member, usually a parent, should be identified to begin to develop a relationship with the child. Too many people greeting the child at one time can overwhelm the child.
- Foster caregivers should try to maintain the child’s schedule as much as possible during visits. When the child has settled in, the foster caregiver can gradually revise the child’s schedule to better conform to that of the foster family.
- During the placement process, periods of respite away from the foster home should be arranged. It is best if the child can return to familiar surroundings in his own home or a relative’s home. These respite periods allow the child to recoup his strength and be given support by known and trusted persons.
- In emergency placements, when the child cannot go home between pre-placement visits, the child should, at the very least, have brief respites alone with the caseworker to talk about his fears and concerns and to be reassured. This may occur in the caseworker’s car, on a walk around the block, sitting in the park, or in a restaurant.
- In emergency placements, the child may be moved from his family to a neighbor or friend for a day or two, where his safety can be assured. Pre-placement visits may then be utilized to help the child move to a foster or other more permanent home.

Determine the Child's Own Rate of Mastery and Gauge the Rate of the Placement to Reduce Stress

- The caseworker must recognize typical signs of stress in children and should use this information to assess the child's ability to cope with the placement situation.
- When the child shows signs of excessive stress, the caseworker should provide the child with ample support and should slow down the placement process.
- In non-emergency placements, providing too long a preparation and pre-placement period can increase the child's anxiety. Under most circumstances, the child can be informed of the move, attend pre-placement visits, and move within a week or two.
- If the child does experience clinical crisis, intensive casework and support should be provided to help the child during the crisis period. Mental health counseling or play therapy may be useful.
- The caseworker should allow the child to be involved in decisions as often as possible, even if these decisions are small. It allows the child to retain some control.

Provide the Child with Opportunities to Talk About the Placement Experience, as well as, His/Her Feelings about It

- As with any victim of trauma, the child needs to talk about the experience and his feelings, perhaps many times over for a period of weeks or months, with a supportive and caring listener.
- Unexpressed anger, depression, or fear reduce the child's ability to concentrate, interfere with school work, prevent him from dealing with concerns about attachment, and keep him preoccupied with his own needs. These feelings may be expressed in unacceptable behaviors.

The caseworker should develop a supportive, nurturing relationship with the child and encourage the child to communicate his painful feelings in words, through play, through crying, verbally expressing anger and fear, and by stating his concerns. The child should be allowed to express feelings at his own rate and in a comfortable way for him. The foster caregiver should do the same. The child must understand that he is entitled to hurt, and that people care about him and understand.

PREPARING THE CHILD FOR PLACEMENT (REFERENCE MATERIAL)

Adequately preparing the child for placement serves several important purposes:

- The caseworker can provide support and alleviate many of the child's anxieties, thereby greatly reducing the child's stress.
- The caseworker can use the preparation period to get to know the child and to assess the child's strengths and needs.
- Caseworker with the child during the preparation phase helps the caseworker establish a supportive relationship with the child, which can help the child during the placement and the early adjustment phase.

The child's level of development and cognitive maturity will affect the strategies used by the caseworker to prepare the child for placement out of their home.

INFANCY/TODDLER (Birth to 2 years)

- There is very little direct preparation of the child. Instead, the caseworker should prepare the environment to receive the child maintaining as much consistency and stability as possible. The foster caregiver should attempt to maintain the child's schedule, give the child foods she is accustomed to, give baths at the same time of day and in the same manner, etc.
- The infant should have the opportunity to become accustomed to the foster caregiver prior to being moved. Several pre-placement visits to the new home, should be scheduled, with the primary parent present if at all possible.
- If reunification is planned, very frequent contact with the primary parent will be necessary to maintain the child's relationship with her parent.

PRESCHOOL (Two to Five Years)

- The preschool child may be limited in verbal ability, but will probably be aware that "something important" is happening. He will become frightened and anxious when he perceives that the parent is upset. The caseworker should explain each step in the move for the child in simple, concrete language. The caseworker may need to repeat the explanation several times during the course of the placement. The parent should provide as much of the explanation to the child as possible.

- The child needs to feel secure with the people around him. The caseworker should use the preparation time to develop a relationship with the child and support him throughout the placement process. (This is less necessary if the primary parent participates in the placement and can support and comfort the child during the move.)
- The caseworker can use play techniques to communicate information about the move, including drawing pictures, telling stories, acting out the move with dolls, and showing the child photographs of the new family and house.
- The child can be encouraged to make decisions for himself about what to take, where he wants to sit in the car, what he wants the Foster Mom to give him for lunch, etc. Many things during a placement are “being done to the child” at an age when he needs to be “doing for himself.” The child should help pack his things and choose those items he would like to take with him. (Letting him leave important items at home can reassure him that he will be coming back.)
- When a child is placed, the caseworker should talk openly with the child about potential feelings of being “different” and concerns about being accepted in the family and the new environment. This is especially important if the child is placed in a family of a different cultural background.

SCHOOL AGE (Six to Eleven Years)

- The school age child has well-developed language skills. He should be helped to talk about the placement and his experiences. The caseworker should talk to him about all placement activities, the new home, the foster family, and the neighborhood. The child can be “debriefed” by being asked about his experiences. His responses can provide the caseworker with feedback regarding the degree of stress he is experiencing and how well he is coping.
- The child will probably be able to recognize some of his feelings, including being sad, scared, mad, lonesome, and worried. These feelings should be elicited and acknowledged by the caseworker and by caregivers. The child should be encouraged to talk about feeling bad and to cry if he wants to, and he should be reassured that people know how hard it is and how much he misses his family.
- The caseworker should insure that the “rules” in the new family are clarified for the child. A discussion should be held with the child and the caregiver in which the child shares information about himself and his likes and dislikes, and the caregiver shares information about basic house rules and schedules. The child should be told by the caregiver that the family’s rules might be “different,” and if the child doesn’t understand or like a rule, he should always talk with the caregiver about it.

- The caseworker should talk to the child about WHY he has to move. The child may think it is a punishment for something he did wrong. The caseworker should reassure the child and explain the reasons for the placement in terms the child can understand. (You will stay at the new house until your mommy can learn to stop hitting you. Mommy loves you, but she has a problem, and she hurts you when she hits you. We're going to help Mommy learn how to stop hitting you. You're not a bad girl and it's not your fault. Mommy has a temper and needs to learn how to control it.)
- When a child is placed in a family, the caseworker should talk openly with the child about potential feelings of being "different" and concerns about being accepted in the family and the new environment. This is especially important if the child is placed in a culturally different home.
- Children at the older end of this age-range have some abstract thinking ability and may understand how other people's actions can affect them. They may be able to accept that no one person is at fault, and that their behavior did not cause the move. The reasons problems and the child's own need for safe care. The child should be given considerable opportunity to ask questions.
- The child should be encouraged to make as many decisions as possible about the placement process. All efforts should be made to allow the child to retain an appropriate level of control of her life.
- The caseworker can provide a detailed description of the placement setting prior to taking the child there. The child should experience the new environment through a pre-placement visit. A trusting relationship with the caseworker will help the child talk about her experiences and her concerns, rather than having to manage them alone or express them behaviorally.
- The child may have concerns about loyalty. She needs a consistent message from all persons involved that she does not have to make a choice between her primary parents and her foster caretakers.
- When placed in a culturally different environment, the child may be concerned about acceptance, both by peers and by the community. The child should be helped to talk about these concerns both with the caseworker and the foster care giving family. The care giving family should reassure the child of assistance in protecting the child from community or institutional bias.

ADOLESCENCE (13-18 Years)

- Preparation of adolescents should focus on discussing the reasons for the move, plans for the future, and description of the placement setting.
- Some adolescents retain considerable loyalty to their primary families and may be threatened if the placement is described as a “new family.” For this reason, foster care should be described as “a safe place to stay” until the family problems can be worked out or the child can learn to live independently.
- The adolescent should be engaged to participate to whatever degree possible in choosing and planning the placement. The child must know what we are thinking and why, and must be given the opportunity for input.
- The adolescent may try to hide his anxiety and distress regarding the move. Boys in particular may deny their concerns and may reject the caseworker’s attempts to provide support. The caseworker should explain all aspects of the placement anyway, “just in case any of this information might be of interest.” The caseworker should also try to prepare the child for feelings of distress by saying, “lots of kids in your situation get pretty angry about having to move,” or “many kids don’t like the new family right away. If you don’t, I’d like to hear about it.”
- If the adolescent is to be placed in a culturally or racially different family or environment, he needs to be assured that he will be *helped to maintain his cultural and ethnic identity* while in placement. Adolescents are often very aware of the effects of personal, community, and institutional racism and bias. These need to be discussed and the child should be prepared with strategies to deal with it.

THE LIFE BOOK

What is the Life Book?

The Life Book is a tool for providing children in care with information about their own personal histories and with opportunities for questioning, understanding, and accepting their own past. The Life Book is made of simple materials; usually begins with “I was born on. . .” and progresses through events in the child’s life. It contains pictures, stories, photographs, report cards, school work, maps, birth certificates, and so on.

The Life Book can be used with children of preschool age, with school age children, or with adolescents. It may be used with all children in care, regardless of whether they will ultimately return to their birth families or move out of foster care on their own.

Why Construct a Life Book?

The Life Book can contribute significantly to the development of a “psychological base” for the child. It helps the child understand the past, function better in the present, and prepare for the future. The ways it contributes to each of these phases of the child’s life are summarized below.

The Past

1. Organizes the pieces of a child’s life experiences in a tangible manner, which will help the child visualize his “history” and “roots.”
2. Gives significant adults involved with the child (parents, foster parents, adoptive parents, social workers, etc.) words to phrase the life events, which are often hard to explain to children, in a way that encourages understanding and discussion of feelings.
3. Gives the child something unique that is part of him and that he can turn to when he needs reassurance or understanding.
4. Helps the child sort out the realities and fantasies of his memories. Helps the child fill in the gaps and clears up some of the confusions that may exist in his comprehension of his life experiences.
5. Helps give some context to the sources of the child’s hurts or sensitivities.
6. Serves as an ongoing, continuous record that links changes, moves, and people in the life space of the child.

7. Provides a method by which the child can come to terms with his life experience and identify what has contributed to that experience.

The Present

1. The life events of a child are presented in a non-judgmental and understanding manner that helps counter-balance any feelings of self-blame or badness that the child may possess as a result of his experiences.
2. The photographs, mementos, and thoughts compiled over the months and years help to show the important uniqueness of the child's growth and development.
3. The book provides graphic evidence of being cared for and about; messages that say, "you and what you do and how you express yourself are valuable.

The Future

1. If the child returns to birth parents, the Life Book can provide a linkage between experiences in foster placement and experiences in the birth family.
2. If a child moves into an adoptive family, it helps the child bring a sense of self-worth and value into his new home. The book helps him take his past experiences with him.
3. If the child remains in foster care, the Life Book can help provide continuity to the child's life experiences in multiple placements. The book helps organize the variety of people the child has encountered.

When Should One Begin the Life Book?

It makes the most sense to begin the process of making a child's Life Book when the child is first placed. Contact with and knowledge about parents is most often accessible and accurate at this point. The parents can be encouraged to provide the child with a sense of his family story.

Since building the Life Book is an ongoing process, changes in the development or experiences of the child, and those significant others in the child's life, can be described. The child's sense of confusion is heightened at the time of his/her placement or changes in placement. This confusion may make it difficult for the child to recall the experience later, if it is not documented in some way.

Who Contributes to the Life Book?

All significant people in the life of a child can contribute to his book. Some possible contributions from foster parents are noted below:

1. Foster parents play a crucial role in compiling, collecting and preserving pictures, school papers or records, cards, and stories about the everyday life of the child.
2. Foster parents can read the book to smaller children.
3. Foster parents can help reinforce the value of the book with a child.

What Things Go into a Life Book?

1. Child's birth information:
 - Copy or a certified birth certificate
 - Date, time, location (city, state, hospital), weight, and height
2. Child's family tree:
 - Genogram
 - Date of parents' birth
 - Location of parents' birth
 - Physical description of parents
 - Educational/employment experiences of parents
 - Special health information about parents
 - Statement of reason for placement(s) away from parents (statement made by parents, if possible and /or appropriate)
 - Number of siblings of parent
 - Number, ages of other children of parent
3. Foster homes/relative homes where the child has lived:
 - Names of foster families
 - Addresses of foster families
 - Dates of placements and moves from placement
4. Medical information of child, especially any special medical experiences.
5. Names of social workers/agencies where child, and perhaps parents, received services.
6. Letters, mementos from parents/relatives or significant others of child.
7. Pictures of child at various ages.
8. Other helpful information:

- A. Pictures:
 - Birth parents
 - Birth parents' home
 - Siblings
 - Friends
 - Foster families
 - Pets
 - Schools
 - Social workers
 - Special occasions (graduations, birthdays, holidays, vacations, awards, etc.)

- B. Drawings by the child.

- C. Comments by child regarding drawings or feelings.

- D. Achievements of child:
 - School
 - Church
 - Athletics
 - Hobbies
 - Activities
 - Developmental

- E. Report Cards:
 - Comments of teachers
 - Samples of school work

- F. Stories, comments from social workers.

- G. Anecdotes about child:
 - A funny occasion
 - A scary time
 - An important experience in the child's growth
Pranks or jokes

- H. Friends' comments about the child (autograph book signatures or messages).

What Behaviors Might Come Up in Building the Life Book?

The foster parent may worry about the child going over past events. When there is worry about the many difficult things in a child's life experiences that need to be explained, remember "It's not what is out in the open that causes problems – it's what is hidden or not openly talked about."

The child may renew old behaviors or act out. The child needs support and understanding.

If separated from siblings, there may be an interest in finding out about them and seeing them.

Other children in the home may want a Life Book.

Information About the Child and Their Life Book.

The child may feel very possessive about his book.

Remember the Life Book belongs to the child. Share the book with others only with the child's permission.

WORKERS ASSESSMENT GUIDE For Families Adopting Cross-Racially/Cross Culturally

Introduction

When an applicant for adoption indicates an interest in parenting interracial/culturally, an assessment is to be made to determine their capacity and disposition to value, respect, appreciate and educate the child regarding racial, ethnic and cultural heritage and background. The assessment guide is to be used as part of this purpose.

The assessment guide is also to be used to assess an applicant who is interested in parenting a mixed race child of a race other than the applicant. This guide is also used to assess situations where a child is already in a cross-racial/cultural care giving situation. For example, a foster parent who has requested to adopt cross-racially/culturally the foster child in their home. In adoption situations, the worker is to complete the assessment and make a placement. This assessment must be completed before a cross-racial/cultural placement in adoption is made.

The assessment is to be completed as an integral part of the family study process. This process is by its nature personal and subjective for both the applicant and the worker. Therefore, it is essential that a worker be aware of his/her own biases and attitudes and have access to consultation and supervision throughout the process.

The assessment guide is to be used by the worker to assist the applicant in identifying the applicants own needs, experiences, sensitivities, motivation, ideas, values and priorities as they relate to parenting a child of another race.

The study process is an educational process and as such should be initiated in a manner which allows self-evaluation by the applicant of his/her capabilities and limitations. At the same time, it is the responsibility of the worker and the agency to reach a conclusion and make a recommendation based on the study, regarding the applicant's ability to parent cross-racially/culturally.

Identify Needs of Children Placed Cross-Racially/Culturally

The assessment guide is to be used to assess an applicant's capacity and ability to meet the following unique identity needs of children who live with a family of a race or culture other than his/her own. In addition to the qualities necessary to enhance the normal development of any child in placement; these needs are:

1. To live in an environment that provides the child an opportunity to participate in positive experiences with their culture, religion and language.
2. For association with same race adult and peer role models and relationships on an ongoing basis.
3. For environmental experiences that teach survival, problem solving, and coping skills which give the child a sense of racial and ethnic pride.

4. A parent who can understand and relate to the child's life and daily relationship to racial and cultural differences and who can respond to those experiences with acceptance, understanding and empathy
5. For a parent who accepts and can help the child accept the child's racial and cultural ancestry and can comfortably share knowledge and information about the child's racial and cultural ancestry with the child.
6. For the child to have adults around them who understand what it feels like for the child to look different from their parents.
7. To have a parent that has knowledge of special dietary, skin, hair and health care needs.

Capabilities of Persons Who Parent Cross-Racially/Culturally

To meet the identity needs of children who live with a family of a race or culture other than their own. It is desirable that persons who parent these children possess the following capabilities:

1. An understanding of their own sense of personal history and how that helped form their values and attitudes about racial, cultural and religious similarities and differences.
2. An understanding of racism and whose life experiences have given them an understanding of how racism works and how to minimize its effects.
3. Life experiences and personal history which have given them the capacity or ability to parent cross-racially/culturally.
4. Commitment to and capability of demonstrating empathy with the child's family of origin regardless of the socio-economic and life style differences between them and the child's family.
5. Capacity and commitment to provide the child with positive racial and cultural experiences and information and knowledge of their race and culture.
6. Capacity of preparing the child for active participation in or return to the child's racial and cultural community.
7. Adequate support of those significant to them in their decision to parent cross-racially/culturally.
8. Residence in a community that provides the child with same race adult and peer role models and relationships on an ongoing basis.
9. Tolerance and ability to deal appropriately with the questions, ambiguity, or disapproval which arise when people assume that the child is the applicant's birth child.
10. Willingness to incorporate participation in cross-racial/cultural activities into their lifestyle and participate in race/cultural awareness.
11. Acknowledgement that interracial/intercultural parenting makes their family an interracial/intercultural family which will have an impact on all family members and that a decision to adopt interracially will make the family interracial forever.
12. Acknowledgement and preparedness to deal positively and effectively with the fact that as an interracial family they will experience discrimination similar to other minority families.
13. The skills, the capacity, interest and commitment to learn parenting skills necessary to parent children, to understand and accept their race and racial identity, and to work to change the feelings of children who deny their racial identity.
14. Skills, the capacity and interest to learn the skills to meet the child's special dietary, skin, hair and health care needs.
15. Appreciation of the child's uniqueness, and at the same time, help the child have a sense of belonging and full family membership.

ASSESSMENT GUIDE

The assessment guide is intended to be used to promote discussion and an exchange of information between the worker and applicant with the goal of the social worker making recommendations regarding the applicant's ability for interracial/intercultural parenting. It is not intended that the questions be asked verbatim.

Categories

The guide is organized into the following assessment categories:

1. Experiences and understanding regarding the role of race and ethnic heritage.
2. Motivation and support systems.
3. Community and opportunities for same race role models and peer relationships.
4. Lifestyle and parenting abilities.

At the end of each assessment category are suggested study techniques to assist the worker in obtaining the information. These study techniques also provide opportunities for the applicant to experience and learn more about interracial/intercultural parenting.

In each category, the worker is to assess the applicant's experiences, knowledge, demonstration and use of knowledge, willingness and ability to change if needed and their ability and willingness to view the situation from the child's perspective.

The conclusions and recommendations reached are to be included in the home study.

1. Experiences and Understanding of the Role of Race and Ethnic Heritage:

Discuss with the applicant their own nationality and sense of racial identity and knowledge of other races and cultures.

- When and how did they first become of their race and nationality?
- What role did their race and nationality play in forming their values?
- Can they remember when they first became aware of racial differences and similarities?
- What is their earliest memory of a person of a race other than their own?
- What have they done to learn about other races and cultures?
- What do they know about other races, especially the race of the child they are interested in parenting?
- Who are positive role models for that particular ethnic group and what do they know about these persons?
- Are there some role models that ethnic group considers positive but persons outside that community may consider negative? How does the applicant feel about teaching their child about those role models?
- What does the applicant know about how racial identity develops?
- Are there similarities and differences between their life style and that of the child's racial and ethnic group?
- How might a child feel about those differences?
- Have they had any experiences of being a minority? What were their feelings?
- Have they ever felt discriminated against? Describe the situation and feelings. What did they learn from this experience?

- How can they learn to know what it is like to live in an interracial situation so that they can be sensitive to the feelings of a child who would live with them?

Suggested Study Techniques

Have the applicant attend a community meeting, social event, place of worship, eat in a restaurant or engage as a minority in other activities in an ethnic area and discuss their feelings about the experience.

Have the applicant interact with children of the same age and race of the child they wish to parent. Observe the interaction and discuss it.

2. Motivation and Support Systems

Discuss with the applicant the reason they are interested in parenting interracially/culturally and the impact of their decision on their family, extended family, friends and neighbors.

- What made them consider parenting interracially?
- Are there people of other races in their family? If yes, what have been their experiences with them? How were they accepted in the family?
- Have they discussed their interest in parenting interracially/culturally with their family, extended family, friends or neighbors? What was their reaction?
- Do they have friends or neighbors who are of the same race as the child they wish to parent? How long have they been friends?
- Do they socialize with persons of other races/cultures? How frequently?
- What racially mixed functions do they attend?

Suggested Study Techniques

Ecomap and genogram a family meeting that includes the extended family and children.

3. Community and Opportunities for Same Race Role Models and Peer Relationships

Evaluate the racial composition of the neighborhood; including schools and churches, child care centers, and other organizations a child would be a member of.

- What is the racial composition of the neighborhood, including facilities that would be used by the child?
- What is the attitude of school, churches and their neighborhood toward members of the child's racial ethnic group?
- Are like race role models and peers available to the child as a regular part of the child's daily life?

Suggested Study Techniques

Ecomap, visit the neighborhood school to observe how children of other races/ethnic groups function in that setting.

4. Life Style and Parenting Ability

Assess the applicant's life style, ability to teach a child racial coping skills and a sense of racial knowledge, pride and identity.

- What does the applicant know about the values of the child's race or ethnic group?
- What does the applicant know about the music, entertainment and eating preferences of the child's race or ethnic group?
- What does the applicant know about the skin and hair care and dietary and health needs of the child?
- How will a child in their home learn about the child's own race/culture history and customs?
- How will they involve like race people in the child's life?
- How does the applicant feel that their decision to parent interracially might benefit them? How do they feel it will benefit the child?
- How does the applicant feel that their decision to parent interracially might negatively affect them? How do they feel it might negatively affect the child? How will they handle the negative effects and the hurt?
- Because of their interracial/cultural parenting decision, will others relate to them and view them the same or differently than they do now?
- How will they respond to the child in their home if the child is called racially derogatory names?
- How will they teach coping skills to a child of a different race or mixed race background?
- What problems do they think might come up in school or in the neighborhood? How will they handle social mixing or dating?
- How might the issues for the child change as the child becomes older? How might the issues change for them as the child becomes older?
- Might their child one day resent them for making this decision?
- How will they deal with it?

Suggested Study Techniques

Role play (some role play situations are attached in the Appendix), attend a parent group with others who are parenting cross-racially, utilize a home study group, visit a family who is parenting interracially/culturally and whose child is an adolescent or adult, provide opportunities for the applicant to interact with children of the race they wish to parent.

Conclusions and Recommendations

The worker is to organize the assessment of the applicant's capacity and ability to parent interracially/culturally into the four assessment categories.

Each category is to include strengths and weaknesses and a conclusion about how they will impact on a child. If there are areas of deficiency, can these deficiencies be corrected? How will these deficiencies affect the child short term? Long term? If opportunities to correct deficiencies were offered, did the applicant respond and participate?

It is the ultimate responsibility of the worker and agency to reach a decision to either approve or deny the applicant for interracial/cultural parenting. The worker is to document the reasons for approval or denial.

APPENDIX

Situation I

Your family has known the Smiths for years, are good friends and your children grew up together. As the children were growing up they always played together, participated in activities together, and were close friends. Your minority son is now 16 as is the Smith's oldest daughter. Your son asks their daughter to go to a party with him as his date. She tells your son that she can't go out with him because he is not white? Your son comes to you questioning why he could be her friend all these years but can't take her to a party.

What would you tell your son?

How would you, as a parent, feel?

How would this affect your relationship with the Smiths?

Situation II

Twelve year old Tina, who is a minority, comes home from school visibly upset. When questioned, she begins to cry and relates the following events to you:

Her friend, Joyce, told Tina that her mother said that in the Bible it says that it is a "sin" to mix races. Joyce's mother said that not only is your family a sin, but because Tina is mixed race, her birth was a sin.

Tina loves to go to church and religion is becoming important to her. She is very troubled about what Joyce told her and wants to know if this is true.

What is your initial reaction?

What would you tell Tina?

Situation III

You are at a shopping center with your minority infant. You notice several people looking at you. Two men seem to walk by you several times and finally one seems to purposely bump into you (or your wife). He then looks at his friend, laughs and makes some remark about your or your wife's morals. He uses several derogatory terms about your child's ethnic heritage mixed with profanity. Although he is talking to his companion, it is obvious that the remarks are intended for you to hear.

How would you feel?

Would you respond to the remarks?

How will you deal with such remarks when your child is old enough to understand them?

Situation IV

You are grocery shopping and have your minority toddler in the cart seat. A woman approaches you in the aisle, smiles at you, and asks "Is your child adopted?" You reply that she is. She comments "What a wonderful person you are! God will certainly reward you in heaven. What a lucky girl she is!"

How would you feel?

What would you respond to the woman?

What might be your concerns for your child in interpreting the woman's comments?

Situation V

You are at a school conference. It is the first one for your dark skinned child, as a kindergartner. Your impressions of your child, as you have watched him with other children his same age, are that he is at least average in his development and perhaps excels in some areas. The kindergarten teacher informs you that your child is in the "low group" in academic groupings. She comments that she doesn't think he will need particular "special help" in school such as Title I tutor referral to special education services, but she thinks school may be difficult for him.

What is your initial reaction?

Would you disagree with the teacher?

What steps might you take in setting the tone for your child's school years?

The material for Situations I-III was developed by the Special Needs Adoption Program for Kentucky

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Estylo (bi-lingual)

This Assessment Guide is provided by the Adoption Section of the Minnesota Department of Human Services

Ethnic Identity Development Naiveté Stage/Pre-Encounter

The initial stage of identity development is described as a period when ethnicity is unremarkable/not prominent, nor has it been given much conscious thought. The individual accepts the values and attitudes present in his/her environment. When the family and community present a strong positive image of the group for the child of color, the child is likely to have a positive identification with the group and with the individual self, even though ethnicity has not been consciously examined and therefore may be vague and difficult to express verbally. On the other hand, children may internalize negative images and stereotypical messages from the broader society (i.e., school, media, and community). Thus, children may enter adolescence with positive, negative, or mixed feelings about their ethnicity.

Immersion/Emerging

The second stage is identified as a period of search. As children encounter more people from diverse backgrounds and are exposed to discrimination, these experiences trigger the desire to understand the history, traditions, and current situation of their group. Therefore, the individual becomes deeply interested in knowing more about their group and may immerse oneself with symbols of ones culture and cultural peers. Ethnicity is highly prominent for the individual. Anger towards the majority/dominant group is common as is empathy toward other minority/non-dominant groups. An attitude toward ones group is highly positive, even ethnocentric.

Internalization/Sense of Self

The final stage is when ethnic individuals develop a secure confident sense of themselves as members of a group. The individual holds a positive but realistic view of self and group. Although he/she is comfortable with their group membership, ethnicity may or may not be prominent to them. Other aspects of their lives or dimensions of their identity may become more important. At this phase, individuals have abandoned anger toward the majority/dominant group and are generally open to other ethnic groups as well. The individual may have developed the following positive defense functions:

- Awareness that racism exists
- Anticipation of being targeted
- Well-developed defenses to use when confronted with racism
- Awareness that the problem of racism is in the circumstances and not within the individual self
- A spiritual orientation that prevents the need to demonize the majority/dominant group

White Identity Development Model

Naiveté

The initial phase is identified by a lack of awareness of the implication of being White. The individual gives little or no thought to issues of race and ethnicity except as they relate to others. May have had little contact with people from diverse races/ethnicities, so may come across as curious about racial/ethnic people from diverse backgrounds due to limited information.

Contact

As the individual encounters more contact with diverse people, the lack of awareness may lead to an increasing recognition of the advantages/privileges of being referred to as, White. This leads to discomfort, guilt, and denial. The individual may at this point feel fear and anger toward people of color as the source of their discomfort and may distance themselves from people of color. Some remain in this stage.

Disintegration

The blinders have been removed so that now the individual begins to see racism everywhere, feels outraged and committed to helping other White people become aware of racism by pointing out their wrong doing. The individual joins the *Race Police* finding most other White people guilty of racism and may lose many friends at this time.

Redefinition/Reintegration

There is likely to be exploration similar to the immersion/emerging phase in ethnic identity development, as the individual tries to gain accurate information about what it has meant to be White in the United States. The individual comes to understand that people of color do not perceive the individual as exempt from the majority/dominant group and therefore, views the individual worthy of suspicion. This may lead to feelings of anger and frustration directed at people of color.

Immersion/Emerging

The individual recognizes the need to find positive racial identity for the individual self and seeks new ways to think about whiteness, ways that offer options other than either unconscious privilege or the bad-guy role. Seeks out White people who have come to a positive understanding of what it is to be White and racially conscious; people who have fought injustice and actively worked against racism.

Internalization

The individual defines ways in which he/she can actively work to interrupt racism while also understanding that there is much more to learn. People of color may view the individual as an ally.

Adapted from Cross, Helms, Phinney, Steinberg, & Hall

Stages of Development During the Coming-Out Process

(Adapted from: Gary Mallon, *Lesbian and Gay Youth Issues*, CWLA Press
Used with permission)

These stages describe a baseline of development of gay and lesbian sexual identity and an understanding of stages that GLBTQ youth may encounter during their development. Many life experiences influence the movement among the stages.

Stage 1: Could I be homosexual?

Confused about self-image, youth may seek more information on homosexuality. Some theorists believe this is normal development for all youth. Negative reinforcements from society about homosexuality create more confusion about self-image, and youth often see no similarity between themselves and the public images and perceptions of GLBTQ persons.

Youth need accurate information at this stage. This is a normal part of development.

Stage 2: I might be gay/lesbian

When youth accept this possibility, they may experience alienation, isolation, and loneliness. Heterosexual behavior learned previously has little or no significance. Youth cling to heterosexual behavior to maintain a public image and because they do not have access to alternative role models for sexual identity.

Youth feel isolated and lonely, and this can lead to risky behavior. They need resources such as GLBTQ books, websites, chat lines etc.

Stage 3: I am probably gay/lesbian

During this stage, alienation most likely is peaking. Youth are driven to seek out other GLBTQ persons in the broader culture. Their highest priority is finding a role model: someone by whom to gauge themselves. At this stage, a positive role model may lead to a positive self-image, whereas a negative role model or no role model may lead to further alienation.

At this stage, alienation peaks. Youth need role models, support and educational groups.

Stage 4: I know I am gay/lesbian

When youth achieve self-acceptance of their homosexual identity, sexual experimentation may follow. In general, youth are more concerned about whether they fit into their subculture than how they fit into American culture as a whole. This concern for peer approval can be difficult for any youth. If there is no obvious place for them in the GLBTQ subculture, most youth will temporarily end sexual identity formation and enter bi-phasal development, living a public heterosexual life while privately engaging in or fantasizing about gay or lesbian activity.

Youth need to understand that it is okay to come out, or not to come out. They should be assisted in taking pride in their identity.

Stage 5: I am lesbian or gay. So what?

In this case, the person sees no clear dichotomy between heterosexual and homosexual worlds. The person is able to integrate homosexual identity into all aspects of life. This stage indicates a high level of maturity and a wide range of life experiences. Most youth have not yet achieved this state. It is helpful to keep in mind that this stage is a goal to be achieved.

Disclosure and Confidentiality

- ❖ Always discuss with the youth the need to document information in the file about their sexual orientation or gender identity. Get their permission if possible.

- ❖ Unless disclosure is legally required, no employee should disclose information regarding the sexual orientation or gender identity of a youth unless that person can identify a direct benefit to the youth and has discussed the matter with the youth and obtained his or her consent.

- ❖ Case managers should carefully consider the purpose, nature and consequences of any contemplated disclosure, and they should work with the youth to balance the potential negative consequences against the benefits to disclosure.

- ❖ When disclosure is required or appropriate, the information disclosed and the means of disclosure should be limited to that which is necessary to achieve the specific beneficial purpose. For example, the fact that a youth is transgender may be important to identify an appropriate placement.

Adapted from CWLA, Best Practice Guidelines, Child Welfare League of America, 2006

Common Challenges

- 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. Recently, he reported to both you the caseworker and to the foster parent that he feels funny attending synagogue alone or with friends and is considering converting to Christianity.

What might be causing the child's reaction?
Identify the support needed by the child to manage the challenge and encourage positive identity development.

- B. A foster parent reports that their 6-year-old African American child is repeatedly asking if she is dark. Also, she frequently wants to know if the caregiver likes her beautiful long hair which 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.

What might be causing the child's reaction?
Identify the support needed by the child to manage the challenge and encourage positive identity development.

- C. A 16-year-old gay foster youth refers to staff in the group home in derogatory terms and complains that particular staff members and practices are homophobic.

What might be causing the youth's reaction?
Identify the support needed by the youth to manage the challenge and encourage positive identity development.

Support for Cross-Cultural/Ethnic Placements

Notes:

Tips and Strategies for Addressing Harassment

It is vital to stop harassment immediately! Remember that homophobic words and actions hurt everyone. Homophobic words and actions are bullying. Bullying hurts the person targeted, the witnesses, and the bully. Act right away! Do not let harassment—verbal or physical—go on for even a minute. Make it clear that ***Harassment Is Never Okay!***

1. Stop the Harassment!

- Interrupt the comment. Halt the physical harassment.
- Make sure everyone in the vicinity can hear you. You want everyone—all the youth and adults nearby—to know that *all* young people are safe in this place.
- Do **NOT** pull the bully aside for a confidential discussion—stopping the harassment should be as public as the harassment has been.

2. Identify the Harassment.

- "You just put someone down regarding (sex, race/ethnicity, sexual orientation, gender identity or expression, age, health status, etc.)" Or, "You just shoved someone."
- Put the spotlight on the bully's behavior. Do **NOT** say anything to imply that the person being harassed belongs to the group just named. Everyone needs to understand that what was said or done is unacceptable.

3. Publicly Broaden the Response.

- Identify the offense and its consequences: "Name calling is hurtful to everyone who hears it." "Physical attacks on anyone are totally unacceptable and can result in the attacker being put out of the program."
- Make it clear that the entire organization, agency, program, etc., is solidly opposed to such behavior: "In this program, we do not harass other people. Period." "In this organization, any physical attack, for any reason, on someone else is totally unacceptable. Any repetition will have serious consequences for you."

4. Request a Change in Future Behavior.

- Personalize the response for the bully: "Chris, please think about what you say. This language isn't what we would have expected of you." "Jaime, by pushing someone, you are being a bully. I thought you enjoyed participating in this program. But, by your action, you've put yourself on the sidelines for the rest of today. Any repetition and you are out forever."

- Quietly, check in with the person who was harassed: "Are you okay? Do you want to talk with me or someone else? Let's go find a quiet place to chat."
- Quietly reassure the person who was harassed: "Please let me know if this happens again, and I will take further action. Everyone should feel safe and be safe here. What happened was totally unacceptable, and you are very important to all of us."

* Adapted and reprinted with permission of [GLSEN Colorado](#) from *How to Address Harassment in the Hallways in 3 Minutes*.

EXPRESSIONS OF GRIEF

D

A

B

D

A

HOW A CHILD'S DEVELOPMENTAL LEVEL AFFECTS GRIEF

- 1. Given the child's developmental stage, identify the primary losses experienced by the child when placed out of the home.** (Record responses on House Flip)

- 2. What are the coping skills that are typical for a child of that developmental stage? List both positive and negative.** (Present responses to large group)

- 3. What developmentally appropriate interventions would you recommend to the caregiver to help the child minimize the effects of the separation?** (Present responses to large group)

PARENT'S LOSSES
Losses Associated with a Child in Placement



GRIEF INTERVENTIONS

D

A

B

D

A

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.

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 an 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.

STAGES OF DISRUPTION

Stage 1

Intervention

Stage 2

Intervention

Stage 3

Intervention

Stage 4

Intervention

Stage 5

DISRUPTION!!!

VISITATION CITATIONS

19-1-103 (93) “Residual parental rights and responsibilities”

- Those rights remaining with the parent after legal custody, guardianship of the person, or both have been vested in another person ... include ... the right to **reasonable parenting time** unless restricted by the court

19-3-208 Services – county required to provide

- (2) (b) (IV) Visitation services for parents with children in out-of-home placement

VOLUME VII—VISITATION

7.304.64 Visitation and supervision

B. In all cases where counties have primary responsibility for a child in out-of-home placement, an appropriate visitation plan shall be established and documented in the child’s case record. The **visitation plan shall specify the frequency and type of contact by the parents (unless parental visitation is determined to be detrimental to the child) and others with the child as appropriate.** At a minimum the visitation plan should provided methods to meet the following interests and need of the child:

1. the **growth and development** of the child
2. the child’s **adjustment to the placement**
3. the **ability of the provider to meet the child’s need**
4. the **appropriateness of parent and child visitation, including assessment of risk**
5. the child’s **contact with parents, siblings and other family members**
6. the **child’s permanency plan**

C. Visitation between the child and his/her family shall **increase in frequency and duration** as a goal of reuniting the family is approached.

D. The county department will notify parents of any determination which affects their visitation rights. The caseworker shall keep a copy of this notification in the case record.

E. In cases where the goal is not to reunify the family, the caseworker shall discuss the issue of separation and help define the child’s future relationship with the family. The caseworker shall document this discussion and planning in the record.

7.304.72 Rights of kinship care providers

C. Grandparents have certain visitation rights under the law.

ELEMENTS OF A PRODUCTIVE FAMILY VISIT

Notes:

Developmentally Related Activities To Use During Visits

<i>Age</i>	<i>Developmental Tasks</i>	<i>Developmentally Related Visit Activities</i>
Infancy (0-2)	<p>Develop primary attachment</p> <p>Developed object permanence</p> <p>Basic motor development (sit, reach, stand, crawl, walk)</p> <p>Word recognition</p> <p>Begin exploration and mastery of the environment</p>	<p>Meet basic needs (feeding, changing, holding, cuddling)</p> <p>Play peek-a-boo games</p> <p>Help with standing, walking, etc., by holding hand, play “come to me” games</p> <p>Name objects, repeat name games, read picture books</p> <p>Encourage exploration; take walks; play together with colorful, noisy, moving items</p>
Toddler (2-4)	<p>Develop impulse control</p> <p>Language development</p> <p>Imitation, fantasy play</p> <p>Small motor coordination</p> <p>Develop sense of time</p> <p>Identify and assert preferences</p>	<p>Make and consistently enforce rules</p> <p>Read simple stories; play word games</p> <p>Play “let’s pretend” games; encourage imitative play by doing things together such as “clean house”, “go to store”</p> <p>Play together at park; assist in learning to ride tricycle; dance together to music</p> <p>Draw together; string beads together</p> <p>Discuss visits and visit activities in terms of “after breakfast”, “after lunch”, “before supper”, etc.</p> <p>Allow choices in activities, clothes worn, food eaten</p>

Activities (Continued)

<i>Age</i>	<i>Developmental Tasks</i>	<i>Developmentally Related Visit Activities</i>
Preschool/ Early School (5-7)	<p>Gender identification</p> <p>Continuing development of conscience</p> <p>Develop ability to solve problems</p> <p>Learning cause-effect relationships</p> <p>Task completion and order</p> <p>School entry and adjustment</p>	<p>Be open to discussing boy-girl physical differences</p> <p>Be open to discussing child's perception of gender roles; read books about heroes and heroines together</p> <p>Make and enforce consistent rules; discuss consequences of behavior</p> <p>Encourage choices in activities</p> <p>Point out cause-effect and logical consequences of actions</p> <p>Plan activities with beginning, middle, end (as prepare, make cake, clean up)</p> <p>Play simple games such as Candyland, Go Fish</p> <p>Shop for school clothes together; provide birth certificate, medical record required for school entry; go with child to visit school and playground prior to first day; accompany child to school</p>
School-age (8-12)	<p>Skill development (school, sports, special interests)</p> <p>Peer group development and team play</p> <p>Development of self-awareness</p> <p>Preparation for puberty</p>	<p>Help with homework; practice sports together; demonstrate supports of special interests, such as help with collections; attend school conferences and activities; work together on household tasks</p> <p>Involve peers in visit activities</p> <p>Attend team activities with child (child's team or observe team together)</p> <p>Be open to talking with child</p> <p>Discuss physical changes expected; answer questions openly</p>

Activities (Continued)

<i>Age</i>	<i>Developmental Tasks</i>	<i>Developmentally Related Visit Activities</i>
Adolescence	<p>Autonomy</p> <p>Individuation/Separation from Family</p> <p>Remaining Connected to the Family</p> <p>Skill Development (school, sports, special interests, jobs)</p>	<p>Express what characteristics you like and admire about the youth.</p> <p>Separate the youth's attitude, Don't' take things personally. Keep "the child" separate from his/her behaviors.</p> <p>Overlook antagonistic behavior/attitudes. Don't' be afraid to discuss consequences.</p> <p>Avoid power struggles. Give choices.</p> <p>Ask for youth's opinions and reasons for opinions.</p> <p>Discuss mutual respect and how best to show that to one another.</p> <p>Communicate desire to spend time with the youth.</p> <p>Help with/ask about homework.</p> <p>Develop mutually enjoyable activities. (i.e. movies, shared mealtimes, books, music, hiking, & school activities).</p>

FACTORS THAT OPTIMIZE VISITATION

- Written visitation plan
- Agency commitment
- Caseworker commitment
- Caseworker empathy for parent
- Caregiver commitment
- System supported caregivers
- Siblings placed together
- Children placed near home

**EVALUATION OF VISITS
(Sample)**

Child's Name: _____ Date: _____
County: _____ Caseworker: _____
Participants: _____

Parent(s) arrived on time: Yes ___ No ___
Child(ren) arrived on time: Yes ___ No ___
Describe the greeting between the parent(s) and child:

Parent(s) planned age appropriate activities: Yes ___ No ___
Comments: _____

Parent(s) related to the child well both verbally and non-verbally: Yes ___ No ___
Comments: _____

Parental attitude toward visit: _____
Parental strengths observed: _____
Problems observed: _____

Describe the good-bye between the parent(s) and child:
Observer
Suggestions: _____

Plan for next visit: _____

Signatures:

Parent Parent Observer

REUNIFYING FAMILIES

Barriers to Reunification:

It's Time to Reunify When:

Promoting Reunification

Birth parents:

Teresa – Clean and sober for 14 months

Darin – Clean and sober for 15 months

Both parents are recovering from a cocaine addiction

They have 4 children:

Chase – age 5 removed by DHS and relinquished in 1992

Morgan – age 3 removed by DHS and relinquished in 1994

(Both children were placed with adoptive families.)

Darin Jr. – age 20 months removed by DHS and in placement for 4 mos.

Shelby – age 6 months born while Darin Jr. was in placement

Intervention and Losing Custody:

What affect did the removal have on the parents?

Recovery and Empowerment:

1. Identify factors which supported the parents' recovery.

2. Identify obstacles to successful recovery.

3. In practice, what methods would you use to overcome obstacles and promote/enhance a parents commitment to reunification?

Notes: Promoting Successful Reunification

Preparing the Family:

Preparing the Child:

Preparing the Foster Family:

REAL LIFE IN CHILD WELFARE

“Compassion’s Foot Soldiers Get Little Thanks”
by Thomas L. Svalberg

After reading the *Rocky Mountain News* series about abused children, I have decided that the *News* deserves a pat on the back for at least recognizing the problems that exist in the Denver area, and a slap on the hand for crucifying those who are trying to alleviate the situation.

The articles gave the impression that social workers make the rules and enforce them to fit their own beliefs. Not true. Social workers are directed by courts and agencies as to actions to be taken in each case. Within the State Department of Social Services, workers are assigned to teams, which helps assure that proper and objective attention is given to each case. Supervisors are given updates on each case at least every other day, with priority cases updated daily.

Having known a local social worker for the past eight years, I can tell you that she is the most caring person I have ever known. I have seen her work for months on a case and get nowhere because the court system and welfare administrators feel that people who abuse their children one way or another deserve just one more chance.

I am writing this for my friend, since any correspondence between her and the *News* could put her job in jeopardy. Her words, the words of someone who has been there, say it all.

“Wait a minute! Let’s hear it for the social workers! Those people who sit on urine-stained furniture in rooms littered with trash and animal feces talking to negligent parents.

“Let’s hear it for the social workers who walk the streets of the housing projects and middle-class neighborhoods alike, sometimes searching in vain for a non-existent address, or ringing doorbells and seeing the curtains move, but having no one answer the door. Oh well, another precious hour wasted.

“Let’s hear it for those who climb to the fourth or fifth floor of an old apartment building on rickety and broken stairs that creak each time you take a step, while the banister shakes back and forth under your hand.

Let’s hear it for those who walk down trash-filled alleys to basement apartment entrances or deep stairwells with narrow steps covered by ice in the winter. Sometimes they walk backwards, to see who has followed them, or to prevent a mugger, a purse snatcher or rapist from getting them from behind.

“Let’s hear it for those who see children so badly beaten that it is impossible to find a place on their body not yet invaded by a strap mark or an extension-cord welt.

“Let’s hear it for those who find out that the 12-year-old girl who already has one child is pregnant again, even after the courts have given permission for prescriptive birth control. Or the mother who is pregnant by her own son, or the daughter pregnant by her father.

“Let’s hear if for those who have seen the perfect imprint of an adult foot on an 18-month-old baby’s back. Or those in a home for an hour before finding out that all of the occupants have a serious infectious disease, intestinal worms, lice or who knows what else.

“Let’s hear it for those who have been verbally and physically assaulted by people they are trying to help. For those who receive death threats directed at themselves and their families.

“Let’s hear it for those who are often awakened by the phone at three in the morning for emergencies. For those who spend weekends visiting someone else’s family instead of their own.

“Lets hear it for those who not only have to be accountable to their own families, but also to supervisors, administrators, the courts, the attorneys, the parents, the school personnel, the psychologists, the doctors, and on, and on, and on.

And finally, let’s hear it for those who not only see the news but also live that news. Social workers who have had infants in their caseloads sexually assaulted, brutally beaten, stabbed, frozen, burned with cigarettes, or murdered by their own parents or family. Social workers who try so desperately to reunite children with their parents, only to have a seemingly unhearing and uncaring judge refuse because of personal prejudices. Then the following day, the emotionally drained and defeated parent commits suicide.

“Let’s hear it for the social worker who goes through all of this time and time again, only to find more of the same at the end of the tunnel.”

SIGNS OF POST TRAUMATIC STRESS DISORDER

1. Sleeplessness/Sleep disturbance
2. Replaying client's description of trauma - similar to flashback
3. Fantasies of violent revenge against perpetrator
4. Pervasive cynicism about human character - colors our world view
5. Lack of interest in sex or romance
6. "Numbing" - flat affect - little humor
7. Generalized anxiety
8. Tendency to see everyone as a potential abuse victim or perpetrator
9. Extensive talk about sexual abuse that extends to "non-work" time
10. Dreams about clients victimization or nightmares of self being victimized
11. Feel overwhelmed and/or incompetent in the face of clients' history of significant trauma and extensive symptomatology.
12. Listlessness "a kind of low grade depression" - tend to withdraw and isolate
13. "Gallows humor" about bizarre and macabre ways to punish perpetrators of abuse
14. Loss of personal sense of safety - for self or children
15. Increased hypervigilance and apprehension
16. Increased fears can generalize to a heightened concern about car accidents, sudden death, or other situations of danger
17. Increased suspicion of other's motives - decreased trust
18. Therapist may become overcontrolling in areas of his/her personal life
19. Therapist may prematurely encourage survivors to confront
20. Decrease in one's sense of personal freedom

LIFE IN HELL

THE 24 WARNING SIGNS OF STRESS

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LINGERING ANGER	COLD SWEAT	ENLARGED PUPILS	TREMBLING	THE SHAKES	URGE TO BITE SELF
AGGRESSIVE BODY LANGUAGE	DRY MOUTH	PANIC ATTACKS	HATRED	SELF-HATRED	STRANGE NEW CLOTHES
ODD RASHES	TWISTY EYES	TWISTY EARS	TWISTY HEAD	BOXED-IN FEELING	INCREASED APPETITE
WEIRD DREAMS	VERY WEIRD DREAMS	FEELINGS OF INSUBSTANTIALITY	STIFF MUSCLES	OVERALL STIFFNESS	ALL OF THE ABOVE

TEN TRIED AND TRUE METHODS TO ACHIEVE CASEWORKER BURNOUT

by Richard Belson

1. Work long hours- especially nights and Saturdays. Try to work all holidays.
2. Take on lots of hard cases and see them one after another, preferably three or four in a row. Think about them even when not at work-at dinner and at 3 a.m. are good times.
3. Take just one vacation a year, if you must. But carry along journals and professional books to read in your motel room and check your messages for emergency phone calls every day.
4. Read the same old stuff. If you're into strategic or structural or solution-oriented or behavioral or analytic, stay loyal to your idols. Don't believe anyone else has a worthwhile idea.
5. Note carefully how these families subvert everything you try to do - how they seem to like you and then turn against you over a trifle; how they agree to do something at the end of an hour's struggle and then how they disqualify themselves and you as they leave the office.
6. Base your self-esteem exclusively on your work. Don't seek a personal life; your clients need you too much.
7. Don't spend any money on a nice office - why would you want to be in a comfortable, attractive environment all day?
8. Believe you can be a winner with every case. Whether it involves affairs, obsessions, narcissism, bulimia, depressed people who can't start laughing, manic people who can't stop laughing - bring them on! And remember, if there's no progress, it's your fault.
9. Don't be ambitious. Don't advertise or think of opening your own place or think of growing financially, that's for business people.
10. Live your life without friends, lovers, or family. If you have accidentally acquired a family, ignore them. If you are alone, keep on searching for Ms. Right or Mr. Right - even if it takes a lifetime. Never settle for the merely human.

TAKE CARE OF THE CAREGIVER

by David Sturtevant

It is important to accept the concept of self-care. To be an effective caregiver you must first care for yourself.

1. Be gentle with yourself
2. Remind yourself that you are a helper, not a magician.
3. Find a place where you can be a hermit - use it every day or when you need to.
4. Learn to give support, praise, and encouragement to those about you, and learn to accept it in return.
5. Remember we are bound to feel helpless at times. We need to admit this without shame. Just in caring and in being there, we are doing something important.
6. Learn to vary your routine often, change tasks whenever possible.
7. Learn to know the difference between complaining that relieves tension and complaining that reinforces it.
8. Every day, focus on one good thing that happened that day.
9. Be creative and open - become a resource to yourself.
10. Use a "buddy" system as a support, for reassurance and to redirect yourself.
11. Avoid "shop talk" during your breaks or when socializing with colleagues.
12. Use the expression "I choose to..." rather than expressions like "I have to...", "I ought to...", or "I should..."
13. Learn to say "I won't..." rather than "I can't..."
14. Learn to say no. If you can't say "no" what is your "yes" worth?
15. Aloofness and indifference are more harmful than admitting to an inability to do more.
16. Above all else - learn to laugh and to play.

Condensed by CAMI Member Trish Giacomini from Maine AMI Newsletter June 1992

PRECEPTS FOR THE CASEWORKER

Working with families who live at the brink of disaster pulls the caseworker to the brink as well. We have formulated ten precepts to help the caseworker manage the stress of crisis induction without sacrificing his/her flexibility, creativity, and sense of humor.

1. Be honest and clear with yourself and others about your needs and expectations; and do not abandon your principles under any circumstances.
2. Believe that families are more competent than they appear; they present themselves to caseworkers at their worst, not at their best.
3. Know your limits, and what you can and cannot control.
4. Take no responsibility for anyone else's behavior, and take complete responsibility for your own.
5. Take risks. Embrace your mistakes and forgive yourself for them, and encourage others to do the same.
6. Resolve interpersonal conflicts directly as they arise.
7. Have at least one close friend among your colleagues, someone with whom you can laugh easily and cry openly.
8. Maintain a clear sense of priorities in your relationships: personal relationships-family, friends, and colleagues-come first, and then the client and the client's family.
9. Accept the thoughts and feelings of others unconditionally, without trying to change them no matter how painful they are, and attend carefully to what others tell you through their behavior.
10. Feel free to challenge everything.

Adapted from Brendler, Silver, Haber, and Sargent, Madness, Chaos, and Violence: Therapy with families at the brink, 1991, Basic Books.