



CORE
TEEN

Critical On-going Resource Family Education

Classroom Resource Notebook

CORE TEEN CURRICULUM

In Acknowledgement

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CORE TEEN CLASSROOM CURRICULUM: RESOURCE NOTEBOOK

The CORE Teen Curriculum is comprised of three components: 1) Self-Assessment; 2) Classroom Training, and 3) Right Time Training. It was developed through a 3 year Foster/Adoptive Parent Preparation, Training and Development Initiative cooperative agreement with the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132. Project partners included Spaulding for Children; the ChildTrauma Academy; The Center for Adoption Support and Education; the North American Council on Adoptable Children; and the University of Washington.

The intent of the project was to develop a state-of-the-art training program to equip resource parents to meet the needs of older youth who have moderate to serious emotional and behavior health challenges who require intensive and coordinated services and may be at risk for more restrictive congregative care.

EXECUTIVE SUMMARY

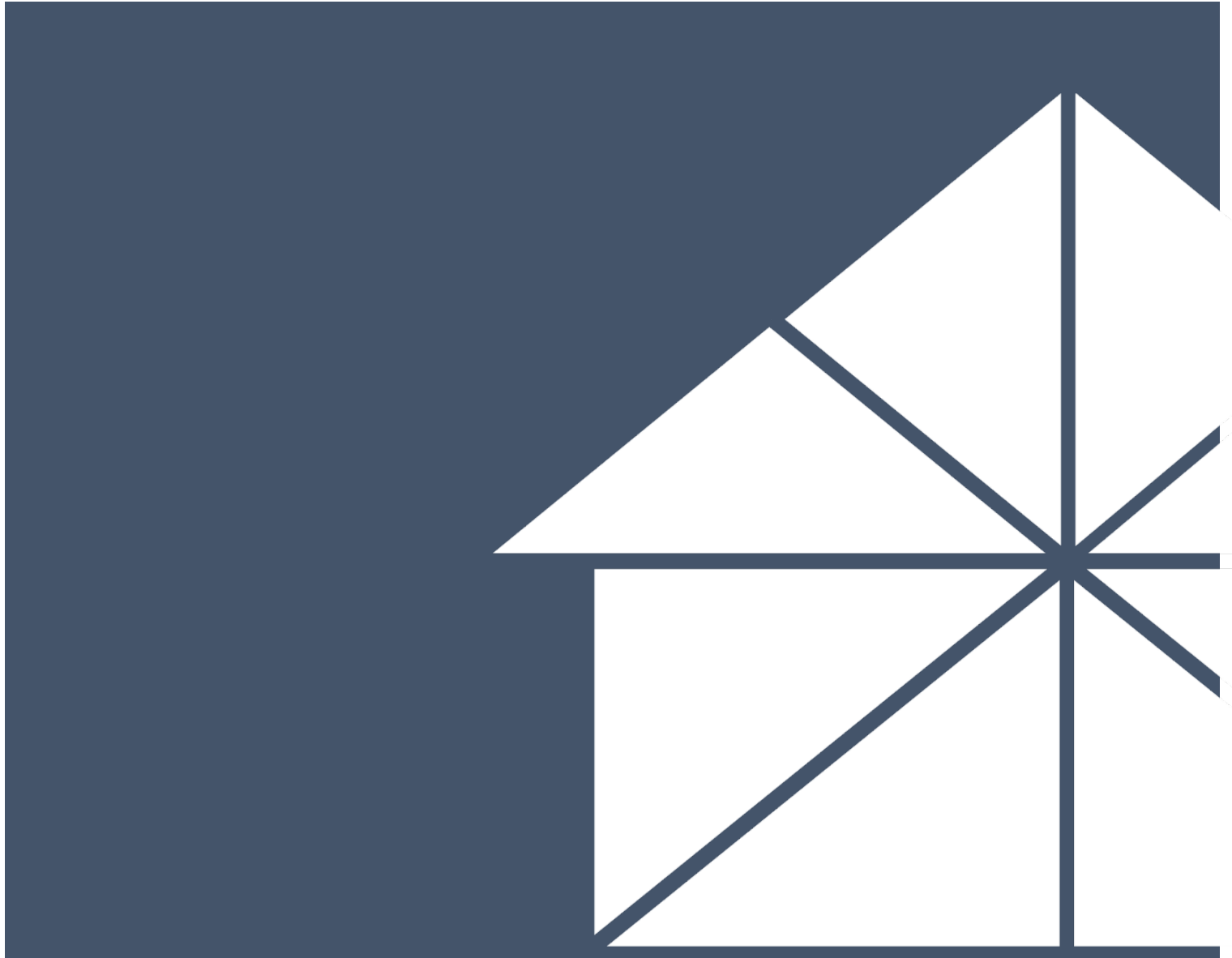
The goal of the CORE Teen curriculum was to enhance existing methods used to prepare and support new and seasoned resource parents. By providing multiple opportunities to increase resource parent's knowledge and skills, and by maximizing the application of new knowledge and skills, families would be more accepting of older youth into their homes; maintain these placements and increase permanent resources for youth. The curriculum provides parents with information they need to develop safe relationships with the youth, while also focusing on how they can adapt their parenting styles to support the youth's needs, rather than just focusing on the behaviors. Core principles reflected in the curriculum are: 1) children should be placed in the least restrictive setting as possible, with family being the most preferable; 2) children should not experience multiple moves; and 3) children should achieve permanence as expeditiously as possible.

Content from the CORE Teen curriculum can also be used to support staff education and retention, family recruitment efforts, the licensing and home study process, support services, adoption preparation and post adoption services.

THE CORE TEEN CURRICULUM:

- Helps caregivers understand how trauma has impacted the cognitive and emotional development of the youth and how the youth may respond to those who are in parental role;
- Builds the self-awareness of the resource family, (foster, guardianship, kinship, or adoptive), to their strengths and challenge areas related to characteristics and competencies needed when working with older youth;
- Encourages self-reflection and open discussion among caregivers and their support systems;
- Trusts the resource parents to use provided resources to enhance their skills;
- Supports resource parents in adapting their parenting strategies to meet the needs of the youth, rather than "fix" the youth;
- Highlights the root causes of behaviors rather than the behaviors themselves; and
- Provides resources that are available to the family when they need them.

CORE TEEN CURRICULUM



RESOURCE NOTEBOOK

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SESSION

RESOURCES

SESSION 1 RESOURCES

RESOURCES #1.1: CULTURAL CONSIDERATIONS IN PARENTING YOUTH WHO ARE ADOPTED, IN GUARDIANSHIP OR IN FOSTER CARE

WEB-BASED RESOURCES

American Adoptions. (2018). Raising a child of a different race.

https://www.americanadoptions.com/state_adoption/raising_a_child_of_a_different_race

Deese, T.J. (2015). Parenting a child of a different race. Fostering Perspectives.

<http://fosteringperspectives.org/fpv20n1/Deese.htm>

Garrick, W.B. 7 common transracial parenting mistakes. Adoptive and Foster Family Coalition of New York.

<http://affcn.org/family-supports/transracial-transcultural/voices-of-parents/7-common-transracial-parenting-mistakes/>

Freeman, A. Raising kids multiculturally.

<http://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=365>

Hall, B. Dealing with racism: Perspective of a white transracial adoptive parent.

<http://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=445>

Hall, B. Quien yo soy? Identity issues in trans-ethnically adopted children.

<http://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=364>

Hall, B. & Steinberg, G. Latino and Asian children in white homes.

<http://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=347>

Keleher, T. "Racially conscientious": Parenting in a colorblind society.

<http://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=463>

Valby, K. The realities of raising a kid of a different race. TIME Magazine. <https://time.com/the-realities-of-raising-a-kid-of-a-different-race/>

BOOKS

Outsiders Within: Writing on Transracial Adoption

Edited by Jane Jeong Trenka, Julia Chinyere Oparah, and Sun Yung Shin

In 30 essays, fiction pieces, and poems, adult adoptees bring their unique perspectives to the psychological ramifications of an institution that's long been explored only through the narrow lens of the adoptive parent.

The Harris Narratives: An Introspective Study of a Transracial Adoptee

By Susan Harris O'Connor

Originally conceived as autobiographical monologues, the author, a social worker and transracial adoptee, serves up five laser-sharp explorations of race and identity. ("My First Birthday" is a winner.)

In Their Own Voices: Transracial Adoptees Tell Their Stories

By Rita Simon and Rhonda Roorda

In this collection of interviews conducted with black and biracial young adults who were adopted by white parents, the authors present the personal stories of two dozen individuals who hail from a wide range of religious, economic, political, and professional backgrounds. How does the experience affect their racial and social identities, their choice of friends and marital partners, and their lifestyles? In addition to interviews, the book includes overviews of both the history and current legal status of transracial adoption.

MOVIES

Girl, Adopted (2013)

Directed by Melanie Judd and Susan Motamed

A 12-year-old Ethiopian girl leaves her orphanage in Addis Ababa for a new life with a loving and well-meaning family in rural Arkansas. Her sense of isolation and growing self-loathing astounds.

American Promise (2013)

Directed by Joe Brewster and Michele Stephenson

Not adoption specific, but a revelatory look at race and education in America. Over 13 years, the filmmakers follow two middle class African American boys and their fraught experiences at Dalton, New York City's prestigious prep school.

Off and Running (2010)

Directed by Nicole Opper

An African American girl struggles to feel grounded at home in Brooklyn with her white lesbian parents, older black and Puerto Rican brother and younger Korean brother. A poignant and messy portrait of adolescence.

TRAINING OPPORTUNITIES

Foster Parent College. *Culturally competent parenting.*

<https://www.fosterparentcollege.com/courses/cultural/html/pdf/syllabus.pdf>

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SESSION



RESOURCES

SESSION 2 RESOURCES

RESOURCE #2.1: THE NM TEN TIP SERIES: UNDERSTANDING HYPERAROUSAL: THE “FLOCK, FREEZE, FLIGHT AND FIGHT” CONTINUUM



The Neurosequential Model[®]

The NM Ten Tip Series

Understanding Hyperarousal

The 'Flock, Freeze, Flight and Fight' Continuum

The human body has some very effective and flexible ways to deal with stress, distress and trauma. A major component of our complex stress response capabilities is the *Arousal Response*, more commonly referred to as the 'fight or flight' response. A related, interacting but separate response pattern is *dissociation*. This is discussed in a separate NMC Ten Tip Series edition, *Understanding Dissociation*. Both of these response patterns – dissociation and arousal – work together to help us cope with everyday stressors and to survive extremely challenging or even traumatic experiences.

When exposed to extreme or prolonged distress (e.g., physical or sexual abuse), or unpredictable and uncontrollable stress (e.g., with poverty, community violence), these stress response systems can become 'sensitized.' This means they become overactive at baseline and overly (and inappropriately) reactive (see the NMC Ten Tip Series edition, *Understanding Sensitized Stress Responses*). A classic example of this is when a child dramatically over-reacts to a caregiver's simple request or direction; a child with a sensitized arousal response will be prone to meltdowns and extreme reactions to simple transitions, the disappointment of "no" or "not now", and simple correction or re-direction. Many adoptive and foster parents are very familiar with these reactions.

The basic mechanisms of the arousal response are intended to help us cope with various challenges including serious threat. Our arousal response is graded – starting with an initial 'flock' response (also known as 'social referencing') – basically the process of looking to others to help you figure out how to interpret and act on the potential challenge or threat (*think of how you might look at a co-worker when your supervisor introduces some new policy; or how a young child looks to a parent when he scrapes his knee on the playground; you are looking to see if your co-worker thinks the policy is as stupid as you do; the boy is looking to mom to gauge how to react to the pain – minimize or over-react*). As the perceived threat increases, the body shifts both mental state and physiology to prepare to 'flee or fight' (see Figure 1).

As the arousal response is activated some areas in the brain will be 'deactivated' and others activated. In general, the more threatened (or sensitized) one becomes, the more the cortex (the 'smartest' area of the brain) is deactivated; the simpler, more primitive systems in our brain take

over (see Figure 2 below). A sensitized threat response – so common in foster and adopted children – then can result in decreased rational thinking and planning capabilities, impaired capacity to anticipate the consequences of behaviors, increased distorted information processing, alterations in attention and increases in impulsivity and related behavioral problems. For more information on this topic see the CTA Press Caregiver Series document on [Effects of Traumatic Events on Children: An Introduction](#).

Here are few practical tips for those living and working with children with a 'sensitized' arousal response.

1. Anticipate transitions and provide visual and auditory transitional aides. At 'baseline' these children tend to be 'tuned up' and very 'reactive' – or what is sometimes called labile. When asked to disengage from one task and move to another (e.g., wake up, wash up, get dressed, eat breakfast, prepare for school) they often struggle. This is because, to their body and brain, that series of changes is overwhelming the capacity of their poorly regulated stress response systems to smoothly manage these (even tiny shifts) in attention, motor activity, internal processing – and the thousands of other internal physiological changes that go with any change in body posture, mental focus, and external stimuli (e.g., the visual and auditory cues of the playground vs the classroom).

Think about how **you** feel at the end of a busy day when there are so many 'moving parts' – finishing up at work, getting through traffic, coming home, checking on homework activities, thinking about dinner, getting Sally to soccer practice (and don't forget her shin guards) while you make sure Tommy is working on his homework and not playing videogames, and you are getting cold calls from someone wanting you to switch your phone service, and your neighbor rings the doorbell... AAHHH. Too much, all at once overwhelms anyone. It is helpful to understand that what we feel are simple transitions are often this kind of overwhelming experience for our children. To make this easier a) give the child more time to transition; b) give multiple visual and simple auditory reminders (e.g., a visual clock counting down 2 minutes to disengage from one activity to move to another), c) integrate some form of regulating activity (music, marching, singing) into common routine transitions and d) create transition 'routines' where the same cues and expectations are used again and again. More on transitions is available in the upcoming NMC Ten Tip Series edition, [Managing Transitions](#).

2. Create external structure to build internal structure: sleep rituals. Sleep is one of the major transitions traumatized and maltreated children struggle with (see the upcoming NMC Ten Tip Series edition on [Sleep](#)). This transition will go more smoothly by creating a set of regulating and predictable bedtime rituals. This illustrates the importance of a broader principle – if you create external routines, rituals and 'structure', the brain will respond, over time, by creating internal structure. The human brain has some very important and powerful systems that create 'anticipation' of what should be 'coming next' based upon what has happened in similar situations in the past. For many of our children, the chaos and *unpredictability in their earlier lives created 'false' and inaccurate capacity for anticipation*. For example, a child's brain may anticipate physical assault if he hears a tiny rise in level of frustration in an adult's voice. In order to overcome these inaccurate

'anticipations' and create new and healthier ones, we adults must provide lots of consistent, predictable interactions. For sleep creating routine is key; screen time off at least an hour before bedtime; bath, jammies, quiet play, reading, snuggling – transitional lighting. Depending upon the age of the child and their preferences, there are many ways to create these rituals and routine. The key is to be consistent, predictable, nurturing and regulating.

3. Walk and talk. When we move, especially when we move in a repetitive, synchronous way – like walk, run, ride a bike – our body is sending regulating feedback to the stress-response systems in the brain. This helps us stay regulated. We all have some patterned, repetitive somatosensory activity that can calm us down when we get stirred up (*somato* – means coming from the body and *sensory* means coming through our five senses; together – *somatosensory* – refers to the collective input the brain receives from our body and the environment). This may be chewing gum, doodling, knitting, whittling, walking, going for a run, swimming, sitting in a rocking chair – all of these activities provide regulating input. So one of the most useful ways to keep your child – and you – regulated is to walk together. When you are in parallel – and regulated – it makes it easier for the cortex (the top and 'smart' part of our brain) to be engaged (see Figures below). Emotionally charged topics will be easier to discuss; constructive feedback will be easier to 'hear.' Intimacy will be easier for the child to tolerate. Walk and talk is a great way to bond.

4. Regulate yourself before you try to regulate your child. This tip is going to be part of almost every one of our Ten Tip Series. Humans are very social creatures; we are contagious to the emotions of others. If we are upset, frustrated and dysregulated we will dysregulate those around us – especially our children. A key is to stay as regulated as possible. This speaks to the ongoing need for self-care. **You can help regulate your dysregulated child ONLY if you stay regulated.** Take care of your needs. It is not selfish – it is essential if you are going to be a therapeutic presence for your child (see the NMC Ten Tip Series edition on *Self Care*).

5. Proactive regulatory activities decrease the need for reactive regulatory actions. Over time, we begin to see which activities and interactions help regulate our dysregulated child. It may be that she responds to being held and rocked, or he will seek solitude and some 'dissociating' activity such as videogames or reading to regulate. In schools, it is common to remove a dysregulated child from a classroom and give them some space and one-one time with an aide to calm down. The point is that we frequently use known regulating activities in a 'reactive' way. We give them the space, personal attention and rhythmic somatosensory activity to 'calm them down'. There is nothing wrong with this; however, if we want to start to change their dysregulated baseline, we need to put in place proactive, frequent 'doses' of these regulating interactions. If, for example, the day at school starts with five minutes of regulating activity and there are scheduled, predictable brief times during the day when the child gets to have one-on-one regulating interactions (such as a five-minute walk) with a trusted aide, it is likely that you will avoid longer and more severe episodes. Starting the after-school routine with a snack and a five-minute mutual hand massage will make it easier to slow down, regulate, reconnect and *then* ask about homework. Spacing proactive, planned five to seven-minute regulating activities throughout a day will start to help keep

your child more regulated, thereby allowing him to better benefit from the other positive cognitive and emotional learning opportunities he is exposed to during the day.

6. Expect to see wide variability in your child's functioning. All of our brain-mediated capabilities – thinking, feeling, behaving – are influenced by our 'state' (see Figures below). This means that in one moment you child may be capable of sitting quietly in your lap, respectfully listening to your advice and ten minutes later screaming obscenities, throwing toys and saying he hates you. At home a child may demonstrate mastery of a concept in math and then when tested at school get a zero. This 'lability' in cognitive, emotional and behavioral functioning is a classic (and predictable) issue with children exposed to developmental trauma. But it confuses teachers, parents and, often, professionals. In one moment, the child can demonstrate compassion and thoughtfulness – and the next his behavior looks anti-social or cruel. Because, in some moments and some contexts, the child can demonstrate healthy interactions and behaviors, the adult assumption is that when he is not 'behaving' he is *choosing* to act in these impulsive, thoughtless or cruel ways. This is a mistake in interpretation – and all too often it leads to the creation of ineffective or even destructive efforts to shape the child's behaviors. In truth, these inconsistencies are very predictably part of the trauma-related changes in the child's brain. The inconsistency is related to the sensitization of their stress-response systems – and the 'state-dependence' of brain-mediated capabilities (see the Figures below and the NMC Ten Tip Series on *State-dependent Functioning*).

7. Consistency and predictability at home and school will be helpful. As mentioned above, the brain has very important 'anticipatory' networks that help us make sense out of the world. The more the day is consistent and predictable, the less 'vigilant' the brain needs to be. And the less vigilant a 'sensitized' brain is, the less likely there will be meltdowns. Try to develop some daily routines that can help anchor the child's day. Consistency around meals, chores, predictable 'down time' – all can help. A key to this is to look first at how consistent and predictable *your* day is; start small. Can our family develop a very predictable routine for evening meals (sometimes really hard with busy engaged families and all of the after-school activities)? Can we develop simple rules – no phones or screen-time during meals? It is often very sobering to realize that we – the grown-ups – have minimal consistency or predictability in our lives. We bring our busyness – and chaos – to our families. Children who have experienced trauma or maltreatment are very sensitive to this. Look at number 4 again; the regulation of our children starts with our regulation.

8. Use simple, calm and clear instructions for tasks at home and in school. Reinforce these with visual or written reminders. Children with a history of trauma frequently have inefficient access to their cortex – the thinking part of their brain. This means that when we give them complex, multi-step commands, they will frequently not process these instructions accurately or completely. To help them we should give them simple instructions. Do not assume they actually processed these instructions accurately even if they say they understand. Repeat the directions; ask them to tell you what they heard. Give them written or visual reminders (e.g., a calendar with reminders written on specific days). You may tell them to make their bed – they hear you and understand. They make the bed today. Tomorrow, the concept that you want them to make the bed *every day*

is simply gone from their head. Some aspects of memory are effected by developmental trauma. Be patient. Be prepared to repeat instructions, rules, expectations again and again. And if you stay calm and regulated when you do, they will ultimately 'get it.' It takes time. Visual and written reminders can be very helpful.

9. These children can also 'shut down' - different evocative cues can cause profound avoidance, 'false compliance' and dissociation. It is common for children with complex and pervasive histories of trauma to have BOTH a sensitized dissociative and arousal response. Different evocative cues (e.g., loud male voice, authority figures) will elicit the externalizing (i.e., hypervigilant, hyperactive, impulsive and aggressive) behaviors. The same child may find female evocative cues elicit 'dissociation' – and he will be compliant and apparently 'regulated' with the female staff or teacher but clearly dysregulated by the male staff/teacher. This results in a confusing and complex behavior picture. Remember that both of these response patterns can be addressed; and in all cases, a calm, patient and confident approach by adults will help the child become better regulated.

10. If you use reward and consequence, understand that immediate relational rewards are more effective than punitive consequences. The most common approach used in schools and mental health systems with maltreated and traumatized children is a traditional 'contingency' model (points and levels with 'rewards' and 'consequences'). These approaches are effective for some basic behavior changes with neurotypical children or youth (but not with dysregulated or sensitized children or youth). These approaches escalate and further dysregulate children with a sensitized 'arousal' system, leading to increased rates of critical incidents such as run away or aggressive behaviors, often requiring extreme interventions such as restraint.

Your time and attention are the most powerful rewards. Finding time to be present, parallel, and patient with these dysregulated children will pay off. In future Ten Tip Series we will discuss reward and consequence in more detail (see *NMC Ten Tip Series Understanding Reward and Consequence*) – but for now, remember that what is rewarding – and what is a consequence – for a child who is calm and regulated is very different from what is a rewarding or a consequence for a dysregulated child. Often what we think will be a motivating consequence (e.g., withholding recess from an acting out child) is often a dysregulating act – it makes things worse. And what we think should be a reward, has no pull.

STATE-DEPENDENT FUNCTIONING I

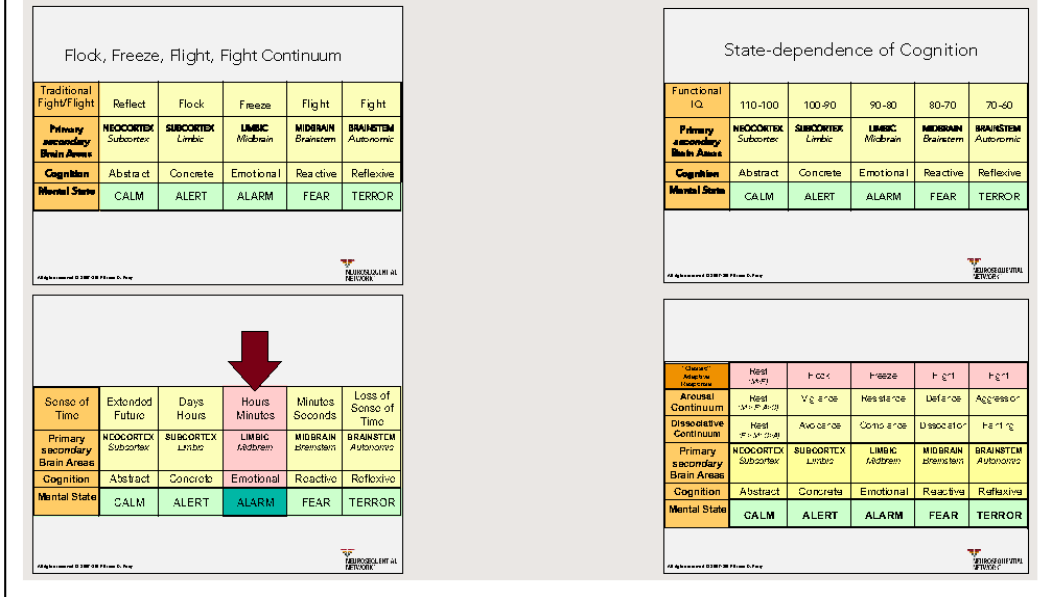


Figure 1: The continuum of adaptive responses to threat. Different children have different styles of adaptation to threat. Some children use a primary hyperarousal response, others a primary dissociative response. Most use some combination of these two adaptive styles. In the fearful child, a defiant stance is often seen. This is typically interpreted as a willful and controlling child. Rather than understanding the behavior as related to fear, adults often respond to the 'oppositional' behavior by becoming angry and more demanding. The child, over-reading the non-verbal cues of the frustrated and angry adult, feels more threatened and moves from alarm to fear to terror. These children may end up in a primitive "mini-psychotic" regression or in a very combative state. The behavior of the child reflects their attempts to adapt and respond to a perceived (or misperceived) threat.

When threatened, a child is likely to act in an 'immature' fashion. Regression, a 'retreat' to a less mature style of functioning and behavior, is commonly observed in all of us when we are physically ill, sleep-deprived, hungry, fatigued or threatened. During the regressive response to the real or perceived threat, less-complex brain areas mediate our behaviors. If a child has been raised in an environment of persisting threat, the child will have an altered baseline such that the internal state of calm is rarely obtained (or only artificially obtained via alcohol or drug use). In addition, the traumatized child will have a 'sensitized' alarm response, over-reading verbal and non-verbal cues as threatening. This increased reactivity will result in dramatic changes in behavior in the face of seemingly minor provocative cues. All too often, this over-reading of threat will lead to a 'fight' or 'flight' reaction - and increase the probability of impulsive aggression. This hyper-reactivity to threat can, as the child becomes older, contribute to the transgenerational cycle of violence.

STATE-DEPENDENT FUNCTIONING

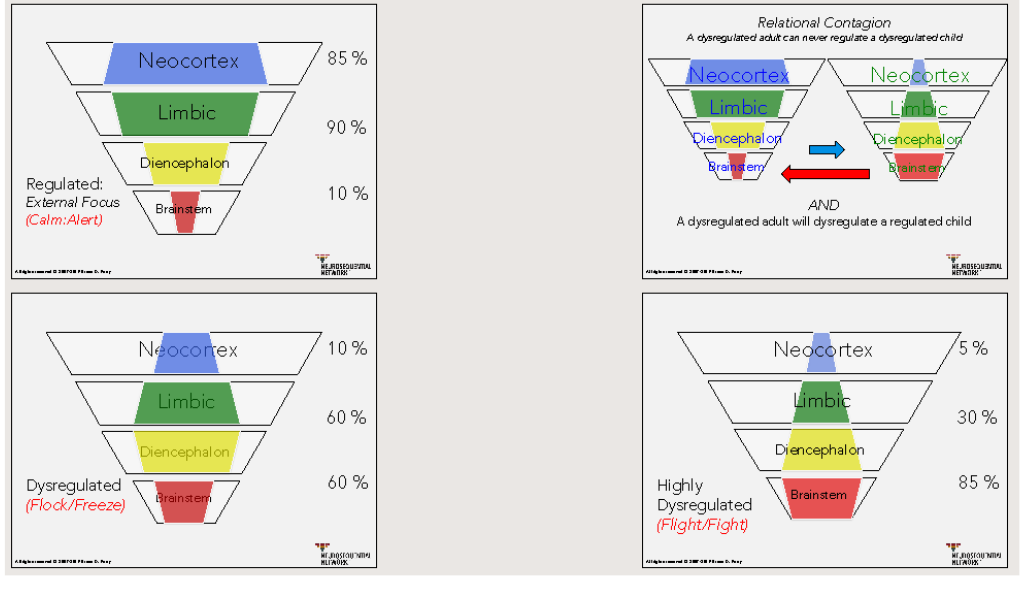


Figure 2: Shifts in brain regions during stress and threat. As we move from a state of calm to alert, then alarm, fear and terror, the regions of the brain that are 'in charge' shifts from the higher, more complex, 'thinking' parts of the brain to lower, more primitive and reactive parts of the brain. This 'state-dependent' shift means that anyone in a state of alarm or fear, will have minimal access to the smarter areas of the brain. The 'solutions' to the present problems will be more reactive and reflexive.

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RESOURCE #2.2: THE NM TEN TIP SERIES: UNDERSTANDING DISSOCIATION



The Neurosequential Model in Caregiving®

The NMC Ten Tip Series **Understanding Dissociation**

One of the most powerful and important mental mechanisms we have to help us regulate is 'dissociation.' The ability to disengage from the external world and retreat into your inner world - along with all of the complex physiological changes that go with that - is one of the primary ways we respond to stress, distress and trauma. The other major component of our complex stress response capabilities is the more commonly discussed 'fight or flight' (or Arousal) response, which we discuss in a separate NMC Ten Tip Series edition, *Understanding Hyperarousal: The 'Flock, Freeze, Flight and Fight' Continuum*. Both of these response patterns - dissociation and arousal - work together to help us stay in equilibrium with everyday stressors and to survive extreme experiences.

When any individual experiences extreme or prolonged distress (e.g., when physically or sexually abused) or patterns of unpredictable and uncontrollable stress (e.g., with poverty, community violence), these stress response systems can become 'sensitized.' They become overactive at baseline and overly reactive when activated. If the traumatic experiences are inescapable, unavoidable and painful the major stress response will include dissociation. This dissociative response helps to prepare the body for 'injury' by decreasing heart rate and circulation to non-essential parts of the body. A release in the body's opioids (enkephalins and endorphins) contributes to a disengaged, time-distorted, and pain-insensitive state. The mental retreat into a safer, inner world may also occur; if these inescapable traumatic experiences occur frequently, the child may create an elaborate fantasy 'place' where they may assume a persona of a more powerful character or animal. Themes of power and powerlessness, retribution and justice are common in this 'safe' inner world.

When abuse and neglect is experienced in infancy and early childhood, and when painful and inescapable abuse occurs (e.g., sexual abuse), sensitized dissociative systems are common. The manifestations of this include shy and avoidant interpersonal interactions, overly compliant or robotic interactions when directly engaged; frequent somatic symptoms (e.g., headache, abdominal pains) and frequently observed 'daydreaming', 'tuning out' and 'being in their own world.' Because these children often just 'check out' when engaged by adults, they can be among the most confusing and challenging to work with in therapy and in the home.

The Neurosequential Network
Neurosequential.com

Here are few practical tips for those living and working with children demonstrating some forms of 'sensitized' dissociative response.

1. Quiet & shy is sometimes actually 'shut-down.' At 'baseline' these children tend to be avoidant. They tend to be overly sensitive to conflict and chaos. Raised voices, even in excitement, can push these children to shut down. Eye contact will be avoided; they may not seek adult interactions and when they do, they will often demonstrate 'overly' compliant or capitulation behavior that demonstrates submission. I have had children and youth with sensitized dissociative adaptations say that they wished they were invisible; or very small – so no one could see them. This is the first 'step' on the dissociative continuum (see below); avoidance. Adult often simply view these children as quiet, shy or 'slow.' Be present, patient and quiet when you engage these children. Over time they will feel safe enough to come to you.

2. Be prepared for misunderstandings and miscommunication. Even when they seem to understand your instructions, they may not be 'hearing' them the way you said them. There are times, of course, when it is important to give direction, re-direction, advice and commands to these children. Depending upon how sensitized they may be, the simple task of getting face to face to ask them simple questions or give simple commands "clear your place and put the dishes in the sink" will push them further down the dissociative continuum (see table below). In these situations, they will often look directly at you (studying your non-verbal cues) and act as if they are hearing, processing and ready to act on your instructions. Yet due to the inefficient processing that occurs when they are in this 'compliant' dissociative state, they may only carry out a portion of your request (e.g., they clear their place at the table but put their dishes on the counter and not in the sink). The older the child gets the more complex are our expectations and directions. Unfortunately, the dissociating child will still tune out and inefficiently process information. When confronted, they may even say, "You didn't say that." Remember that the child is not intentionally distorting or lying or manipulating. If they are dissociative, they will be physiologically incapable of efficient 'hearing'. Again, patience. Simple one-task commands are helpful. Written instructions can also help. Be prepared to communicate with an older child as if they are much younger.

3. Watch out for "false" compliance It is easy to misinterpret their attentive and apparently, compliant interactions. As mentioned above, the processing of interactions is often slower, less efficient and distorting. When the child nods as if they understand you, ask them to repeat what they heard. Ensure that the child has fully understood what you are saying. Even then expect only 'partial' follow-through. Try to remember they are doing the best they can. They just process and interpret interactions differently than we do. Over time this will improve; especially if the misunderstandings and miscommunications don't lead to frustrated, angry and confused interactions which will keep the child dysregulated, disengaged and dissociated – basically incapable of learning or healing. Dissociation can lead to a vicious cycle of misunderstanding, confusion, frustration and then further withdrawal.

4. Take advantage of healthy forms of dissociation. There are many healthy ways to 'dissociate'. In fact, mind-wandering and daydreaming are very healthy forms of dissociation and are related to creativity and memory consolidation. Reading, watching a film (or TV), drawing (and other creative arts), and, yes, even playing video games are all relatively healthy forms of dissociation. These can be very positive regulating tools for neurotypical and dissociating children. Children and youth who dissociate often have gravitated to one or more of these activities to self-regulate. A key to using these tools is moderation. By offering times and places for predictable and moderate 'doses' of these activities (e.g., 20-30 minutes of reading or video game 3 to 4 times a day) you can help the child slowly move from a 'sensitized' dissociative system to one that is more typically sensitive. Slowly begin to introduce other forms of healthy self-regulation – especially somatosensory – taking walks, dance, music. As the child begins to experience and master these alternate forms of regulation, the pressure to use 'deep' dissociation to regulate can ease.

5. Be prepared to repeat yourself – consider using visual aids for transitions, household chores and school work. Due to their processing inefficiencies and other 'head in the clouds' qualities these children need external supports for organization. Visual calendars, watches with alarms, notebooks with 'tasks' and check boxes – and a variety of other visual reminders can be helpful. In general, these children want to do well; by teaching them some of these organizational strategies you and the child will find more time for enjoyable interactions – which will be bonding - all of which can help with the healing process.

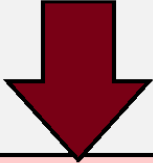
6. Anticipate that their sense of time can get distorted – leading to a whole set of problems. These children are often late, slow in transitions such as getting ready for school or finishing a task. One of the major areas of struggle is with math and other sequentially-mastered academic topics. It can be confusing how the same child who does well in English and gets A's can struggle with math and get D's. But this is common with these children. It is not because they are not trying. They just process differently; one on one tutoring can help. But the way we pay attention is not the way they pay attention; be ready to be frustrated. But remember – these children are extremely sensitive to emotional shifts; they sense and dissociate with the slightest hint of frustration or anger. Regulate, relate then reason.

7. Cutting, picking, excessive scratching, head-banging and other odd or painful-appearing behaviors are often seen. Due to their 'sensitized' dissociative neurobiology, when they experience 'painful' input it causes an exaggerated release of their body's own painkiller – enkephalins and endorphins. This is rewarding and regulating for them. Many of these children have found that cutting, scratching until they bleed and other painful behaviors actually regulate them. They will use these maladaptive behaviors when they feel more distressed or overwhelmed. The best strategy to minimize these behaviors is to find replacement (e.g., video games) but healthier dissociative strategies and somatosensory regulation choices (e.g., rocking, walking, music).

8. Somatic 'symptoms' such as headaches, stomach-aches, light-headedness and even fainting are common. The changes in the stress response systems throughout the brain and rest of the body will frequently result in real physical symptoms such as headaches and gastrointestinal problems such as constipation alternating with diarrhea – or just abdominal cramping. These are real symptoms and likely related to overly reactive opioid systems. Due to the low heart rate, a number of cardiovascular symptoms are also seen including light headedness or even fainting (called syncope). These symptoms should all be worked up by a physician but don't be surprised if the work up doesn't find anything. Another common issue is apparent seizures (staring spells). These are common and are usually not due to an actual seizure disorder (but again this needs to be evaluated); in the United Kingdom, this is called non-epileptic attack disorder (NEAD: see nonepilepticdisorderattackdisorder.org.uk). Don't be surprised if the doctor has not heard of this. These trauma-related problems are very slowly being integrated into mainstream medicine.


9. These children can also 'blow up'- different evocative cues can cause profound externalizing dysregulation. It is common for children with complex and pervasive histories of trauma to have BOTH a sensitized dissociative and arousal response. Different evocative cues (e.g., loud male voice, authority figures) will elicit the externalizing (i.e., hypervigilant, hyperactive, impulsive and aggressive) behaviors. The same child may find female evocative cues elicit 'dissociation' – and he will be compliant and apparently 'regulated' with the female staff or teacher but clearly dysregulated by the male staff/teacher. This results in a confusing and complex behavior picture. Remember that both of these response patterns can be addressed; and in all cases, a key is to stay as regulated as possible. This speaks to the ongoing need for self-care. **You can help regulate your dysregulated child ONLY if you stay regulated.** Take care of your needs. It is not selfish – it is essential if you are going to be a therapeutic presence for the child.

10. Fantasy play, drawing, reading, viewing and gaming can become extreme but don't use these activities in any "reward" or "punishment" model. Contingency based behavioral strategies dysregulate children, cannot build complex skills and are ineffective with these children. One of the major challenges in the 'trauma-sensitive' systems movement is that the most common and pervasive approach used in most schools and mental health systems with maltreated and traumatized children is traditional 'contingency' programs (points and levels with 'rewards' and 'consequences'). These approaches are effective for some basic behavior changes with neurotypical children or youth (but not with dysregulated or sensitized children or youth). The unfortunate reality is that these approaches actually escalate and further dysregulate these children leading to increased rates of critical incidents such as run away or aggressive behaviors. It is common in a contingency approach to restrict the primary regulatory tools these children use as a source of regulation (e.g., sport, recess, video games). This is a mistake. It will not build internal motivation or lead to any meaningful change in the sensitivity of children who dissociate. It will drive them further into a disengaged, 'false' compliant state. What can look like 'progress' is often simply a hollow victory – the child has simply disengaged.



Adaptive Response	Rest <i>(Adult Male)</i>	Vigilance	Freeze	Flight	Fight
Hyperarousal Continuum	Rest <i>(Male Child)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(Female Child)</i>	Avoidance	Compliance	Dissociation	Fainting
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

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State-dependent adaptations to threat Different children have different styles of adaptation to threat. Some children use a primary hyperarousal response some a primary dissociative response. Most use some combination of these two adaptive styles. In the fearful child, a defiant stance is often seen. This is typically interpreted as a wilful and controlling child. Rather than understanding the behavior as related to fear, adults often respond to the 'oppositional' behavior by becoming angrier, more demanding. The child, over-reading the non-verbal cues of the frustrated and angry adult, feels more threatened and moves from alarm to fear to terror. These children may end up in a very primitive "mini-psychotic" regression or in a very combative state. The behavior of the child reflects their attempts to adapt and respond to a perceived (or misperceived) threat

From: Perry, B.D. (1999) Memories of fear: How the brain stores and retrieves physiologic states, feelings, behaviors and thoughts from traumatic events: In: Images of the Body in Trauma (JM Goodwin and R. Attias, Ed.). Basic Books. New York, pp 26-47

V 1.3 12/13/18

RESOURCE #2.3: ATTACHMENT & TRAUMA NETWORK: THERAPEUTIC PARENTING

Source: <https://www.attachmenttraumanetwork.org/parenting/>

Therapeutic Parenting is the term used to describe the type of high structure/high nurture intentional parenting that fosters the feelings of safety and connectedness so that a traumatized child can begin to heal and attach. Learning to parent therapeutically is the single most important thing you can do to help your traumatized/attachment-disordered child.

SO, HOW DO I BECOME A THERAPEUTIC PARENT?

Start by studying the basics of Therapeutic Parenting and by gathering “tools” for your toolbox. At ATN we have researched all the parenting strategies taught to parents of traumatized children and recognize that many parents find one particular strategy works better than another, or maybe works better during a specific developmental period, or for one child but not another. However, all successful Therapeutic Parenting program/training contains the following key tenets:

- ▶ **Focus on Safety** — actual safety of EVERYONE in the family, as well as “felt safety”. Often our traumatized children do not feel safe due to what’s happened in their past.
- ▶ **High Structure/High Nurture** in careful balance (see the explanation below).
- ▶ **Connected** Parenting — therapeutic parents look under the behaviors to what they’re communicating. Being playful, curious, and trying to attune to your child are all connected strategies.
- ▶ **Intentional** Parenting — being purposeful about what you do and knowing why you are using a specific tool or strategy. Being intentional means having a plan in place and makes it easier to respond to your child and not react to behaviors.
- ▶ Keeping a **long-term perspective** and practicing self-care. Therapeutic parenting is not for wimps! Our children often don’t heal quickly. We therapeutic parents have to be committed to this intense parenting for a long time, and that requires that we find ways to take care of ourselves physically, emotionally and spiritually so we have the energy to give to our children.

The overall goals of parenting in this intentional, therapeutic way are REGULATION & RELATIONSHIP. Put another way, our job is to “Calm and Connect”.

HIGH STRUCTURE/HIGH NURTURE

At the center of most therapeutic parenting strategies for parenting traumatized children and those with attachment challenges is the concept of maintaining a highly structured AND highly nurturing environment. At first it sounds like these two things are impossible to do together, but experienced therapeutic parents will tell you that all children, even those without trauma and attachment issues need a nurturing environment that is structured. But it is extremely critical that we therapeutic parents maintain the delicate balance of nurture and structure for our traumatized children, here’s why...

Traumatized children (especially those who present with attachment difficulties) have a difficult time trusting their caregiver. They operate from a fear-based world view. It is because of this that creating a feeling of safety for the child is so important, so they can let down their defenses and process all the positive things we parents want to give them. But, it is precisely this fear of trusting a caregiver and intense need for safety that makes the balance between structure and nurture so critical.

WHY STRUCTURE?

It is important that children from a background of trauma feel safe – and structure makes people feel safe. Consistent boundaries held in place by loving, yet firm parents is something the child can depend on. We all feel safe knowing where the boundaries are and what we can depend on. But structure without nurture can feel cold and punishing. This is why providing high structure must be done in a calm, self-regulated manner (parent remaining calm, with body language that conveys love and self-confidence). In therapeutic parenting, limiting a child's choices, their activities or their access to stimulating things is necessary. Establishing boundaries and routines are a must. But this high structure can also seem very controlling and children whose previous lives have been full of chaos will often find this level of control very uncomfortable at first. This is why it must be done with an attitude of love and respect for the child. And the child, even if being oppositional, clearly hears the message that “this parent cares about me, about what I do, about how I behave.” The parent's calm, loving structure also conveys the message of strength –that the parent is strong enough to handle the child's deepest, darkest turmoil. Over time, the child starts to feel safe.

WHY NURTURE?

Who wouldn't feel safe in a nurturing environment? You guessed it...a traumatized child! Parents expect their child to have a reciprocal relationship with them — one where the child gives back positive emotions, where the two feel attuned and attached. The parent of a traumatized child is often very surprised (and dismayed) to learn that our children don't (really they can't) respond in that way. Often the more the parent tries to nurture and shower the child with loving interactions, the more the child's behavior “pushes away.” An environment that is too nurturing feels foreign to the traumatized child too. Nurturing attempts can feel to the child as too permissive and leaves the child with doubts as to if the parent is strong enough to handle the seriousness of the child's “big feelings”. While most healthy children respond positively to nurture and praise, one reason traumatized children are often suspect of it, because it doesn't match with their own self-image. “I'm just not good enough to deserve to be treated like this.” Or they see the adult as gullible and not strong enough to understand all the feelings of anger and rage within the child. So, your traumatized child may reject some of the most typical acts of nurturing, like hugs and gifts. He may “purposely” sabotage your attempts to be loving and kind. His fear-based (and shame-based) brain almost appears to be craving the anger and disappointment he creates in you as he rejects your nurturing attempts. Yet, nurture, even in very small micro-doses is exactly what your child needs and critical to helping our children's hearts to heal. Continuing to meet this child's behaviors with a calm, regulated response is necessary. As therapeutic parents we have to find ways to “pour into” our children the nurturing they need and give them messages that are counter to the negative self-view and negative world-view they have.

No parent is perfect, so reaching the optimum balance between high structure and high nurture is very difficult. Every day you will err on one side or the other. The goal is to recognize the need for both and to practice. And to self-assess to figure out which side you do seem to be erring on, so you're able to use strategies to get back into balance.

TAKING CARE OF YOURSELF

Therapeutic parenting is not simple, nor is it easy. Being purposeful in our parenting causes us to need to think about what we're doing...a lot! It also requires that we remain calm and regulated in situations where our children's behaviors may really make that difficult. Just like a professional athlete wouldn't take the field or court without proper training, exercise, practice, coaching and supports, therapeutic parents MUST equip themselves as well. The Attachment & Trauma Network (ATN) was founded to support parents of traumatized and attachment-disordered children. That support includes the opportunity to share with a community of experienced parents and trauma-informed, attachment-focused professionals. "You're not alone" has emerged as a slogan for both the parent-to-parent support we do and the message of safety and support we send to our children. Please find others walking this walk to support you. ATN has online groups available and experienced therapeutic parents available via phone and email.

Parenting traumatized children can be traumatizing. So, we need to work on our own "stuff". This means finding (and doing) what sustains and heals us. This can/should include seeking your own therapy; finding times to retreat/get away from your family and stressors; exercise and healthy living; doing something just for fun; connecting with your partner and friends. Many of us may view this is selfish or a waste of time. But remember that you are the greatest catalyst for your child's healing. That means that your child and your family need YOU to be strong, energized, healthy. You can't give more than you have — so replenishing, refreshing, and regulating yourself needs to be a top priority.

IMPORTANT TIPS FOR THERAPEUTIC PARENTS:

- ▶ Don't take your child's behaviors personally – it's not about you; it's about what happened to them.
- ▶ Don't forget to take care of yourself- i.e. physical exercise and nutrition.
- ▶ Don't forget to extend to yourself the same patience and grace you extend to your child.
- ▶ Remember that the child's behaviors are based in fear (and sometimes in shame), even though they may be expressed as anger, aggression, violence and rejection.
- ▶ Remaining calm, regulated, and positive yourself is the key to making any strategy successful.
- ▶ If your child's behaviors are triggering emotional issues for you, seek counseling for yourself (and for your marriage). Ask your child's attachment therapist for recommendations.
- ▶ Reach out to other parents for support, both locally and through ATN.
- ▶ Build respite (breaks from your child) into your family's life. This is important for each parent, for the parents as a couple (date nights) and for the parents to spend time with siblings.
- ▶ Read, study and practice.

RESOURCE #2.4: WHY AND HOW TO MAKE A LIFE BOOK

By Tom and Jean Gaunt (Biological, adoptive, and foster parents)

Source: <https://www.fosterparentjournal.org/book/why-and-how-to-prepare-life-book>

Life Books create connections. Connections with our past are what give us our identity, stability, wholeness, a sense of permanence. Connections allow us to enter new relationships as a complete person, without feeling so lost and adrift, without feeling empty.

Connections are relationships, memories, feelings, places, and things that make up the fabric of belonging to and being a part of a family or a group. Connections are essential to us because they help define who we are and help provide the foundation for our wellbeing.

When a disconnection happens it can impact who we are and how we feel about ourselves. When several disconnections occur, they often have severe adverse effects on our self-esteem and wellbeing. Think of it this way...

As adults we are connected in many ways. We usually have a job, may go to church, attend various organizations, be a family member, enjoy personal possessions, own property, maintain a home, and have friends and neighbors. Okay, now think about being awakened from your sleep in the middle of the night by strangers and being taken away from everything that is important to you. Everything that is important to you is a connection. How would you feel – scared, resentful, distrustful, lost, or angry? ...and maybe you'd become depressed or develop anxiety?

Now think about a child that is removed from his or her home, abruptly leaving behind relationships, familiar places, and personal possessions – clothes, toys, special items, grandma and grandpa, brothers and sisters, friends, playmates, school, teachers, church, and on and on...

And then... the child moves from foster home to foster home, and maybe back home or on to an adoptive home. Each move creates even more disconnections.

Disconnection happens. It's a fact of life. No one enjoys having to remove a child from his or her home. Foster and adoptive parents can play an important role in helping to maintain, reconnect, or create new connections for their foster or adoptive child. A Life Book is one important way of maintaining and reconnecting with old relationships and of creating new ones.

If your foster child is returning to the birth home, you want to maintain and honor as many home connections as you are allowed. Simple connections that make a difference for children are continuing their religious tradition, maintaining the parent's preference for their child's hair style, and including the child's favorite types of food at dinner. In this case, the Life Book would be a collection of pictures, impressions, and feelings collected during the period they were placed in your home.

If you are adopting a foster child or are the foster parent of a child that is being adopted, Life Books help prepare the foster child for adoption. Help your child collect pictures, record memories, and write down his or her feelings. This allows the connection process to begin. The child's past will always be a part of who they are, and the Life Book provides an appropriate way to help frame their past in context with their new family.

Use a standard binder with a clear pocket cover. Let your foster/adoptive child design the insert for the front cover. You should also include envelopes in the back of the binder for your child to collect keepsakes. This provides an opportunity for your child to claim ownership of their Life Book. Work with your child and be creative!

CHAPTER ONE: WHO ME?

- Baby pictures
- Important information like a copy of the birth certificate, birth information (hospital, date of birth, weight, length), social security number, etc.
- Questions to be answered. What is my favorite food? What do I want to be when I grow up? What makes me happy? What makes me angry?

CHAPTER TWO: MY BIRTH FAMILY

- Include as many pictures as possible of birth relatives such as mom and dad, grandparents, aunts and uncles, siblings, and others. If no pictures are available, then provide space for your child to draw pictures of their family.
- Make a family tree.
- Take a trip and take pictures with your child of their birth homes, schools, play areas and fun spots.
- Ask them to write down feelings about their birth family. What was your favorite family holiday? What do you miss about your birth home? What would you say to your birth parents?
- This chapter could include a letter to their birth parents saying goodbye.

CHAPTER THREE: MY SCHOOLS

- A place for each school grade picture
- A listing of schools attended
- Pictures of teachers or class pictures
- An art picture for each grade
- Report cards

CHAPTER FOUR: WHAT MAKES ME TICK?

- Shot records
- Medical history
- List of doctors and professional service providers
- Family medical history
- Special needs

CHAPTER FIVE: GETTING ADOPTED!?!?

- Listing and pictures of previous foster parents
- Questions to answer before meeting adoptive parents. Where would I like to live? What do I think my adoptive parents will be like? What would I like my bedroom to be like?
- Questions to answer after moving in. Date when I met my new adoptive parents? Date when I moved in? Date my adoption was finalized?
- Pictures of my new family and me!
- Memories provide us with a base. We need a base from which to grow. That is what a Life Book does: It provides the displaced child with the story of his or her journey. Where he can go depends on where he's been. Give your child the gift of his or her past.

RESOURCE #2.5: LIFEBOOKS: KEEPING IT TOGETHER

By Donna Foster

<http://fosteringperspectives.org/fpv17n2/lifebooks.html>

As a foster parent, one of your goals--a goal you share with your partners in the rest of the child welfare system is to support children and parents who are dealing with multiple traumas.

One way to do this is to help children understand and make new meaning of their traumatic history and current experiences. Foster parents can help children do this by encouraging them to share their life story, acknowledging their feelings, and reminding them that the bad things that have happened to them are not their fault. Lifebooks are a great way to accomplish all these things.

LIFEBOOKS

A **lifebook** is a recording of a child's memories, past and present mementos, photos, drawings, and journals. These are preserved in a binder, photo album, or book.

The child uses his lifebook to record his history and the goals for his future. Written stories by the child and others are the heart of the lifebook.

Typically, lifebooks are started when the child is moved from their birth parents' care. They're an ongoing process. While it's best to start a lifebook when the child is first placed in foster care, it's never too late to start.

The lifebook belongs to the child. The child decides who can look at it. If the child moves, the lifebook goes with him.

Because they spend so much time with the child and get to know the child so well, foster parents are in a great position to start the development of the lifebooks. However, be sure to check in with the child's social worker about your plans and what information to include before you start a lifebook.

QUESTIONS LIFEBOOKS CAN HELP ANSWER

- Why am I living in this foster/adoptive home?
- Where are my parents?
- Where are my brothers and sisters?
- Where is my birth family (grandma, grandpa, aunts, uncles, and cousins)?
- Why am I in foster care?
- Why did I leave my other foster homes?
- Where is my pet and who's taking care of it?
- Where is my stuff?
- What did I look like as a baby?
- Who in my family do I look like?

BENEFITS OF LIFEBOOKS

The process of creating a lifebook can:

- help the social worker, foster parent, birth parent, and child form an alliance.
- help children understand their life events.
- give kids a clearer sense of their life story.
- provide a vehicle for children to share their life histories with others.
- increase a child's self-esteem by recording the child's growth and development.
- help the child's birth family share in the time when they are living apart.
- contribute to an adoptive family's understanding of the child's past.

Source: North Dakota Department of Human Services

BACKUPS AND COPIES

It's OK for the birth parents and caretakers (foster parents, relatives, guardians, residential counselors or adoptive parents) to keep copies of photos and other lifebook items. In fact, keeping copies is a good idea because the child's lifebook could be lost or destroyed and the child may need help in recreating it.

With permission, you can scan lifebook pages and store them in a file on the computer or on a CD.

CONCLUSION

Lifebooks can be so valuable. They are tools that can help eliminate a child's confusion about his life, answer his questions, and fill in gaps in his life story. They permanently record for the child the fact that we care about them and their well-being.

Important documents, clear explanations of what happened, and reminders that the child is loved: all can live safely in a lifebook.

Lifebooks Often Include Information about . . .

Birth Information

- birth certificate
- weight, height, special medical information
- picture of the hospital

Child's Family Information

- pictures of child's family
- names, birth dates of parents
- names, birth dates and location of siblings
- physical description of parents, especially pictures of parents and siblings
- birth parents' occupational/educational info
- information about extended family members

Placement Information

- pictures of foster family/families
- list of foster homes (name, location)
- first names of other children in foster homes to whom child was close
- names of social workers; photos of social workers to whom the child was close

Medical Information

- list of clinics, hospitals, etc., where child received care; and care given (surgery, etc.)
- immunization record
- medical information that might be needed by the child when growing up, or as an adult
- when walked, talked, etc.

School Information

- names of schools and report cards
- pictures of schools, friends, and teachers

Religious Information

- places of worship child attended
- confirmation, baptism, and other similar records
- papers and other materials from Sunday School

Other Information

- pictures of child at different ages
- stories about the child from parents, foster parents, and social workers
- awards, special skills, likes and dislikes, etc.

Adapted from North Dakota Department of Human Services

LIFEBOOKS: SAMPLES AND SOURCES

Source: Child Welfare Information Gateway (www.childwelfare.gov)

Here are just a few of the many books, websites, and other resources available to help you in creating a lifebook from both the adoption and foster care perspective.

The Child's Own Story: Life Story Work with Traumatized Children by Richard Rose and Terry Philpot (Jessica Kingsley Publishers, 2005). Strategies for conducting life story work and applying it to therapy for children affected by trauma. The techniques can be used by adoption and foster care workers, social workers, psychologists, foster parents, mental health professionals, and other people who work with children. Available from: www.jkp.com.

Making History: A Social Worker's Guide to Lifebooks by Joann Harrison, Elaine Campbell, Penny Chumbley (2010). A guide to making a record of the places children have lived, the people they've met, and the feelings they have experienced. Part one is a "how to" book. Part two focuses on critical issues to cover in working with children. Available from: <http://1.usa.gov/XUfBl1>.

Lifebook Pages from the Iowa Foster and Adoptive Parents Association. Downloadable lifebook pages allow a child to pick the pages that fit his or her style. Available from: www.ifapa.org/publications/ifapa_lifebook_pages.asp.

My Foster Care Journey by Beth O'Malley (2001). Workbook for children in foster care to provide a record of their birth family and significant life events. Some pages are to be completed by a social worker about the circumstances surrounding the child's placement in foster care and the dates of court actions. Available from: www.adoptionlifebooks.com

My Awesome Life by Lutheran Social Services of Illinois. Provides a lifebook at cost to help celebrate a child's life and journey of adoption. Available from: <http://www.lssi.org/SUPPORT/MyAwesomeLife.aspx>.

RESOURCE #2.6: CHILD WELFARE INFORMATION GATEWAY: LIFEBOOKS

<https://www.childwelfare.gov/topics/adoption/adopt-parenting/lifebooks/#resources>

Lifebooks are creative ways to help children connect their past with their present situation and better understand their lives and histories. They can also help children solidify their understanding of their permanent roles in their adoptive families.

RESOURCES AND TIPS FOR CREATING LIFEBOOKS

Adoption Scrapbooks Made Easy

Colson (2017)

Adoptive Families

Provides tips for completing a lifebook for an adopted child, including using language that suggests possibilities for unclear information and using storytelling to highlight key information.

Lifebooks

Adoptive Families

Provides multiple articles related to the creation of lifebooks, including resources about engaging children in their creation as well as sample pages.

Lifebooks: A Great Way to Support Child Well-Being

NC DSS Child Welfare Services Statewide Training Partnership (2013)

Training Matters, 14(3)

Provides key takeaways from lifebook training, including referencing birth histories and utilizing information from all aspects of a child's life.

Lifebooks Help Kids Heal, One Page at a Time

Lutheran Social Services of Illinois (2013)

Eye on LSSI

Explains the role that lifebooks can play in a child's identity formation following adoption.

SAMPLE LIFEBOOKS

IFAPA Lifebook Pages

Iowa Foster and Adoptive Parents Association

Explains the purpose of creating lifebooks to help adopted child transition. This resource also includes examples of lifebook pages.

Lifebook

Michigan Adoption Resource Exchange (2017)

Provides sample pages that can be utilized in creating or adding to a lifebook for a child in foster or adoptive care.

RESOURCE #2.7: TAKING CARE OF YOURSELF: TIPS FOR RESOURCE PARENTS

<https://www.acrf.org/assets/docs/Core%20Resource%20Page/Self-Care-for-Foster-Parents.pdf>

CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families
A PROTECTIVE FACTORS FRAMEWORK

YOUTH THRIVE

PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

Taking in a child who needs you can be one of the most rewarding experiences of your life – but it can also be stressful for you and the rest of your family. Taking care of yourself is critically important, for your own well-being and for the well-being of the child you're caring for and others in your household.

For a child, being removed from their parents and home is stressful and can be traumatic. Between the experiences that led to their placement in your home, and the removal itself, the child you are caring for is very likely to exhibit some signs of trauma. Even when you provide loving care, a child may have difficulty adjusting. They likely miss their parents and their home. This very natural and normal reaction can make it hard for them to respond positively to you and may impact their behavior in many ways.

This tool is designed to help you:

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

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

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

Strengthening Families

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

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

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

For more information, visit
www.strengtheningfamilies.net.

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

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

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

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

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

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

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

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

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

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

Social connections: *Get and give support*

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

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

Take a few moments to think about your social connections:

1. Who can you turn to for emotional support? Is there anyone who can provide back-up if you need child care or other help? It may be helpful to reach out to them now and explain your situation so they can be prepared to help you.
2. Do you know other parents with a child around the same age as the child now in your care? It can be very helpful to reach out to parents with children the same age so you can plan playdates, set up carpools and make other practical arrangements. They can also be a helpful source of information if you have parenting, school or other issues.
3. Is it hard for you to reach out and make friends? If so, let your caseworker know this is the case. You can also reach out to the child's teacher or doctor, or look up a family resource center to help you find a support group for foster parents. Many communities also have activities for parents and caregivers including Parent Café or Community Café. Having people to talk to who understand your situation will make things easier.
4. If you are married, this transition in your family will likely put a strain on the marriage as well. Talk with your spouse about the expectations and concerns you each have. Plan for how you will manage the additional stress and continue to make time to nurture your relationship.

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

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

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

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

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

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

1. Where can you go to get parenting information? There are many good sources of information, including your caseworker or the child's teachers or pediatrician. The web is also a good source – but the quality of online parenting information varies. Some reliable sources include: the Centers for Disease Control and Prevention (<http://www.cdc.gov/parents/>); for infants and toddlers, Zero to Three (<http://www.zerotothree.org/>); and, for children and youth who have had traumatic experiences, the National Child Traumatic Stress Network (<http://www.nctsn.org/resources/audiences/parents-caregivers>).
2. When you observe other parents with children the same age as the child in your care, what do you like about the way they parent? What have you observed that seems effective? What things do you want to do differently?
3. If you have parented before, what do you remember about the time when your child was this age? What were your favorite things about this age, and what did you find challenging? Make time for the positives, and start researching any challenging issues now so you can be prepared.

Trauma Tip: While it is important to understand typical behavior, it is also important to remember that when children experience stress or trauma they can also exhibit behaviors that are not typical, including regressing to earlier stages of development. It is important for you to understand trauma and how it impacts development. The following guide was written for those caring for a child who may have experienced child abuse or neglect: <http://www.fosteringperspectives.org/wp-content/uploads/2014/01/Kennedy&Bennett.pdf>.

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

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

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

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

In terms of concrete supports:

1. Caring for an additional child can put a strain on your family budget. Are there things that already put a financial stress or burden on your family? Make sure to discuss any existing or expected financial costs and challenges with your caseworker or with someone you trust in the community. They may know of resources or benefits you may be eligible for. To find resources on your own, find out if your community has 2-1-1 service (through your local United Way) or call a local child care resource and referral agency.
2. Does the child in your care need specific types of supports or services? Find out through conversations with the birth parent (if possible), your caseworker and/or the child's pediatrician, child care provider or school.
3. Are you nervous about asking for help or support? You may be used to being the one who others come to for help – and you are certainly doing a lot to help the child in your care right now. But all families have times when they are the ones who need to ask for help. Think about what you can do to feel comfortable asking for support, and practice how you will ask for what you need.

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

TAKING CARE OF YOURSELF: TIPS FOR FOSTER AND RESOURCE PARENTS

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

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

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

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

1. Are there emotions you are uncomfortable with? How can you prepare yourself to deal with them? What if the child is angry? Sad? Indifferent? How will you respond? It is important for the child to have freedom to express their feelings and to deal with their emotions – even if they make you uncomfortable.
2. What do you know (or can you learn) about what gives the child comfort? How can you build these things into your everyday routine with the child?
3. If the child is old enough, help them to create a plan for themselves about what they will do when they feel angry, sad or scared. These feelings can be overwhelming and it can be hard to control behavior in the moment.
4. A child's visits with a birth parent (or another significant person) can affect the child in unpredictable ways, including an escalation in problem behaviors. Plan ahead for managing your feelings about the parent, parent-child visits and conflicting emotions the child may experience.

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

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

CORE TEEN CURRICULUM

SESSION

3

RESOURCES

SESSION 3 RESOURCES

RESOURCE #3.1: AMBIGUOUS LOSS

<https://www.pactadopt.org/app/servlet/documentapp.DisplayDocument?DocID=56>



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Ambiguous Loss by Jae Ran Kim

As an educator, social worker and adult adoptee, I search for ways to help adoptees, adoptive families, and those who interact with us better understand the nuances and complexities of our experiences. Ambiguous loss is a concept that provides a rich framework for thinking about the losses in adoption.

The word “ambiguous” has several meanings—it can mean “open to more than one interpretation,” it can mean “unclear” or “unstructured.” It can mean “doubtful and uncertain.” “Ambiguous loss” is a way of thinking about losses in one’s life that are confusing, or seem to have unclear resolutions or boundaries. It’s a concept developed by Dr. Pauline Boss, a researcher and professor at the University of Minnesota. Her work on ambiguous loss was not specifically focused on adoption, but the concept fits well with the experiences of adopted people and their families.

Boss describes two different types of ambiguous loss: physical absence coupled with psychological presence and physical presence coupled with psychological absence. Examples of physical absence with psychological presence include divorce, parent incarceration, soldiers missing in action, foster care and adoption. In these examples, the “lost” person is not present on a day-to-day basis, but the person suffering from ambiguous loss is thinking about and grieving for that person on a regular basis. Examples of physical presence with psychological absence include relationships with persons with mental health and chemical dependency issues. The “lost” person is physically available but is not emotionally or psychologically available to others in their lives.

In her book, *Ambiguous Loss: Learning to Live With Unresolved Grief*, Boss writes, “The greater the ambiguity surrounding one’s loss, the more difficult it is to master [the loss] and the greater one’s depression, anxiety and conflict.” What makes ambiguous loss so hard to “resolve”? One reason is that there isn’t a familiar symbolic ritual for this type of loss. Also, the loss is not socially recognized or is hidden from others. The person suffering loss is not acknowledged as grieving, and/or the circumstances that led to the loss are perceived negatively by others.

When a loved one dies, one or more rituals usually take place to memorialize the lost loved one and their survivors—a wake,

memorial service, funeral, shiva, burial, or scattering of ashes. The rituals for this type of loss are socially approved—society recognizes the mourners and they are publicly supported. With death, there is a “script” for how to respond. Many people are familiar with the five stages of grieving (denial, anger, bargaining, depression, and acceptance) that Elizabeth Kubler-Ross outlines in her book *On Death and Dying*. Friends and family may be able to recognize, “Oh, that person is in the anger stage.” But other types of losses are harder for people to recognize, even if they want to be supportive. With adoption, people either are not aware that losses exist or they may think the losses are erased because of the gains. Claudia Jewett Jarratt, author of *Helping Children Cope with Separation and Loss*, writes, “Just because the adults involved think the [adoption] offers a great many benefits and is a cause for celebration doesn’t mean the child will agree or adjust quickly to the new family constellation without mourning for the old family, wishing or hoping for reunification, or regretting what might have been.”

For most, the ritual of finalizing an adoption is a “joyous” time; however, not all adopted youth understand or feel happy about the finalization—especially if the child is older at the time of the adoption. For children who remember their first parents, finalization day may actually be a reminder of their loss. The “gotcha” day, or anniversary of the adoption, may be a sad reminder of what the adoptee has lost rather than a celebration of what they have gained.

For adoptees who experience ambiguous loss, the birth family may be present psychologically in their mind well into adulthood. The ways ambiguous loss can show up in an adoptee’s life may be unexpected. For example, one adoptive parent related that it took her several years to understand why her child had such a difficult time on the last day of school each year. While other children were rejoicing, her child would have emotional meltdowns in the classroom. It finally dawned on the mother that the losses on the last day of school were overwhelming to her child. The child saw the last day of school as the loss of a relationship with the teacher, the loss of an expected routine, and the loss of the daily interaction with classmates and friends. The last day of school was yet another extension of the ambiguous losses her child was experiencing. We know that children are very concrete in their thinking from pre-school throughout pre-adolescence, and they tend to think

in absolutes. As parents and as a society, we often reinforce those binary concepts, sometimes unintentionally. We need to help our kids think through these societal absolutes, so that they can learn to hold two different feelings and concepts in their minds at the same time. For example, we can help them understand that missing and/or loving their birth family does not mean they can't or don't love their adoptive family. John Bowlby, the renowned researcher on attachment, found that children are better able to resolve losses appropriately when:

- the child has enjoyed a reasonably secure relationship with the person who is leaving or gone;
- the child receives prompt, accurate information about what has happened and is allowed to ask questions;
- the child is allowed to participate in the grieving process (both publicly and privately);
- and the child has a relationship with a trusted adult who can comfort and provide a continuous relationship.

When it comes to adoption, it is rare that each one of these conditions has been met. What can adoptive parents do if they believe the child is expressing behaviors or emotions resulting from the ambiguous loss of adoption?

To begin with, it is important that parents normalize the child's feelings. It is also helpful to "give voice" to the ambiguity. Parents can help their children identify what she or he has lost: people and things in their lives, including birth family members, but also the loss of a birth name or surname, a home town or birth country, the loss of a language, the loss of family resemblance. Embracing these losses may seem scary to adoptive parents. For some, it may mean learning to re-define "family" to include those in their child's past.

As parents, we need to be honest about what we do and don't know. Kids look up to us, so we can model ways of managing ambiguity in our own lives. Toddlers and preschool-aged children are very egocentric. They are the center of their own worlds. We need to be very careful about the language we use to discuss adoption losses during this time in their lives. This is the time when kids are hungry for their adoption stories—because they are the stars! This gives us an opportunity to incorporate the language of ambiguity. Many parents have experienced forms of ambiguous loss themselves. By drawing on their own experiences and talking about how they have coped with these losses, they can provide role models for their kids.

Some families find it helpful to develop rituals for ambiguous losses. Some ideas include creating an altar, "loss box," or a space (such as the top of a dresser, a shelf, or a bulletin board) where the child can create a "living memorial" to the people or things they have lost. It is important that the child be allowed to decide what to place in the memorial. Other ways to help children ritualize loss include creating a family "orchard" that acknowledges birth families, foster families

or other pre-adoption relationships, or helping your child put together a life book (a scrapbook of the child's history). Some families alter existing family rituals to include memories of lost relationships by adding an extra candle on a birthday cake, a special ornament on the Christmas tree, or including a special prayer or acknowledgement at meals or holiday get-togethers. For families whose children shy away from public rituals, these rituals can be used to memorialize all absent family members, so the adopted children do not feel singled out.

Many children may be hesitant to talk about their feelings around ambiguous loss. Using pop culture characters can help. Many superheroes and fictional characters have experienced ambiguous loss. Superman, Spiderman, Harry Potter, and Luke and Leia from the Star Wars movies are just some of the well-known figures who were adopted or fostered and whose fictional journeys included struggling with ambiguous loss.

Ambiguous loss is present throughout the adoption triad. The birth family experiences tremendous ambiguous loss too. Not only the birth parents but siblings and extended family members may grieve the loss of a child who is not dead but is no longer present. Adoptive parents also experience ambiguous loss, especially if they come to adoption because of infertility. And even if they don't experience infertility, they have the ambiguous loss of genetic connection or a kinship link. They can also have the socially invalidated (or less-validated) life of being single or LGBTQ or some other lifestyle experience that embodies an ambiguous loss. There may have been miscarriages that aren't recognized the same way that the death of a child is.

Most adults are not familiar with the concept of ambiguous loss, even though many of us have experienced it in our lives. As a result, parents may need to help educate extended family members, friends, and others who interact with the family about ambiguous loss and grief. This includes teachers, babysitters and caregivers who spend a lot of time with your child.

For many of us adopted persons, the lingering effects of ambiguous loss follow us into other relationships in our life. If we can't resolve the very first, primal relationship we had, that with our birth mother, it makes sense that other relationships will be fraught with issues of trust and loyalty. There is no pre-determined timeline when our grief over our losses will be "cured" or "resolved." The aim is not to eliminate ambiguous loss, but to help our families learn to live with ambiguity and the full range of feelings that accompany it.

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RESOURCE #3.2: UNDERSTANDING AMBIGUOUS LOSS

Foster Parent College

Ambiguous loss is a feeling of grief or distress combined with confusion about the lost person or relationship. With ambiguous loss, there is no verification of death or certainty that the person will come back or return to the way they used to be. This uncertainty freezes the grief process and prevents closure.

Two Types of Ambiguous Loss:

1. When a person is physically present but psychologically unavailable.
2. When a person is physically absent but psychologically present. (This type most commonly occurs in foster care and adoption.)

Who Can Feel Ambiguous Loss?

Adoptive parents might grieve their “wished for” biological child. Adoptive parents of special needs children may feel the loss of what the child could have been if he or she had not been prenatally exposed to drugs.

Birth parents feel the loss when a child is removed from their home. Birth mothers who give their child up for adoption often experience deep grief long after the adoption is finalized.

The child in foster care feels ambiguous loss when removed from the home. Parents are not physically present but are thought about and missed many times every day. Ambiguous loss is made worse with multiple foster care placements.

The adopted child may grieve over their fantasy parent-child relationship that might have been.

Ambiguous Loss in the Child Welfare System

Everyone has experienced loss. The term foster implies loss; it is impossible to be a foster child and not experience loss. The loss a child in foster care experiences is more than the stress and trauma of adjusting to a new situation.

A child has many questions about his situation: Will my parents fight to get me back? Will I ever see my brothers and sisters again? How long will I have to stay with this foster family? Am I going to be moved again? Will I ever get to go home? How long will it take?

Foster and adoptive children often grieve the loss of everything that was familiar to them (parents, siblings, home, routines, physical surroundings, school, friends, pets), but the sense of loss can go unnoticed by others. The loss of cultural identity, social and educational continuity, and the ability to develop lasting friendships and keep up with peers are outcomes of foster care and adoption. These losses can significantly increase a child’s feelings of ambiguity.

Many of the losses a child in care experiences and the grief he feels are unresolved; the loss is not openly mourned or socially supported. An important factor in resolving grief is the social support received from others. It is the ambiguity of the loss and the sense that the losses have been ignored or minimized by others that contributes to feelings of confusion. There are no funerals, no mourning rituals that show the child his deep loss is shared by others. The child wonders if he has the “right” to mourn since others do not seem to share his deep grief.

Symptoms of Ambiguous Loss

Ambiguous loss is very stressful and leads to depression and symptoms similar to PTSD. The symptoms can be both physical (e.g., changes in eating or sleeping patterns) or emotional/ psychological.

Commonly experienced symptoms include:

- Emotional vulnerability or numbness
- Emotional instability or moodiness
- Poor concentration
- Difficulty with changes and transitions, even seemingly minor ones
- Trouble making decisions
- Feelings of being overwhelmed when asked to make a choice
- Extreme reactions to routine childhood or adolescent losses (last day of school, death of a pet, move to a new home, etc.)
- Learned helplessness and hopelessness
- Anxiety and/or guilt
- Inability to “move on” from a disappointment; feeling “stuck”

How to Help Children with Ambiguous Loss

1. Help the child identify what he has lost.
2. Give voice to the ambiguity. Acknowledge and validate any expressions of loss. Show you understand and sympathize.
3. Give the child permission to grieve the loss of his birth family.
4. Be aware that certain events (holidays, birthdays) may trigger intense feelings of loss.
5. Have reasonable expectations. The child will not overcome his feelings of loss within a prescribed timeframe.
6. Model healthy, normal responses to loss.

Adapted from:

Gilbert, K. R. (2007). Unit 9: Ambiguous loss and disenfranchised grief. Retrieved from <http://www.indiana.edu/~familygrf/units/ambiguous.html>

Minnesota Adoption Resource Network. (n.d.). Understanding ambiguous loss. Retrieved from <http://www.mnadopt.org/wp-content/uploads/2014/03/Understanding-Ambiguous-Loss.pdf>

North American Council on Adoptable Children. (2009). Ambiguous loss haunts foster and adopted children. Retrieved from <http://www.nacac.org/adoptalk/ambigloss.html>

RESOURCE #3.3: THE GRIEF OF ADOPTED CHILDREN

This article was inspired by a reader who wrote to us about the grief issues faced by his granddaughter, who was adopted at five months of age from Korea. In researching this piece, we have talked with other adoptive parents as well, but will avoid sharing some of the specifics of each situation to protect the privacy of both the parents and the children.

Throughout the article, we will often make reference to the “adoptive parents.” We fully recognize that the vast majority of these parents never see or call themselves anything but real parents. The reason that we are making this reference is simply to distinguish them from the “birth parents” for the sake of explaining things. Please know that no disrespect is intended. We have nothing but respect for anyone who takes on the role of being a loving and caring parent.

Sadly, there is no global standard for the type of pre-adoption counseling received by either parents or children. Some you may find that some of the issues we discuss are things of which they are already aware, while others may find everything in this article to be new information.

There are many reasons that parents might choose to adopt a child. They can range from issues of infertility or genetic concerns to simply wishing to provide a home to a child without a family, to name but a very few. The focus of this article is not on why parents have chosen to adopt, but rather on the elements of grief that these children often deal with as they grow older.

While some adoptive parents may receive counseling on dealing with this issue, others, particularly those who follow the route of private adoption, may not. What we, as adults, may not realize is many of the issues these children are facing are grief related. Any change in normal behavior patterns may generate feelings of grief. Adoption, at any age, is certainly a change. For those children who do not learn that they are adopted until they are thought to be old enough to understand, the fact that they are adopted is new information, and therefore a change. The grief of adopted children is a very real issue that must be considered and addressed. It is yet another example of Disenfranchised Grief.

CHILDREN ADOPTED AT BIRTH

Children who are adopted at birth, by parents with a similar racial profile, may never realize that they were adopted until their parents determine it is the right time to share that information with them. No matter how lovingly it is explained, this information is likely to spark a variety of questions. Unless the child’s birth parent(s) died, there are any number of wonders the child might have concerning why they were placed for adoption in the first place.

The Center for Adoption Support and Education notes that some children think that they might be to “blame” for being placed in this position. Examples of the thoughts they might have include:

- I was bad
- I cried too much
- I misbehaved
- I soiled my diapers

On the face of it, as adults, we might find this reasoning without any merit, since we know that the reasons for placing a child for adoption are rarely related to such things. Young children, however, do not have the reasoning capabilities to understand the complexities of what may have happened and look for simple answers within the scope of their understanding. (Some years ago, I met a child who confided that he was sure he was responsible for his father's death. He had seen limousines and prayed for a chance to ride in one. Shortly thereafter his father was killed in an accident, and he rode to the funeral in a limousine. This made him think that God answered his prayers by killing his father.)

The Center also pointed out that some young children look for simple reasons to "blame" their birth parents, such as not caring enough about them to find a job that would have allowed them to be able to afford a child. In some cases, they might even wonder if they were kidnapped from their birth family.

Whatever concerns they might have, they may or may not put voice to them with their adoptive parents. If there has been a history in their family of being told not to feel bad, when they dealt with earlier losses, that their parents discounted as insignificant, they may try to hide these feelings as well. (You will find examples explaining this in *Discounted Grief in Children*.) This is particularly the case, if they felt their reason for being placed for adoption was due to past misbehavior.

Young children view things from a different perspective than do adults. While we might think that our explanations make perfect sense, they do not have the reasoning capability to fully grasp certain concepts. They often tend to be very literal in their interpretations. This presents major problems in explaining why they were placed for adoption in the first place.

This story illustrates this point. One woman wrote about when she learned that she was adopted. Her mother told her that her birth mother loved her very much and "gave her away" so that she could have a "better life." Her mother went on to explain that she was unable to have her own children and that having her, as a daughter, was a special gift that made her very happy. This woman went on to say that since her mother was so happy, she felt that there was no way to share her emotional pain in hearing this news and learning that she had been given away. Her mother had instilled in her that that this daughter was responsible for her happiness, which left her child feeling that sharing sadness would be inappropriate. It was not until she was in counseling, years later, that she learned that she did not have the responsibility to make her mother happy. Sadly, her mother continued to insist that the counselor was wrong.

It is not uncommon for adoptive children to fanaticize about their birth family, and even create an imagined backstory that they share outside their adoptive family. This is particularly the case when the parents have little or no information that they can share about the birth parents. When these children are of a different race or culture, these fantasies can become even more complex.

Any parent knows that there are times when they have to make decisions, in the best interests of their children, with which those children do not agree. That is part of being a good parent. If the child is adopted, however, they very well might imagine that their birth parents would have done things differently. They may put voice to this thought, in a moment of passion, or they might simply store this resentment inside, which can create even more problems at a later date.

OLDER CHILDREN

Children who are older, at the time of adoption, can bring with them additional issues. If they spent time in the foster system, they may have lived in a number of different homes. In the majority of cases, these foster parents did everything possible to create a loving and nurturing environment. If the child created an emotional bond with their foster parents, but for some reason adoption by them was not possible, being moved from that family creates yet another emotional loss that impacts them. Some of these children find it difficult to form an emotional attachment with their adoptive parents, partly out of fear that this is yet another temporary living situation. Once again, this is a hidden grief issue. They may not put voice to these feelings, since they have dealt with this type of loss in the past and have limited expectations of a better outcome with the adoption.

While some of these children may be seen as sullen and unfeeling, others overcompensate by becoming “pleasers.” They deal with their often-unspoken fear of being “discarded” once again by trying to be “the perfect child.” Trying to be perfect adds a whole new level of pressure for these children. Since the adoptive parents would never consider “discarding” them, it is easy for them to miss seeing that this is a defensive behavior pattern in the child, which means it might never be addressed.

In the case of those children who are adopted from another country, there are additional issues that may present. Many of these children have spent months or years in an orphanage, surrounded by other children. They are leaving behind and grieving the loss of their friends, their culture and even their language when they join their new families. They may have no memory of living in any kind of traditional family and may not have the language skills to fully express their feelings in a meaningful and positive way. While their new parents may have received counseling concerning this, that may not be the case for these children.

WHAT ABOUT FAMILIES WITH MULTIPLE ADOPTED CHILDREN?

It is not uncommon for any first child to question their place in the family when a second child is born. Suddenly they move into a different role than that of being the sole center of their parent’s attention. They do, at least, have many months to prepare for this change and to experience the physical changes that are taking place during the pregnancy. Most parents use this time to prepare that first child for the new addition to the family.

In the situation of a second adoption, those physical changes are not there in the same way. If this first adoptive child is still relatively young, he or she might experience even deeper feelings of being replaced by the new baby as the object of the parent’s affection. Depending on how they are dealing with their own grief concerning being adopted, these feelings may be exacerbated.

HOW CAN WE BEST HELP THESE CHILDREN IN DEALING WITH THEIR GRIEF?

Most of us have little formal education in dealing with grief and loss. Many people even have trouble in actually identifying their emotional losses as being “grieving experiences,” unless they are related to an actual death. As we said before, every change from that which was familiar can bring on the feelings of grief.

Most parents find this lack of knowledge even a greater issue when they try to help their children effectively deal with emotional loss. They tend to fall back on the things that they were told as children. They have forgotten how lost they were as children in hearing their parents try to use logic to deal with their emotional pain. When a parent told them to “not feel bad,” they did not feel better, but learned to hide their pain in an effort to follow the directions they were getting from their parents.

The feelings of grief, especially over what might have been, can be especially difficult for an adoptive child to process effectively. Unless one or both of the adoptive parents was also adopted as a child, they have no true concept of what their child is experiencing. Even then, they may remember what they felt, but that does not mean that this child is dealing with the same feelings. Every person is unique, which means that their responses to situations are unique as well.

One tool that parents will find particularly helpful in navigating this unfamiliar territory is the book, "When Children Grieve." This is a book written for parents to help them help their children. It is not a textbook, filled with logical information, but rather a guidebook to help with them deal with their children's emotional responses to loss. It is filled with valuable information on how to open the lines of communication with their children. It helps parents to prevent their child(ren) from "stuffing" their feelings of sadness, so that they can effectively release them. This is especially important for the children of adoption.

Parents can either read and use this book on their own, or, when available, join a When Children Grieve Support Group that will take them through this process over a period of six meetings. The grief support group setting offers them the chance to meet and gather additional support from other parents who are also trying to help their children.

The kind of support that this book offers can be a great assist to those who have taken on the role of being adoptive parents. It will help them be the best parent possible.

RESOURCE #3.4: BONDING AND ATTACHMENT IN MALTREATED CHILDREN: HOW YOU CAN HELP

By Bruce D. Perry, M.D., Ph.D.

Adapted in part from: "Maltreated Children: Experience, Brain Development and the Next Generation"
(W.W. Norton & Company, New York, in preparation)

The most important property of humankind is the capacity to form and maintain relationships. These relationships are absolutely necessary for any of us to survive, learn, work, love, and procreate. Human relationships take many forms but the most intense, most pleasurable and most painful are those relationships with family, friends and loved ones. Within this inner circle of intimate relationships, we are bonded to each other with "emotional glue" — bonded with love.

Each individual's ability to form and maintain relationships using this "emotional glue" is different. Some people seem "naturally" capable of loving. They form numerous intimate and caring relationships and, in doing so, get pleasure. Others are not so lucky. They feel no "pull" to form intimate relationships, find little pleasure in being with or close to others. They have few, if any, friends, and more distant, less emotional glue with family. In extreme cases an individual may have no intact emotional bond to any other person. They are self-absorbed, aloof, or may even present with classic neuropsychiatric signs of being schizoid or autistic.

The capacity and desire to form emotional relationships is related to the organization and functioning of specific parts of the human brain. Just as the brain allows us to see, smell, taste, think, talk, and move, it is the organ that allows us to love — or not. The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life. Experiences during this early vulnerable period of life are critical to shaping the capacity to form intimate and emotionally healthy relationships. Empathy, caring, sharing, inhibition of aggression, capacity to love, and a host of other characteristics of a healthy, happy, and productive person are related to the core attachment capabilities which are formed in infancy and early childhood.

WHAT CAN I DO TO HELP MALTREATED CHILDREN?

Responsive adults, such as parents, teachers, and other caregivers make all the difference in the lives of maltreated children. This section suggests a few different ways to help. Nurture these children. They need to be held, rocked, and cuddled. Be physical, caring, and loving to children with attachment problems. Be aware that for many of these children, touch in the past has been associated with pain, torture, or sexual abuse. In these cases, make sure you carefully monitor how they respond — be "attuned" to their responses to your nurturing and act accordingly. In many ways, you are providing replacement experiences that should have taken place during their infancy — but you are doing this when their brains are harder to modify and change. Therefore, they will need even more bonding experiences to help them to develop attachments.

Try to understand the behaviors before punishment or consequences. The more you can learn about attachment problems, bonding, normal development, and abnormal development, the more you will be able to develop useful behavioral and social interventions. Information about these problems can prevent you from misunderstanding the child's behaviors. When these children hoard food, for example, it should not be viewed as "stealing" but as a common and predictable result of being deprived of food during early childhood. A punitive approach to this problem (and many others) will not help the child mature. Instead, punishment may actually increase the child's sense of insecurity, distress, and need to hoard food. So many of these children's behaviors are confusing and disturbing to adults. You can get help from professionals if you find yourself struggling to create or implement a practical and useful approach to these problems.

Interact with these children based on emotional age. Abused and neglected children will often be emotionally and socially delayed. And whenever they are frustrated or fearful, they will regress. This means that, at any given moment, a ten-year old child may emotionally be a two-year old. Despite our wishes that they would "act their age" and our insistence to do so, they are not capable of that. These are the times that we must interact with them at their emotional level. If they are tearful, frustrated, or overwhelmed (emotionally age two), treat them as if they were that age. Use soothing non-verbal interactions. Hold them. Rock them. Sing quietly. This is not the time to use complex verbal arguments about the consequences of inappropriate behavior.

Be consistent, predictable and repetitive. Maltreated children with attachment problems are very sensitive to changes in schedule, transitions, surprises, chaotic social situations, and, in general, any new situation. Busy and unique social situations will overwhelm them, even if they are pleasant! Birthday parties, sleepovers, holidays, family trips, the start of the school year, and the end of the school year — all can be disorganizing for these children. Because of this, any efforts that can be made to be consistent, predictable, and repetitive will be very important in making maltreated children feel safe and secure. When they feel safe, they can benefit from the nurturing and enriching emotional and social experiences you provide them. If they are anxious and fearful, they cannot benefit from your nurturing in the same ways.

Model and teach appropriate social behaviors. Many abused and neglected children do not know how to interact with other people. One of the best ways to teach them is to model this in your own behaviors, and then narrate for the child what you are doing and why. Become a play-by-play announcer: "I am going to the sink to wash my hands before dinner because..." or "I take the soap and put it on my hands like this...." Children see, hear, and imitate.

In addition to modeling, you can "coach" maltreated children as they play with other children. Use a similar play-by-play approach: "Well, when you take that from someone, they probably feel pretty upset; so, if you want them to have fun when you play this game, then you should try..." By more effectively playing with other children, they will develop some improved self-esteem and confidence. Over time, success with other children will make the child less socially awkward and aggressive. Maltreated children are often "a mess" because of their delayed socialization. If the child is teased because of their clothes or grooming, it would be helpful to have "cool" clothes and improved hygiene. Maltreated children have problems with modulating appropriate physical contact. They don't know when to hug, how close to stand, when to establish or break eye contact, what are appropriate contexts to wipe their nose, touch their genitals, or do other grooming behaviors.

Ironically, children with attachment problems will often initiate physical contact (hugs, holding hands, crawling into laps) with strangers. Adults misinterpret this as affectionate behavior. It is not. It is best understood as "supplication" behavior, and it is socially inappropriate. How adults handle this inappropriate physical contact is very important. We should not refuse to hug the child and lecture them about "appropriate behavior." We can gently guide the child on how to interact differently with grownups and other children ("Why don't you sit over here?"). It is important to make these lessons clear using as few words as possible. They do not have to be directive — rely on nonverbal cues. It is equally important to explain in a way that does not make the child feel bad or guilty.

Listen to and talk with these children. One of the most helpful things to do is just stop, sit, listen, and play with these children. When you are quiet and interactive with them, you will often find that they will begin to show you and tell you about what is really inside them. Yet as simple as this sounds, one of the most difficult things for adults to do is to stop, quit worrying about the time or your next task, and really relax into the moment with a child. Practice this. You will be amazed at the results. These children will sense that you are there just for them, and they will feel how you care for them.

It is during these moments that you can best reach and teach these children. This is a great time to begin teaching children about their different "feelings." Regardless of the activity, the following principles are important to include: (1) All feelings are okay to feel — sad, glad, or mad (more emotions for older children); (2) Teach the child healthy ways to act when sad, glad, or mad; (3) Begin to explore how other people may feel and how they show their feelings — "How do you think Bobby feels when you push him?" (4) When you sense that the child is clearly happy, sad, or mad, ask them how they are feeling.

Help them begin to put words and labels to these feelings.

Have realistic expectations of these children. Abused and neglected children have so much to overcome. And, for some, they will not overcome all of their problems. For a Romanian orphan adopted at age five after spending her early years without any emotional nurturing, the expectations should be limited. She was robbed of some, but not all, of her potential. We do not know how to predict potential in a vacuum, but we do know how to measure the emotional, behavioral, social, and physical strengths and weaknesses of a child. A comprehensive evaluation by skilled clinicians can be very helpful in beginning to define the skill areas of a child, as well as the areas where progress will be slower.

Be patient with the child's progress and with yourself. Progress will be slow. The slow progress can be frustrating, and many adults, especially adoptive parents, will feel inadequate because all of the love, time, and effort they spend with their child may not seem to be having any effect. But it does.

Don't be hard on yourself. Many loving, skilled, and competent parents and teachers have been swamped by the needs of a neglected and abused child.

Take care of yourself. For parents and other adults, caring for maltreated children can be exhausting and demoralizing. Adults cannot provide the consistent, predictable, enriching, and nurturing care these children need if they are depleted; it is important to get rest and support. Respite care can be crucial for parents, who should also rely on friends, family, and community resources.

Take advantage of other resources. Many communities have support groups for adoptive or foster families; as an education professional, you might help by suggesting some, or asking a school psychologist or other counselor to do so. Professionals with experience in attachment problems or maltreated children can also be very helpful. You too will need help; don't be afraid to ask for it.

Remember, the earlier and more aggressive the interventions, the better. Children are most malleable early in life, and as they get older, change is more difficult. Take advantage of this time to make a difference in a child's life.

RESOURCE #3.5: THE NM TEN TIP SERIES: THE INTIMACY BARRIER



The Neurosequential Model[®]

The NM Ten Tip Series **The Intimacy Barrier**

If the child you are living or working with has a history of severe early life disruptions such as abuse or neglect in context of his or her primary caregiving relationships (often manifesting as "attachment" problems, *it is highly likely he or she will demonstrate fear-related behaviors in relational interactions.* These children have made an 'association' between intimacy and threat. Common social engagement and especially nurturing behaviors are likely to elicit a range of inappropriate behaviors including 1) avoidance, 2) escalation, and potentially verbally or physically abusive or threatening behavior.

There are three key elements to understanding this abnormal 'intimacy barrier.' First is controllability; if the child controls the timing and nature of the interaction it feels less threatening to him. Second, these children are very sensitive to physical proximity and usually require more 'distance' to feel that someone is NOT in their personal or intimate space. Finally, they are also 'sensitive' and fearful of abandonment. They will over react if you are too close and if you seem to be emotionally or physically disengaging.

The end result is a child that makes the adults very confused about how to interact; the very same interaction that seemed so good on one day leads to a meltdown and abusive language the next day. Caregivers begin to feel like they are 'walking on egg shells.' No other problem with maltreated children leads to more misunderstanding and placement disruption than problems with attachment and these 'intimacy barrier' sensitivities.

Here are few practical tips for those living and working with children demonstrating this kind of 'relational sensitivity.'

1. Watch your proximity. It is not unusual for these children to feel you have crossed into their personal space long before you do. Typically give them about 2 more feet of 'space' than you might for a child with no history of maltreatment.

2. Present, parallel and patient. Despite the way they treat you, they do want you to be there. It is much more effective if you avoid face-to-face interactions. Being in parallel is much less threatening and allows you to have some positive and bonding interactions (e.g., coloring, walking

and talking, working with Legos, washing dishes or cooking together, and going for a drive in the car). And then be patient. Quiet presence can be very regulating for these children. Invite them to 'shadow' you – follow you around while you are engaged in some activity (e.g., working in the yard, doing errands).

3. Let them come to you. This is one of the most difficult tips to act on consistently. We want to comfort and soothe these children. Yet so often if we move to do this, they push back. Remember – present, parallel and patient. Rather than running over when they seem upset and asking 'what's wrong?' slowly walk closer. Sit and let them move towards you. If they control it – and they want your comfort – they will come to you. Do this even with conversation; if you ask how school was – make sure you are either parallel or that you both are doing some kind of regulating activity such as walking or sitting in the car. And then don't ask more. One question. If you get, "Fine.", let it go. Don't keep probing. It feels intrusive to these children. Silence is more powerful than you realize.

4. Don't take it personally (easy to say, hard to do). The person that the child loves the most – wants to be connected to the most – will be the one who gets the most abusive language and behavior. As hard as it is, remember their thinking and behavior is 'fear' based. Don't let their behavior 'break' your empathic bond. When you feel yourself pulled into a negative 'co-dysregulation' step back. Disengage verbally and physically. Use other adults to help you with this. No one person can ever handle this level of challenge alone.

5. Give them 'elements' of control. Control over physical proximity, touch and discussion of emotionally charged topics is essential for these children. Keep clear and unambiguous boundaries (such as expectations about physical harm to others or destruction of property) but within these 'pick your battles.' If they don't want to eat something, or do their homework, let them live with the consequences of their choices; be hungry and fail the class. Give them options when there are important tasks for them – learn how to use such approaches as reflective listening – or Collaborative Problem Solving (CPS: see ThinkKids.org). Their route through childhood and into adult life will not be typical.

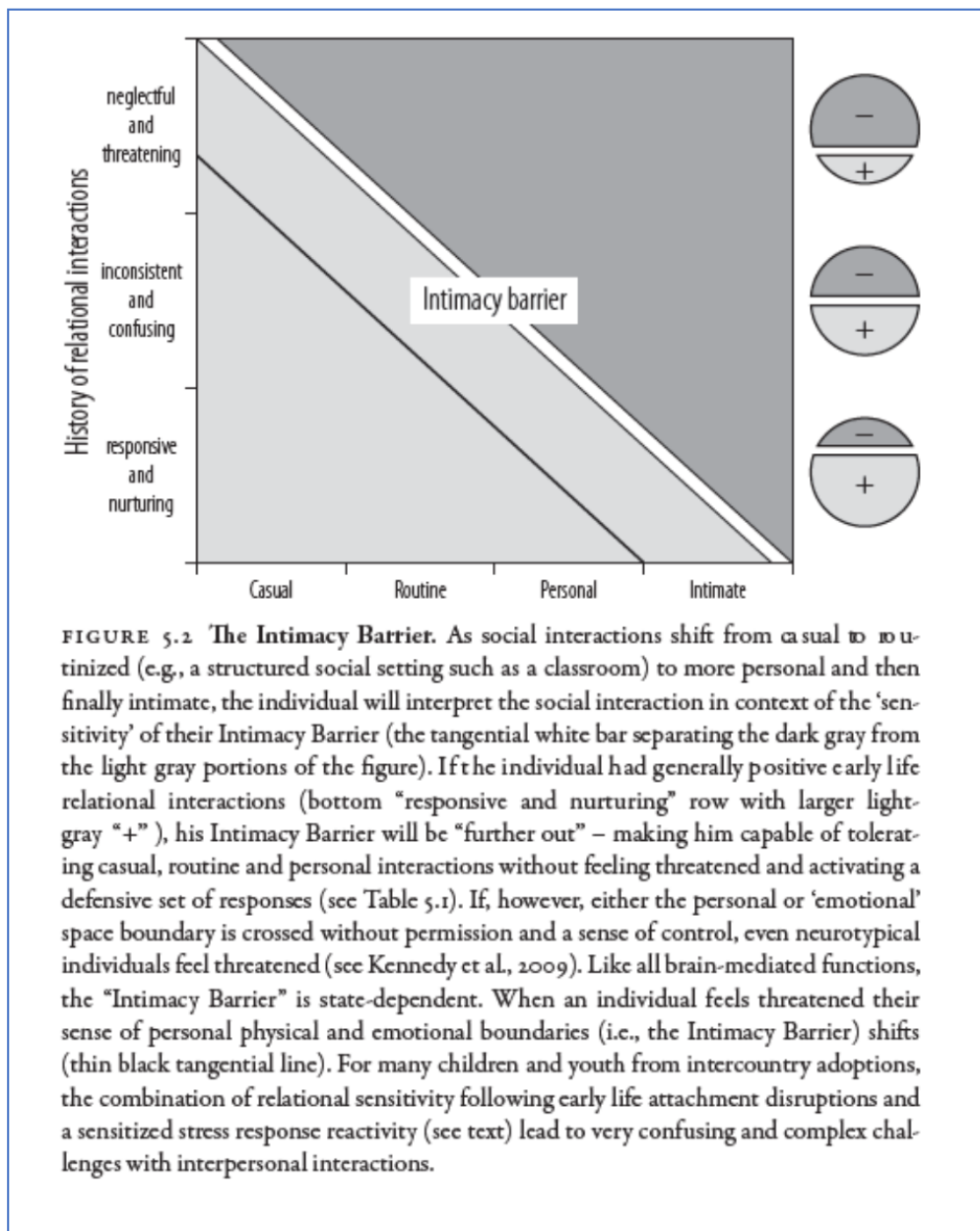
6. Give them adequate time to make choices. Remember that these are often very dysregulated children; their ability to 'think' clearly is fragile. When they get upset, they can't reason well. So, when they are oppositional and resistant to a directive or over-controlling, it is related to their sensitized fear response. When they are more regulated, they will make better choices. Often they need time to 'calm' a bit before they choose.

7. Give them warnings and options when touch or proximity is necessary. The more you narrate and give them adequate 'notice' that you are going to be close and touch them the easier the interaction will be. "Now we are going to wash our hands. When you are ready come over the sink and we can wash our hands together." "Ok, I'm going to rub some soap onto your hands." "

8. Understand that relational interactions ARE their “evocative cues.” Most of you are familiar with the ‘trauma’ cues that are often seen with PTSD: a loud noise may be an evocative cue for a combat veteran – who will have a profound fear response when he hears an unexpected loud noise (such as a car backfire or a firecracker). Evocative cues that cause intense fear reactions can come from many things; for these children and youth, human relational interactions are filled with these evocative cues. Because their traumatic experiences took place in their family and often at the hands of their primary caregiver, relationships become ‘mine fields’ filled with emotional landmines. And unfortunately, they bring this into your home. You never know when the next ‘step’ or interaction will blow up the family.

9. Remember they are also ‘sensitized’ to abandonment Simple ‘notifications’ like, “I’m going to my room to get a sweater” will help decrease dysregulation – and melting down. Do this even for older children; the more you narrate and announce transitions, let them know where you are or give them ways to contact you (e.g., if you do leave, give them permission to text or call you anytime). Many of these children have not developed the ability for ‘store’ you in their mind; they benefit from visual cues and reminders such as photos. In general, the kind of reassurances you give toddlers about where you are – and where you will be – and when you are coming back – are helpful (even for older children and youth).

10. Regulate yourself before you can expect to regulate them Humans are ‘contagious’ to the emotions of others. If you feel exhausted, overwhelmed, frustrated, it is likely that rather than helping your child calm so she can connect and reflect, you may (unintentionally) be escalating her. Take care of yourself (a future NMC Ten Tip topic will be on self-care).



From: Perry, B.D., Hambrick, E. & Perry, R.D. (2016) A neurodevelopmental perspective and clinical challenges: In: *Transracial and Intercountry Adoptions: Culturally Sensitive Guidance for Professionals* (Eds: Rowena Fong & Ruth McRoy) Columbia University Press New York pp. 126-153

RESOURCE #3.6: TRAUMA CONCEPT: BEING SAFE VS. FEELING SAFE

National Child Traumatic Stress Network. (February 2010). Caring For Children Who Have Experienced Trauma: A Workshop for Resource Parents. <http://learn.nctsn.org/course/view.php?id=67>

Children Who Have Been Through Trauma May:

- Have valid fears about their own safety or the safety of loved ones
- Have difficulty trusting adults to protect them
- Be hyperaware of potential threats
- Have problems controlling their reactions to perceived threats



Remember:

- Physical safety is not the same as psychological safety.
- Your child's definition of "safety" will not be the same as yours.
- To help your child feel safe, you will need to look at the world through his or her "trauma lens."

By definition, children placed in foster care should be physically safe. Remember however how different you feel about your own safety after watching a "scary" movie. Just because you are still physically in the same house, you may feel more vulnerable. When thinking about safety then, it is important to view it from a child's perspective.

Three especially challenging periods of day for a child to feel safe are during meal times, during bathing/grooming, and at bedtime. These are times when they may feel particularly vulnerable. For example: a child who throws a tantrum every night at bedtime despite 3 stories, a glass of water, and double hugs. This might not be about his/her "refusal" to follow the bedtime rules but rather a fear of what happens after being left alone in their bed. Or, a child who urinates in their closet every night – perhaps because they are afraid to walk to the bathroom alone after the house is dark.

RESOURCE #3.7: 27 “S’S” – S’S TO INCREASE AND S’S TO DECREASE

By Dan Hughes, Ph.D.

S’ to Increase

1. Safety: Presence, predictability, PACE
2. Structure: A gift, not a punishment, not rigid, reduces transition stress, “free time” is “anxiety time”
3. Supervision: A gift, not a punishment, a relaxed and aware presence
4. Success: Learn from mistakes; matches expectations to developmental age
5. Self-Care: The parents’ need for relationships, advocacy, services, successes, breaks; care for self if only to better care for child
6. Soothing: Gentle, gradual persistence, vicarious through stuffed animal; sooth with eyes, voice, touch when safe for child
7. Smiling: A positive attitude within home—the emotional atmosphere
8. Story-Telling: A manner of relating without lecture and reasoning. Having a rhythmic, modulated voice. ‘Sing-song’ quality when comforting
9. Seeking meaning: What does the behavior mean? Make sense of it first before considering what to do
10. Sense of Humor: To generate hope, maintaining perspective, being close with children who are frightened by signs of affection
11. Sensory Integration: Associated with development of attachment in infancy; can facilitate attachment and can be developed with SI activities
12. Stretching: Being prepared to expand one’s parental skills, interventions, to meet the unique needs of this child
13. Sorry: Modeling repairing the relationship after making a mistake; accepting responsibility for one’s actions
14. Sleep: Crucial for functioning of all, Unique bedtime routines need to be created and protected. Traumatized children often have poor sleep for many reasons
15. Soup: A healthy comfort food. Food is both an emotional and physical confirmation of good care
16. Special: Your child has a special place in your mind and heart; and knows it
17. Stamina: Persistence, fortitude, in it for the duration, seeing the distant horizon
18. Scaffolding: Accepting your child where he or she is in the present; being ready to help him with his next developmental step

S' to Decrease

1. Shame: Source of denial, opposition, rage, inability to trust and resolve trauma
2. Stimulation: Overstimulated by many routine, interesting, exciting events which then leads to dysregulated emotion, thinking, and behavior
3. Shouting: Habitual misbehaviors often lead to habitual anger, shouting, and negative emotional atmosphere. Necessary anger needs to be an "I-message" that is clear and brief and is immediately followed by repair; only used for major behavioral problems
4. "Should": Advice from others to raise the child based on his chronological age
5. Sarcasm: Often a substitute for anger, which can be just as destructive
6. Seclusion: Isolation triggers abandonment. Prevents co-regulation of affect
7. Smacking: Likely to re-traumatize and prevent attachment
8. Secrets: Events from the past are shameful and frightening and met with avoidance and denial
9. Shunning: cold shoulder, ignore, ostracize

CORE TEEN CURRICULUM

SESSION

4

RESOURCES

SESSION 4 RESOURCES

RESOURCE #4.1: TALKING TO TEENS ABOUT RACE

By Summer Rose, Psy.D. Licensed Psychologist - Jan 08, 2018

<http://momentousinstitute.org/blog/talking-to-teens-about-race>



While young children are learning how to categorize things, like boys and girls, light skin and dark skin, older kids are beginning to consider more complex ideas, like who they are and how they fit into the world. Among the many identity issues that teens are considering is race.

Teens are aware of racial differences. Given our current climate, teens also want to discuss this topic, but often are not engaged in conversations about it. This age is a critical period for adults to engage teens in a dialogue about important issues such as race and racism. Adults can assist teens in developing a healthy understanding of themselves and others as they prepare to leave home and enter adulthood.

During adolescence, teens lean into their peer relationships and away from parental and other adult relationships. So, one way for adults to bridge this transition is to talk to teens about their social group and the settings where they spend the most time. Racial differences within social settings provide students with an incredible opportunity to learn about others. Two students in the same school may sit next to each other in class and have entirely different experiences and world views.

Parents have the opportunity to help teens explore these racial differences. It may sound intimidating, but it doesn't have to be. Conversations can start by exploring the idea of friendship in general, with questions such as:

Who are your best friends at school and what do you all have in common? How do you choose who will be your friend? What are the important parts of friendship to you?

Answers to these questions may not be profound. Most teens are friends with people they went to elementary or middle school with, or kids they know from the neighborhood. They're not necessarily seeking out friendships and weighing the merits of their peers. But these conversations plant the seed that who we surround ourselves with is a choice that we make. Further, these ice breaker questions open the door for deeper conversations. They push teens to be thoughtful about who they engage and why.

Race likely won't come up in the answers to those questions (however, you might be surprised when it does!). You're more likely to hear about the kids who have the new iPhone than you are about the demographics of the student body. But if race doesn't come up naturally, you can layer it in with questions such as:

How diverse or segregated do you think the students are at your school? How diverse is your social group? Do teachers ever talk about race?

You can also ask broader questions to understand their views on race in general, such as:

How do you think the color of a person's skin influences how they see the world? What can you learn from the experiences of people of a different race?

You can also use current events and social media, which is the world most teens live in, to help explore their reactions and what they might want to do in response to their reactions. It's important not to shy away from having these types of dialogues. We should be empowering teens to think critically and to be change agents in creating a better classroom, school, community, etc.

Parents of children of color have likely already had conversations about race before their kids become teenagers. In this case, conversations with teenagers can build on previous conversations. You can say things such as:

We have talked about these issues before. How are they showing up in middle school/high school? Are these issues of race showing up among peers, among adults, or both? How have they been handled? Do you feel that other people know and understand your race/culture? Do you talk about race/culture with your friends?

White children may have gone longer before having conversations about race at home or at school. In some cases, White children have a sense of "white guilt" or "white shame" around the topic of race. Some White children feel that they are different from generations past and want to show that they don't hold racist thoughts. Parents of these children can encourage their kids to simply listen and remain curious when interacting with people of different races. You can help them say things such as:

What did you mean when you said that? Can you explain your thoughts on _____? My family talks about ____ but it sounds like your family is different. Can you tell me more?

These types of questions communicate openness and allow teens to consider experiences different from their own. It may sound like I'm just suggesting that you ask a bunch of questions – and I am! With teenagers, one of the best ways to approach topics is to simply open the field for discussion. You may be surprised what your teen says. Sometimes you think they're not paying attention and they come back with profound insight. Alternatively, they may say very little or nothing at all. Asking questions is still impactful for teens, because you are modeling curiosity and helping them to see that this is an important topic worth discussing. Even if the conversation feels pointless because your teen is not responding, trust that she's hearing your questions and will go on to reflect on the topic as she sees issues arise in the world.

RESOURCE #4.3: TRANSRACIAL ADOPTION: LOVE IS JUST THE BEGINNING

by Deb Reisner, NACAC Staff

<https://www.nacac.org/resource/transracial-adoption/>

When my husband and I adopted our first child 18 years ago, agency staff told us, “Take him home and love him. Everything will be fine.” Now we have five children and our family is a beautiful blend of African American, Native American, Latino, and European American races and cultures. Loving our children has been easy. As transracial adoptive parents, however, it has been much more difficult to develop strategies for dealing with individual and institutional racism. In our experience, the best lessons we can offer are those that teach our children to externalize racism and assure them we will always be there for them.



EXTERNALIZING RACISM

Because my husband and I do not share our children’s racial or cultural backgrounds, we must work extra hard to help them develop skills and strategies to deal with the everyday reality of racism. To live authentically in our racist society, each of our children must learn to externalize racism: to understand that racism is NOT about him or her, but a reflection of other people’s ignorance. Externalizing racism is not about dismissing racism or pretending it does not exist.

The alternative—internalizing racism—will lead children to believe the destructive messages of racism are true and directed specifically at them. When children externalize racism, they can develop a strong racial identity, self-esteem, and attachments. When children internalize racism, their racial identity suffers, their self-esteem ends up in shambles, and their attachments are in peril.

Through the years, with help from many experts (especially adult transracial adoptees), we have identified a number of strategies for teaching our children to externalize racism. Four of those strategies are explained below.

CULTURAL MEMBERSHIP

One of the most important ways our children learn to externalize racism is through cultural membership. From adult transracial adoptees I’ve learned that a central theme in their lives is the need to establish meaningful relationships with adults and youth who look like them and share their culture. Through these relationships, our children learn the subtle and not so subtle norms of their cultural community—how to dress, to talk, to be.

We parents must help our children engage with their cultural community in meaningful ways. By choosing where we live, where we worship, what schools our children attend, and the YMCA to which we belong, we can facilitate cultural membership. For us, these institutions have provided cultural membership, mentoring, friends, and community. Just as I need to find a tutor to teach my children physics, I need to find a tutor to teach my children how to be African American, Latino, or Native American in our society.

When our children become members of their cultural community, they learn to refute stereotypes, develop survival skills, and make positive connections with a broader range of people. Cultural membership offers a solid foundation for externalizing racism.

FAMILY LANGUAGE ABOUT RACISM

Within the family, we help teach our children to externalize racism through a shared language about racism. For instance, when we are out in public and someone says to my husband, “You are a saint to adopt these kids,” he replies, “No, you don’t understand. I am the lucky one to be their dad.”

“You don’t understand” is our family language to redirect the ignorance behind the comment back to the stranger. The stranger’s ignorance is the issue, not the fact that the members of our family don’t all look alike, or the myth that only a saint would adopt our children.

Inevitably, strangers will ask intrusive or inappropriate questions such as “Where did she come from?” or “How much did they cost?” or “Do you provide day care?” My typical response is, “Why would you ask?” Again, my response turns the question around, and puts responsibility back where it belongs: on the stranger.

As my children have gotten older, I hear them use this same strategy to address questions such as, “Why are your mom and dad white?” and “Why did your real mom give you away?” Their response is “Why would you ask?” Indeed, why would you ask?

HONORING FEELINGS ABOUT RACISM

Recently I was in a grocery store with my 3-year old when I felt my neck tighten—my body’s usual response to the discomfort of racism. As I quickly put the items we needed in our basket, it became obvious a woman was following us. She got closer and closer to us with each turn down the aisles until she finally approached us at the checkout. She abruptly asked, “Is that your son?”

“Why would you ask?” I replied. Then I scooped up my son and left the store. As we walked to the car, I held him close. He clung to my neck and said, “Mommy, I not like that lady.”

“Honey, where does your body not like that lady?” I asked him. He answered, “In my tummy.” We went on to talk, in developmentally appropriate language, about his body’s response to racism.

It is extremely important to honor our children’s feelings about racism so we can help them to externalize it. For example, if my child says a person does not like him because he is Native American that is his reality. I don’t question or try to talk him out of his feelings.

Instead we talk about externalizing the experience, discuss options for handling the situation, and decide whether he needs my help in other ways. Teaching our children to honor their feelings about racism is teaching our children to be safe. They will often “feel” racism before they are cognitively aware they are vulnerable. By tuning in to their intuitive signals, our children can avoid or better prepare themselves for racially charged situations.

MODELING SAFE RESPONSES TO RACISM

Parents are role models for their children. When we encounter racist behavior or institutional racism, our children are watching, listening to, and internalizing our responses for future reference. Our response is not about the other person or institution; it is about our relationship with our child. Every time we respond, act, react, or ignore behavior, we are building or tearing apart the relationship (and attachment) with our child.

A few months ago, I took my sons to the zoo. While we were waiting for the dolphin show to begin, the woman behind us began harassing my two multi-racial teenage sons. At first, I sat quietly, allowing my sons to handle the situation. When the woman in front of us turned around and said to the woman behind us, "Shut your racist mouth!" it became obvious it was time for me to get involved.

I told the woman behind us, "That's enough. Leave my sons alone." She then began to berate me. The woman's tone, the look on her face, and the two young children with her convinced me we needed to disengage.

I turned my back to her and began talking to my sons loudly enough for her to hear. "Just ignore her," I instructed them. "She is ignorant. She doesn't understand. This isn't about us; it's about her ignorance."

After the show ended, my sons and I still refused to engage with the woman. She finally gave up and left. We then left, and spent several days processing what had happened and what could have happened if we had responded differently.

As a woman with white privilege, my range of responses to racism is different than the range of safe responses available to my children of color. In all situations, I must remember my children are watching and learning from me. While I was sorely tempted to respond to the woman at the zoo in a way that would ensure she would not soon forget us, that response would not work if my sons used it in the future. I must respond in ways my children can use, not in ways my white privilege allows me to get away with.

KEEPING LIFE REAL

Confronting racism is painful, and while it may be tempting to try to make things easier, it is essential we strive to make things real. An adult transracial adoptee told me her mother tried to make things "easy" by downplaying racism. When the adoptee's white mother took her to an all-white church, she would express her discomfort at the stares and whispers. Her mother would then say, "Those people are staring and whispering to each other because you are so beautiful."

Because it did not acknowledge her reality, this seemingly nice but dismissive response left my friend feeling very alone. Even as a young child she knew the attention she received from the church-goers was about race and culture.

Though they may not mean to, extended family members may ignore the reality of racism for their nieces, nephews, or grandchildren. These relatives often love and accept the transracially adopted child into their family, yet harbor prejudices about the child's race and culture. As illustrated by the church story, transracially adopted children will long remember the pain of having relatives deny what the child knows is real.

When it comes to racism in our extended family, we must have a "zero tolerance policy." If our child tells us someone we love and have known all our life has done or said something hurtful, we must not minimize it. If we say, "Auntie Marie didn't really mean that," or "Honey, you are just too sensitive," we are aligning ourselves with the person who hurt our child. Instead, our child needs us to make it clear we are on his or her side.

BEING THERE FOR OUR CHILDREN

For our children to feel secure in our families, we must be clear and consistent in the way we support and back up our children. Our children need to know whose side we are on—even when it is downright agonizing. If we are teaching our children to externalize racism by working to make things real, helping our children to become members of their cultural communities, and teaching our children to honor their feelings about racism, our children will know we stand with them.

My husband and I have also worked hard to make our family a safe place to talk. When our children are dealing with peer relationships, making decisions about priorities, or are feeling burdened, we want them to come to us. Talking allows us to infuse our values and perspectives into our children’s decision making.

When our daughter was in preschool, she came home one day and announced, “Mommy, I have a new friend!” I replied, “Wonderful! How do you know she’s your friend?” My daughter innocently said, “She told me I am her favorite vigger!”

I had to process this for a few hours before I was ready to discuss it with my daughter. Our daughter did end up being good friends with this young classmate, and over time we had many more talks about things our daughter heard from her friend—things learned in a family with a very different world view than ours.

For our children to feel safe and “at home,” they must feel sure we are trying to understand their experience in the world as a person of color. Open conversations about difficult subjects like racism, sexism, current events, and family dynamics are great ways to lay the foundation for ongoing attachment and relationship.

To build our children’s trust in us, we must also keep working to understand our own white privilege, stereotypes, and racism. We must explore our country’s history from the perspective of our child’s cultural community and commit to fighting racism even when we pay a personal price. We need to be there with our children when they are mistreated, denied access, or struggling to comprehend the cruel injustice of racism.

Love is just the beginning of the transracial adoption journey. There is no end. My husband, our children, and I continue to learn and grow together.

RESOURCE #4.4: SEVEN TASKS FOR PARENTS: DEVELOPING POSITIVE RACIAL IDENTITY

By Joseph Crumbley, D.S.W.

<https://www.nacac.org/resource/seven-tasks-for-parents/>

Each night, without fail, she prayed for blue eyes. Fervently, for a year, she had prayed. Although somewhat discouraged, she was not without hope. To have something as wonderful as that happen would take a long time. Thrown, in this way, into the binding conviction that only a miracle could relieve her, she would never know her beauty. She would only see what there was to see: the eyes of other people.

In her description, in *The Bluest Eyes*, of a young black girl who wishes that her eyes were blue so would be as beautiful as all the blond, blue-eyed children in her school, author Toni Morrison captures the struggle that many transracially and transculturally adopted children face: judging their own beauty by the standards of a culture that is not their own.

Although transracial adoption and foster care have been a controversial topic for more than a decade, the number of children entering such placements continues to increase. In 1997, approximately 17 percent of all domestic adoptions were transracial placements in which at least one of the parent's race was different from the child's. In 1998, Americans adopted 15,774 children born outside of the United States. The largest number of these children were adopted from regions of the former Soviet Union and from China. As of March 31, 1998, at least 110,000 children were in foster care, with the goal of adoption. Twenty-nine percent were white, 59 percent were African American, and 10 percent were Latino. Twenty-seven percent (3,601) of the African American children who were adopted, and 7 percent of the white children were in transracial adoption. The realities of children living in transracial families raise many questions:

- How does a child develop a positive racial or cultural identity?
- What are the effects of transracial adoption or foster care on a child and his or her family?
- What are the special needs of adopted or foster children living in transracial families?
- What are the parenting tasks specific to transracial families? And
- What skills, attitudes, knowledge, and resources must parents in transracial families have or develop?

HOW POSITIVE RACIAL IDENTITY DEVELOPS

Object identifications suggest that a child's identity is influenced by significant role models and relationships to which the child is consistently exposed in his or her environment (family, school, society, and the media). The child from the dominant group—the group that has power over the distribution of goods, services, rights, privileges, entitlements, and status—begins his or her identity formation by:

1. observing what group is in power
2. observing that members of the group in power are like him or her (i.e. in race, gender, or religion), and
3. assuming that because he or she is like members of the group in power, he or she has the same rights and will achieve similar accomplishments and power as members of that group.

The ultimate result of the child's identity is a sense of positive self-esteem, confidence, worth, entitlement and goals. In contrast, the child from the minority group-the group subject to the power, control, discretion, and distribution of goods and privileges by another group-begins his or her identity formation by:

1. observing what group is in power,
2. observing that group members who are like him or her are not in positions of power and control,
3. observing or experiencing prejudice, discrimination, and exposure to stereotypes, and
4. assuming that because he or she is like members in the minority group, he or she has the same limited rights, can only achieve the same accomplishments, position, and status as similar group members, and that members of the minority group are not as good as those in power.

The minority child's identity affects his or her self-esteem, confidence, goals, worth, self-respect, sense of entitlement, and expectations by making him or her feel inferior. This inferiority is not the result of identifying with or being a member of a minority group, but from exposure to discrimination, prejudice, and negative stereotypes about the group. A child from a minority group that is celebrated, held in esteem, or that shares power and control with the dominant group can have identities that are just as positive as a child's from the dominant group.

To counteract a minority child's formation of negative identities, he or she must see and be told:

1. that members of his or her minority group can also make positive achievements if given equal opportunities,
2. that he or she and his or her minority group should also have the same rights and entitlements as members in the dominant group,
3. that he or she and his or her group are equal to and as good as any other group,
4. that stereotypes, prejudice, and discrimination are wrong, and
5. that there is proof that prejudices and stereotypes are untrue. The child must be able to see it to believe it.

Feeling self-confident about his or her ability to cope with and appropriately respond to discrimination reinforces a child's positive self-image and identity.

This last task may be the most difficult and challenging to accomplish if the minority child's group is not in a position of power, control, and success in the child's environment. Alternatives may need to include:

1. exposing the child to historical figures and information about his or her group's accomplishments, capacities, values, and culture.
2. redefining and reframing the child's definitions of success, strengths, and accomplishments by not using standards and definitions based on those of the dominant group (e.g. highlight individual accomplishments, family commitment, group survival, spiritual and moral integrity, and civil rights activities against discrimination),
3. exposing the child outside of his or her environment to members of the minority group in positions of power and control (e.g. geographically, in other countries, through films and other media).

PARENTING TASKS THAT FACILITATE POSITIVE RACIAL IDENTITY

Because children from minority groups (Asian, Latino, African American, or Native American) who experience prejudice or discrimination are subject to developing negative racial identity, they require monitoring, with attention paid to their perception of racial identity. They should not be expected to develop positive racial identity without support and reinforcement from their families, role models, and the community. Parents can provide support and reinforcement through the following 7 tasks.

TASK 1: ACKNOWLEDGE THE EXISTENCE OF PREJUDICE, RACISM, AND DISCRIMINATION.

Adoptive parents must recognize not only that racism, prejudice, and discrimination exist, but that they, too, have been victims and survivors of it. By admitting the existence of inequities, parents can avoid racist, prejudicial, or discriminatory behavior. By admitting being a victim and survivor, parents are able to: 1) recognize inequities and how they affect others; and 2) elicit strategies for intervening on behalf of their child, based on personal experiences and knowledge.

While the victimization of minority groups is fairly obvious, that of members from the dominant culture and race may not be. Children in the dominant group are victims of racism by inadvertently developing superiority complexes.

Superiority complexes occur when a child:

1. observes that those in power are racially the same as he or she is,
2. observes those not in power are of a different race or color,
3. observes or is exposed to prejudicial and discriminatory beliefs and practices against a minority race,
4. assumes, therefore, that he or she and his or her race are better or without having any contact with a minority group.

Once parents understand how racism victimizes members from both the dominant and minority communities, they are prepared from the second task.

TASK 2: EXPLAIN WHY THE CHILD'S MINORITY GROUP IS MISTREATED.

Parents must explain and define racism, prejudice, discrimination, and bigotry, and why such behavior exists. Understanding the behavior exists. Understanding the behaviors beyond their simply being "good or bad" will enhance the child's coping skills. Understanding the functions and reasons for the behaviors increases the child's range of responses beyond anger or retaliation.

TASK 3: PROVIDE THE CHILD WITH A REPERTOIRE OF RESPONSES TO RACIAL DISCRIMINATION.

1. selective confrontation or avoidance,
2. styles of confrontations (passive, aggressive),
3. individual, legal, institutional, or community resources and responses (i.e. grievances, suits, NAACP, protests)
4. priorities and timing (when to avoid and when not to avoid issues),
5. goal-oriented responses rather than unplanned reactions,
6. institutional/organizational strategies (positioning, coalitions, compromising).

TASK 4: PROVIDE THE CHILD WITH ROLE MODELS AND POSITIVE CONTACT WITH HIS OR HER MINORITY COMMUNITY.

Parents of a different race from their child are quite capable of modeling and helping the child develop various identities (i.e. gender, class). However, counteracting the racial identity projected by a racially conscious or discriminating society requires positive exposure to same-race models or experiences. These contacts and experiences require: 1) interacting with the child's minority community, 2) providing the child information about his or her history and culture, and 3) providing an environment that includes the child's culture on a regular basis (i.e. art, music, food, religion, school, integrated or same race community).

This task requires that the parents be comfortable with 1) being a minority when interacting in the child's community, and 2) sharing the role of modeling with members from the child's race. Same race contacts and experiences function to: 1) counteract negative stereotypes, 2) teach the child how to implement the repertoire of responses, and 3) provide a respite from being a minority (i.e. the only child of color, the object of stares, or needing to prove one's equality).

TASK 5: PREPARE THE CHILD FOR DISCRIMINATION.

Providing the child with information on how his or her racial identity might be degraded helps him or her develop better coping skills and methods of maintaining a positive identity. Feeling self-confident about his or her ability to cope with and appropriately respond to discrimination reinforces a child's positive self-image and identity.

Same race role models may be a helpful resource for information and preparation if an adoptive parent has not experienced discrimination similar to the child's minority group (i.e. double standards, slander, interracial dating, and gender issues).

TASK 6: TEACH YOUR CHILD THE DIFFERENCE BETWEEN RESPONSIBILITY TO AND FOR HIS OR HER MINORITY GROUP.

This task relieves the child of 1) feeling embarrassed or needing to apologize for his or her racial identity or group, and 2) not having to overcompensate or prove his or her worth because of his or her racial identity or negative stereotypes. However, the child is able to develop a commitment to both his or her individual and minority group's accomplishments, resources, and empowerment.

The Clark Doll Test suggests that children are aware of differences in race as early as four years old. This study also found that African American children became aware of stigma associated with race as early as seven years old. Although parents cannot stop the minority child's exposure to racial prejudice, discrimination, and stereotypes, parents (adoptive, birth, same or different race) of any minority child must help develop the positive racial identity necessary to counteract the effects of racial inferiority.

TASK 7: ADVOCATE ON BEHALF OF YOUR CHILD'S POSITIVE IDENTITY.

The purpose of this task is to provide the child an environment that is conducive to the formation of a positive identity. The parent should advocate for family, social, and educational experiences that are respectful, reflective, and sensitive to cultural diversity. Therefore, the parent may need to be prepared to correct or confront individual or institutional racism, prejudice, or discrimination that the child may encounter.

As an advocate the parent models for the child how to advocate for themselves. The child also sees and feels their parent's protection, loyalty, and commitment, which are essential in attachment and bonding. Confronting prejudice and discrimination on the child's behalf is no longer optional once a parent adopts transracially.

RESOURCE #4.5: SUPPORTING YOUR LGBTQ YOUTH: A GUIDE FOR FOSTER PARENTS

<https://www.childwelfare.gov/pubPDFs/LGBTQ2Syouth.pdf>



FACTSHEET
FOR FAMILIES

May 2013

Supporting Your LGBTQ Youth: A Guide for Foster Parents



There are approximately 175,000 youth ages 10–18 in foster care in the United States.¹ Of these youth, an estimated 5–10 percent—and likely more—are lesbian, gay, bisexual, transgender, or questioning (LGBTQ).²

¹ The total number of youth in care comes from *The AFCARS Report* (<http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>). It is based on the number of youth ages 10–18 in care on September 30, 2011.

² The estimate comes from the assumption that 5–10 percent of the general population is LGBT. John C. Gonsiorek & James D. Weinrich, "The Definition and Scope of Sexual Orientation," in *Homosexuality: Research Implications for Public Policy* (Newbury Park, CA: Sage Publications, 1991); Courtney, Dworsky, Lee, and Raap, (2009) found a much higher percentage of youth in foster care who identified as something other than fully heterosexual (see <http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>).

What's Inside:

- About LGBTQ youth
- LGBTQ youth and the child welfare system
- Creating a welcoming home for youth
- Supporting your youth in the community
- Conclusion
- Resources



Use your smartphone to
access this factsheet online.



Child Welfare Information Gateway
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
<https://www.childwelfare.gov>

Like all young people, LGBTQ youth in foster care need the support of a nurturing family to help them negotiate adolescence and grow into healthy adults. However, LGBTQ youth in foster care face additional challenges. These include the losses that brought them into care in the first place, as well as traumas they may have suffered while in foster care. They also include stressors unique to LGBTQ youth, including homophobia or transphobia³ and the need to evaluate (often with little or no support) the safety of their communities, schools, social networks, and homes in order to decide whether to disclose their LGBTQ identity, when, and to whom.

Despite these challenges, LGBTQ youth—like all youth in the child welfare system—can heal and thrive when families commit to accepting, loving, and supporting them as they grow into their potential as adults. This factsheet was written to help families like yours understand what they need to know to provide a safe, supportive, and welcoming home for an LGBTQ youth in foster care.

In this factsheet, you will learn about LGBTQ youth in the child welfare system, the unique risks they face, and the important role that foster parents can play in reducing those risks. You will discover specific actions that you can take to create a welcoming home for all youth in your care and to promote your youth's health and well-being in the community. At the end of this factsheet are links to many resources for more information and support.

³ *Transphobia* refers to fear of people who are transgender.

About LGBTQ Youth

The acronym *LGBTQ* is a general term used to describe people who are lesbian, gay, bisexual, transgender, or questioning their gender identity or sexual orientation.

Definitions

Lesbian, gay, and bisexual describe a person's *sexual orientation*—emotional, romantic, or sexual feelings toward other people. *Lesbian* refers specifically to women who love women, while *gay* can refer to any person who is attracted to people of the same sex. (The term *homosexual* is considered outdated and offensive by many gay people.) Bisexual people are attracted to men or women regardless of their anatomy. People do not need to have any particular sexual experience (or any sexual experience at all) to identify as bisexual, gay, or lesbian, because sexual orientation and sexual behavior are not the same thing.

Transgender refers to a person's *gender identity*—an internal understanding of one's own gender. A transgender person's gender identity does not match the sex (a biological characteristic) assigned to him or her at birth. Many, but not all, transgender people choose to alter their bodies hormonally and/or surgically to match their gender identity. Some people's experience, perception, or expression of their gender evolves and changes over time. Gender identity and sexual orientation are separate aspects of a person's identity: A transgender person may be bisexual, gay, or straight (or may identify in some other way).

Some youth (and adults) identify as *questioning* when they start to recognize that they may be part of the LGBT community. This does not mean that sexual orientation or gender identity is a choice. These youth may need time to process what being LGBT means for them; to reconcile any anti-LGBT stereotypes they have internalized; and to decide if, when, and how they should identify themselves as lesbian, gay, bisexual, or transgender to others.

Some people's *gender expression* (meaning, the ways in which they express their gender identity to others) does not conform to society's expectations for their sex. This might include choices in clothing, mannerisms, names, hairstyles, friends, and hobbies. It is important to understand that society's gender expectations are cultural, not biological, and they change over time (for example, women used to be expected to wear only dresses; now teens of both genders wear jeans, sweatshirts, and tennis shoes). In any case, not all *gender-variant* (or *gender nonconforming*) youth will continue to express themselves this way into adulthood, and many will never identify as gay, lesbian, bisexual, or transgender.

In other words, it is best not to make assumptions. Respecting your youth's self-identification is very important. As youth grow to trust their foster families, many will eventually share their feelings about gender identity or sexuality more openly.

"Gaining that trust takes time, patience, and consistency. That's what [my foster mother] gave me."
— LGBTQ youth in foster care

Addressing Common Misconceptions

There is a lot of misinformation about sexual orientation and gender identity. Here are some things that are important for you to know about LGBTQ youth in your home:

LGBTQ youth are a lot like other youth. In fact, the similarities that LGBTQ youth in foster care share with other youth in care far outweigh their differences. Most, if not all, youth in foster care have been affected by trauma and loss; they require acceptance and understanding. Making sure your home is welcoming to all differences, including race, ethnicity, disability, religion, gender, and sexual orientation, will help ensure that all youth in your home feel safe and that the youth in your care grow into adults who embrace diversity in all of its forms.

This is not "just a phase." LGBTQ people are coming out (acknowledging their sexual orientation/gender identity to themselves and others) at younger and younger ages. Studies by the Family Acceptance Project have found that most people report being attracted to another person around age 10 and identifying as lesbian, gay, or bisexual (on average) at age 13. Gender identity may begin to form as early as ages 2 to 4.⁴ Someone who has reached the point of telling a foster parent that he or she is LGBTQ has likely given a great deal of thought to his or her own identity and the decision to share it.

No one caused your youth's LGBTQ identity. Sexual orientation and gender

⁴ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

identity are the result of complex genetic, biological, and environmental factors. Your youth's LGBTQ identity is not the result of anything you (or a birth parent, or any other person) did. LGBTQ people come from families of all religious, political, ethnic, and economic backgrounds. Experiencing childhood trauma or reading about, hearing about, or being friends with other LGBTQ people did not "make" the youth become LGBTQ.

LGBTQ youth are no more likely than other youth to be mentally ill or dangerous. These unfortunate myths and stereotypes have no basis in truth. Gay or transgender people are not more likely than heterosexuals or gender-conforming people to molest or otherwise pose a threat to children. And although it is true that LGBTQ people experience higher rates of anxiety, depression, and related behaviors (including alcohol and drug abuse) than the general population, studies show that this is a result of the stress of being LGBTQ in an often-hostile environment, rather than a factor of a person's LGBTQ identity itself.⁵ Professional mental health organizations agree that homosexuality is not a mental disorder and is a natural part of the human condition.

Your youth's LGBTQ identity cannot be changed. Medical and psychological experts agree that attempting to change someone's sexual orientation or gender identity does not work and often causes harm.

⁵ Schlatter, E., & Steinback, R. (2010). 10 anti-gay myths debunked. *Intelligence Report*, no. 140. Retrieved from <http://www.splcenter.org/get-informed/intelligence-report/browse-all-issues/2010/winter>

Many religious groups embrace LGBTQ people. Some people fear that they will have to choose between their faith and supporting their youth's LGBTQ identity—but this is not always the case. Many religious communities welcome LGBTQ youth, adults, and their families. It may be important to know that there are other options if your family does not feel welcomed or comfortable at your place of worship.

LGBTQ Youth and the Child Welfare System

LGBTQ youth are overrepresented in the child welfare system: While approximately 5 to 10 percent of the general population is estimated to be gay, a study conducted in three Midwestern States found that a greater percentage of those aging out of the child welfare system reported a sexual orientation other than heterosexual (24 percent of females and 10 percent of males). These numbers are likely to be underreported because youth who come out often risk harassment and abuse.

Some LGBTQ youth enter the child welfare system for the same reasons that other children and youth enter care: Their birth families are unable to provide a safe, stable, and nurturing home for them due to a parent's incarceration, drug or alcohol abuse, mental illness, or other reasons unrelated to the youth's LGBTQ identity. Others, however, are rejected (and in some cases, neglected or abused) by their families of origin when their families learn that they identify as LGBTQ. Some youth experience

repeated losses—originally adopted as babies or toddlers, they are returned to the system by their adoptive families when they come out.

Youth who are rejected by their families may experience greater risks than other youth in care. Studies show that these youth have lower self-esteem and a much greater chance of health and mental health problems as adults. Compared to other LGBTQ youth, those who are highly rejected by their families because of their sexual orientation or gender identity are:

- More than three times as likely to use illegal drugs or be at high risk for contracting HIV and other STDs
- Nearly six times as likely to experience high levels of depression
- More than eight times as likely to attempt suicide⁶

Unfortunately, a high percentage of LGBTQ youth in foster care experience further verbal harassment or even physical violence after they are placed in out-of-home care. As a result, many of these youth experience multiple disrupted placements, compounding the trauma associated with leaving their families of origin. In one study, as many as 56 percent of LGBTQ youth in care spent some time homeless because they felt safer on the streets than in their

group or foster home.⁷ This maltreatment is partially responsible for the fact that LGBTQ youth make up as many as 40 percent of homeless teens.⁸ Homelessness, in turn, increases the youth's risk of substance abuse, risky sexual behavior, victimization, and contact with the criminal justice system.

The good news is that these risks can be mitigated by foster and adoptive families who are willing to nurture and protect the health, safety, and well-being of these young people. It is essential for child welfare agencies to identify and ensure access to family foster homes that can provide stable, supportive, and welcoming families for LGBTQ adolescents, where youth can develop the strength and self-confidence they need to become successful adults.

Creating a Welcoming Home for Youth

All youth in care need nurturing homes that provide them with a safe place to process their feelings of grief and loss, freedom to express who they are, and structure to support them in becoming responsible, healthy adults. Creating a welcoming foster home for LGBTQ youth is not much

⁷ Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experience of gay and lesbian adolescents in North America's child welfare system*. New York: Columbia University Press. Cited in Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA Best Practice Guidelines: Serving LGBTQ Youth in Out of Home Care*. Washington, DC: Child Welfare League of America. <http://www.ncirights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>

⁸ Administration on Children, Youth and Families. (2011). *Information memorandum: Lesbian, gay, bisexual, transgender and questioning youth in foster care*. Washington, DC: U.S. Department of Health and Human Services.

⁶ Ryan, C. (2009). *Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children*. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

different from creating a safe and supportive home for any youth.

“The most important thing is to allow any youth to feel safe enough to blossom into whoever they are meant to be.”

— *Foster parent*

In fact, youth in care may have difficulty trusting adults (many with good reason), so you may not know a youth’s gender identity or sexual orientation until he or she has spent some time in your home and has grown to trust you. Avoid making assumptions about gender identity or sexual orientation. Any steps you take to make your home welcoming to LGBTQ youth will benefit all children and youth in your care—both by giving LGBTQ youth the freedom to express themselves and by helping heterosexual and gender-conforming youth learn to respect and embrace diversity.

Behaviors that openly reject a youth’s LGBTQ identity must be avoided and not tolerated. This includes slurs or jokes about gender or sexuality and forcing youth to attend activities (including religious activities) that are openly hostile or unsupportive of LGBTQ people. Well-meaning attempts to protect youth from potential harassment, such as “steering” them toward hobbies more typical for their sex (football for boys, for example) or isolating them for the sake of safety, also are experienced as rejection by LGBTQ youth and can have devastating consequences for their self-esteem and well-being.

Consider the following suggestions to make your home a welcoming one,

whether or not a youth in your care openly identifies as LGBTQ:

- Make it clear that slurs or jokes based on gender, gender identity, or sexual orientation are not tolerated in your house. Express your disapproval of these types of jokes or slurs when you encounter them in the community or media.
- Display “hate-free zone” signs or other symbols indicating an LGBTQ-friendly environment (pink triangle, rainbow flag).
- Use gender-neutral language when asking about relationships. For example, instead of, “Do you have a girlfriend?” ask, “Is there anyone special in your life?”
- Celebrate diversity in all forms. Provide access to a variety of books, movies, and materials—including those that positively represent same-sex relationships. Point out LGBTQ celebrities, role models who stand up for the LGBTQ community, and people who demonstrate bravery in the face of social stigma.
- Let youth in your care know that you are willing to listen and talk about anything.
- Support your youth’s self-expression through choices of clothing, jewelry, hairstyle, friends, and room decoration.
- Insist that other family members include and respect all youth in your home.
- Allow youth to participate in activities that interest them, regardless of whether these activities are stereotypically male or female.
- Educate yourself about LGBTQ history, issues, and resources.

“At [my foster mother’s] house, I was able to feel safe and focus on being who I was.”

— *LGBTQ youth in foster care*

If a youth in your care discloses his or her LGBTQ identity, you can show your support in the following ways:

- When a youth discloses his or her LGBTQ identity to you, respond in an affirming, supportive way.
- Understand that the way people identify their sexual orientation or gender identity may change over time.
- Use the name and pronoun (he/she) your youth prefers. (If unclear, ask how he or she prefers to be addressed.)
- Respect your youth’s privacy. Allow him or her to decide when to come out and to whom.
- Avoid double standards: Allow your LGBTQ youth to discuss feelings of attraction and engage in age-appropriate romantic relationships, just as you would a heterosexual youth.
- Welcome your youth’s LGBTQ friends or partner at family get-togethers.
- Connect your youth with LGBTQ organizations, resources, and events. Consider seeking an LGBTQ adult role model for your youth, if possible.
- Reach out for education, resources, and support if you feel the need to deepen your understanding of LGBTQ youth experiences.

- Stand up for your youth when he or she is mistreated.

LGBTQ youth in foster care need permanent homes; they do not need additional disrupted placements. If you are being asked to consider providing foster care to an LGBTQ youth and you feel—for any reason—that you are not able to provide a safe and supportive environment, be honest with your child welfare worker for the sake of both the youth and your family. If you are able to provide an affirming environment, remember that you can talk with your child welfare worker about any questions you may have or support you may need.

Supporting Your Youth in the Community

The support your LGBTQ youth receives in your home is important. However, you also must be prepared to advocate for your youth when needed to ensure that she or he receives appropriate child welfare, health care, mental health, and education services to promote healthy development and self-esteem.

Working With the Child Welfare System

The overwhelming majority of child welfare workers, like foster parents, have the best interest of the children and youth they serve at heart. However, workers are human, and they have their own feelings and biases. While there is no need to assume problems

will arise, it is important to be aware of your youth's rights.⁹ For example:

- **Your youth has the right to confidentiality.** Agencies should not disclose information regarding his or her sexual orientation or gender identity without good reason (e.g., development of a service plan) and the youth's permission.
- **Your youth has the right to an appropriate service plan.** This should include the same permanency planning services provided to heterosexual or gender-conforming youth: The youth's sexual orientation or gender identity alone should not be a reason for a worker to forego attempts to reunite the youth with his or her birth family or seek a permanent adoptive placement. It also includes helping the youth access LGBTQ community programs, if desired.
- **Your youth should be supported in expressing his or her gender identity.** The child welfare agency should respect your youth's preferred pronoun and name.
- **Your youth has the right to request that a new caseworker be assigned,** if the current worker is not addressing his or her needs appropriately.

Health Care and Mental Health Providers

Your youth, like all youth in foster care, has the right to health care and mental health services that address his or her individual needs. In the case of a lesbian, gay, bisexual,

⁹ For more information, see Wilber, Ryan, & Marksamer, 2006, in note on page 5.

or transgender youth, finding a competent, supportive provider may require some additional research. Consider the following:

- **Check with your youth to see whether he or she feels comfortable at agency-recommended service providers.** Although your agency may have preferred providers, you can inquire about other options that work better for your youth. Begin with those who accept Medicaid; however, if the provider your youth needs does not accept Medicaid, the child welfare agency may be able to authorize additional funding for necessary services.
- **Sexual health should be part of every youth's wellness exam.** Competent health-care providers will be able to offer frank, nonjudgmental, and comprehensive education about sexual health that is relevant to LGBTQ youth.
- **Transgender youth need health-care providers who are appropriately trained to address their health concerns.** This includes the ability to discuss, provide, and obtain authorization for medically necessary transition-related treatment, if desired.
- **Be aware of the possibility that your youth might benefit from mental health counseling** about issues that may or may not be related to sexual orientation or gender identity. In addition to typical adolescent concerns, many LGBTQ youth struggle with depression or anxiety as a result of experiencing stigma, discrimination, or harassment. If that is the case, seek a provider who is experienced and

competent in helping LGBTQ youth cope with trauma.

- **Under no circumstances should your LGBTQ youth be forced or encouraged to undergo “conversion therapy.”** Practices intended to change a person’s sexual orientation or gender identity have been condemned by every major medical and mental health association.

Your Youth at School

Unfortunately, bullying and harassment at school are everyday experiences for many LGBTQ youth. In many schools, negative remarks about sexual orientation or gender identity are common from other students, and even faculty or staff. A 2011 survey of more than 8,500 students between the ages of 13 and 20 found that nearly two-thirds of students felt unsafe at school because of their sexual orientation, and 44 percent felt unsafe because of their gender expression.¹⁰ School harassment can have devastating consequences for youth’s education and general well-being. Absenteeism and dropout rates are higher and grade point averages lower among LGBTQ youth experiencing harassment at school.¹¹

If your youth is being bullied or harassed, you may need to work with his or her caseworker, school administrators, school board, and/or PTSA to address the problem.

¹⁰ The Gay, Lesbian & Straight Education Network [GLSEN]. (2012). *The 2011 national school climate survey: Executive summary*. New York: Author.

¹¹ Ibid. Also see, for example, Lambda Legal. (n.d.) *Facts: Gay and lesbian youth in schools*. New York: Author; and Mental Health America (2012). *Bullying and Gay Youth* [webpage]. <http://www.nmha.org/index.cfm?objectid=CA866DCF-1372-4D20-C8EB26EEB30B9982>

The following practices have proven effective for preventing anti-gay harassment and improving school climate for LGBTQ youth:

- **Gay-straight alliances (GSAs).** Students at schools with GSAs hear fewer homophobic remarks, experience less harassment, feel safer at school, and are more likely to receive help when reporting bullying to school personnel.¹²
- **Anti-bullying policies that specifically reference sexual orientation and gender identity.** Students in States with comprehensive safe school laws report fewer suicide attempts.¹³
- **LGBTQ-friendly teachers, curriculum, and resources.** Students in schools with an inclusive curriculum were about twice as likely to report that classmates were somewhat or very accepting of LGBTQ people.¹⁴

Conclusion

The evidence shows that LGBTQ youth are overrepresented in the foster care system and that these youth face serious risks and challenges beyond those experienced by other youth. Rejection by their families and other caregivers exacerbates these risks. If LGBTQ youth are to reach their full

¹² GLSEN, 2012.

¹³ Espelage, D. L. (2011). *Bullying & the lesbian, gay, bisexual, transgender, questioning (LGBTQ) community*. Proceedings of the White House Conference on Bullying Prevention. Retrieved from: <http://www.stopbullying.gov/at-risk/groups/lgbt/white-house-conference-materials.pdf>

¹⁴ GLSEN, 2012.

potential and become healthy, happy adults, they—like all youth in care—need families who can provide permanent, supportive homes during their critical adolescent years. With a little additional education and training, your family can successfully provide a welcoming home to LGBTQ youth in need.

Resources

For Families

- **Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children.** Research showing that families have a major impact on their LGBT children's health, mental health, and well-being. http://www11.georgetown.edu/research/gucchd/nccc/documents/LGBT_Brief.pdf
- **Family Acceptance Project.** A research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families increase support for their LGBT children. <http://familyproject.sfsu.edu>
- **PFLAG.** A national nonprofit organization that supports families through more than 350 chapters in major urban centers, small cities, and rural areas in all 50 States. Selected resources include:
 - **Coming Out Help for Families, Friends, and Allies** <http://community.pflag.org/page.aspx?pid=539>
 - **Our Trans Children.** Answers to frequently asked questions and support
- for family members just learning of their loved one's gender differences. http://www.pflag.org/fileadmin/user_upload/Publications/OTC_5thedition.pdf
- **Be Not Afraid: Help Is on the Way!** A faith-based resource from PFLAG's Straight for Equality program. <http://community.pflag.org/sfe-test/document.doc?id=649>
- **Advocates for Youth: GLBTQ Issues Info for Parents.** Tips for parents of LGBTQ youth, including resources on talking about sexuality. <http://www.advocatesforyouth.org/glbqt-issues-info-for-parents>
- **LGBTQ Youth Resources for Families.** Resource list from the Maternal & Child Health Library at Georgetown University. http://www.mchlibrary.info/families/frb_LGBTQ.html
- **Centers for Disease Control and Prevention.** Education, information, resources, and health services for LGBTQ youth and adults. <http://www.cdc.gov/lgbthealth/>
- **American Psychological Association.** Answers to questions about...
 - **Transgender People, Gender Identity, and Gender Expression.** <http://www.apa.org/topics/sexuality/transgender.aspx>
 - **Sexual Orientation and Homosexuality.** <http://www.apa.org/topics/sexuality/orientation.aspx>

- LGBTQ Youth in the Foster Care System and Legal Rights of Lesbian, Gay, Bisexual, and Transgender Youth in the Child Welfare System.** Factsheets from the National Center for Lesbian Rights.
http://www.nclrights.org/site/DocServer/LGBTQ_Youth_In_Foster_Care_System.pdf?docID=1341 and
http://www.nclrights.org/site/DocServer/LGBTQ_Youth_In_Child_Welfare_System.pdf?docID=1581
 - Getting Down to Basics.** Toolkit from Lambda Legal with resources for those supporting LGBTQ youth in foster care.
<http://www.lambdalegal.org/publications/getting-down-to-basics>
 - It Gets Better Project.** Videos created to show LGBTQ youth that they are not alone and that they have the potential for happy, positive futures, if they can just get through their teen years.
<http://www.itgetsbetter.org>
 - Get Busy. Get Equal.** ACLU resources for LBGT youth about their rights at school and how to advocate for themselves effectively.
<http://www.aclu.org/lgbt-rights>
 - Know Your Rights: Youth.** Legal resources regarding out-of-home care and school issues for LGBTQ youth (from Lambda Legal).
<http://www.lambdalegal.org/issues/teens>
 - Gay, Lesbian, and Straight Education Network.** The leading national education organization focused on ensuring safe schools for all students.
<http://www.glsen.org/cgi-bin/iowa/all/student/index.html>
- For LGBTQ Youth**
- Be Yourself: Questions & Answers for Gay, Lesbian, Bisexual & Transgender Youth.** Clear, straightforward answers for LGBTQ youth.
http://www.pflag.org/fileadmin/user_upload/Publications/Be_Yourself.pdf
 - Represent and YCteen Stories.** Personal stories from youth in foster care.
<http://www.representmag.org/topics/gay+slash+lesbian.html>
 - The Trevor Project.** Crisis intervention and suicide prevention services for LGBTQ youth.
<http://www.thetrevorproject.org>

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U.S. Department of Health and Human Services
 Administration for Children and Families
 Administration on Children, Youth and Families
 Children's Bureau



RESOURCE #4.6: ENSURING SAFETY, PERMANENCY, AND WELL-BEING FOR TRANSGENDER YOUTH

Contributed by: Alison Delpercio

<https://www.nacac.org/resource/transgender-youth-adoption/>

Visibility of the transgender community is steadily increasing due in large part to high-profile transgender people such as Caitlyn Jenner, Laverne Cox, and Janet Mock. These three women, by living openly, are helping to educate the public on what it means to be transgender, the experiences and challenges faced by trans people, and the work we all must do to create a world where no one is discriminated against because of their gender identity or expression.

These lessons are especially important for those of us caring for young people in out-of-home care or who have been adopted. Although research on transgender youth is limited, the information we do have consistently shows that transgender youth are over-represented in systems of care. Many trans youth enter foster care or become homeless after facing rejection by their families and peers.

Like all youth in care, the responses trans youth get from adult caregivers have a huge impact on their well-being. It is especially crucial that we seek the knowledge necessary to ensure that we do not re-traumatize trans youth in our care. And beyond that, that we are able to welcome, support, and affirm them so they can build permanent connections and live to their full potential.

KEY TERMS AND CONCEPTS

When I facilitate LGBTQ competency trainings with child welfare professionals, we always start with an exercise related to terminology. Why? Because language matters. Being able to understand and properly use the language our clients use is key to building trust and creating an inclusive environment.

Let's review some of the basics:

- Sexual orientation refers to a person's inherent, enduring emotional, romantic, or sexual attraction to other people. Examples of sexual orientations include heterosexual/ straight, gay, lesbian, bisexual, and asexual.
- Gender identity refers to a person's innate, deeply known identification as a man, woman, or some other gender. Examples of gender identities include male, female, genderqueer, genderfluid, and bigender.
- Gender expression refers to the external manifestation of a person's gender identity, which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine. Examples of words that describe someone's gender expression include masculine, feminine, androgynous, butch, and femme.
- Transgender is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. (Many people also use the word trans, but it's not acceptable to call someone transgendered.)

Sexual orientation and gender identity are not the same thing. In short, sexual orientation is about whom you love, and gender identity is about who you are. If you know someone's gender identity, you don't know anything about that person's sexual orientation.

Everyone has a sexual orientation, gender identity, and gender expression, although we tend to discuss these concepts only in relationship to the LGBTQ community because of the impact they can have on the lives of LGBTQ people.

UNDERSTANDING WHAT TRANSGENDER MEANS

One of the most important points to grasp is the difference between sex assigned at birth and gender identity. The first thing out of a doctor's mouth when a baby is born is typically a declaration of the baby's sex assigned at birth based on their external genitalia—"It's a girl!" or "It's a boy!" For most people, that declaration aligns with their gender identity. The word to describe people with this experience is cisgender. For some people, their sex assigned at birth is not aligned with their gender identity; the word to describe people with this experience is transgender. For example, a transgender man is male (gender identity) and was assigned female sex at birth.

There is no one transgender experience. The transgender community is diverse in experiences and identities. This is why "transgender" is referred to as an umbrella term—many different experiences and identities fit under its definition. For example, some transgender people will transition from one gender to another, others may not. And not all trans people who transition will seek medical intervention as part of the transition. Some trans people have gender identities that do not fall within the gender binary of male or female. For example, genderqueer people typically reject this binary and embrace a fluidity of gender identity. People who identify as genderqueer may see themselves as being both male and female, neither male nor female, or as falling completely outside these categories.

As we work to improve our practice with trans youth, we need to understand these concepts deeply enough to break them down and answer the questions of those around us—colleagues, supervisors, attorneys, judges, parents, and kin.

TIPS FOR CREATING GENDER-INCLUSIVE ENVIRONMENTS

Every person can play a part in creating environments inclusive of people with all gender identities and expressions. Start by examining the ways in which the gender binary system—the institutionalized enforcement of the notion that there are only two, mutually exclusive and distinct genders: male and female—affects our daily lives. Whether at your workplace, at your child's school, or in your community, you will quickly realize how inescapable the gender binary is.

During your day, take note of how often you must identify yourself as one gender or the other in order to meet your basic needs. For example, the vast majority of public restrooms provide only two options: male or female. Access to safe and gender-appropriate restrooms is a real concern for trans and gender non-conforming people who far too often face ridicule, harassment, and even violence just for using the restroom.

Examine the assumptions you regularly make about people based on their perceived gender and challenge yourself to avoid these assumptions. Strict gender roles and stereotypes limit everyone. Help ensure that the people in your life have the freedom to identify and express themselves in a way that feels true to them. For example, it is not uncommon to hear declarations like, "Boys can't wear pink!" or "Dolls are girl toys," coming from young children as they play. Moments like these are opportunities to speak up and help others understand that there's no such thing as a "girl toy" or a "boy color." There are just toys and colors.

Why is it important to build this awareness? Because our misconceptions or biases rooted in gender stereotypes often become barriers in our work to ensure safety, permanency, and well-being for the youth we serve. If left unexamined, they can prevent us from ensuring the most positive outcomes for young people.

When adults and caregivers reject a young person's gender identity or expression, the negative impact on that young person is severe. Groundbreaking research out of the Family Acceptance Project, led by Dr. Caitlin Ryan, demonstrates the connection between a caregiver's response to a young person's trans identity and that young person's well-being. A young person who is severely rejected is more than eight times as likely to attempt suicide than their peers.

So, what does rejecting behavior look like? Any pressure for a child to be more or less masculine or feminine is a form of rejection. As is refusing to use the name and pronouns that affirm a young person's identity.

It's pivotal to advocate for young people in your care who may face challenges because they don't conform to strict gender stereotypes. If you're the social worker for a teenage girl who wants to buy clothes from the "boys' section," and she is facing resistance from her foster parent, make sure she knows she has your support. Offer to take her shopping yourself. Educate the foster parent about the negative effects of not allowing a young person to dress the way she desires.

Language is an important part of creating gender-inclusive environments. For example, if you don't know someone's pronouns, it is okay to ask and much better to ask than to risk making the wrong assumption.

TIPS FOR WORKERS ON FINDING AFFIRMING PLACEMENTS FOR TRANS YOUTH

Ensuring that foster and adoptive parents are prepared to provide an affirming, gender-inclusive environment is critical. All prospective parents should be provided training to ensure they are prepared to support trans youth. Training should cover the key terms and concepts related to gender identity and expression and the stories and experiences of trans youth, and provide the knowledge and skills necessary to advocate for the child.

When pursuing potential placements for trans youth, be sure to use gender-affirming language and refer to the young person by the name and pronouns that young person wants. Consider reaching out to resource families you've worked with who have qualities conducive to creating an affirming environment. Perhaps the parents don't conform to rigid gender roles and stereotypes themselves. Perhaps they've shown a commitment to learning and a willingness to have their worldview challenged. Maybe they've shown a real ability for working across differences.

Discussions with families about a young trans person joining their home should clearly explain the child's identity, unique needs, strengths, and talents. Conversations specific to the child's gender identity should be handled in a straightforward manner. The more parents understand the child and have a chance to educate themselves, the better prepared they will be to create a safe, affirming environment or to come to the determination that they are not the right family for the child.

In many cases, workers need to be prepared to be advocates for the trans youth in their care—with caregivers, teachers, administrators, and community members. Workers often have to protect young people from discrimination and help them build and maintain a positive identity.

TIPS FOR PARENTS OF TRANS YOUTH

Families with the opportunity to provide a loving, affirming home to a young trans person can take several steps to ensure they are doing their best for the child.

First, they can gather information and learn about the trans community and the key concepts outlined at the beginning of this article. The Human Rights Campaign Foundation has a wealth of resources related to transgender children and youth online at www.hrc.org/trans-youth. PFLAG has a helpful guide to being a trans ally online at www.pflag.org.

Next, it is crucial for parents to support and affirm their child even when they have their own learning to do when it comes to understanding gender identity. As noted above, there are many ways to demonstrate support and acceptance and doing so is essential to ensuring healthy outcomes for the child. Supportive parents allow their children to ask questions, raise concerns, and talk about the issues they are facing. Parents must carefully navigate when and how the child's trans identity is disclosed to others. Depending on the child's age and developmental stage, parents should take the young person's lead in this area. Conversations with the young person should include the risks of rejection, any safety concerns, and the availability and strength of the child's support network.

Parents should also be ready to advocate for the young person. All youth deserve adult caregivers who wholly accept them for who they are and will be in their corner during difficult times. Trans youth are no different and chances are there will be moments when advocacy is needed. For example, in a school setting, it is often necessary to educate teachers and administrators on how to best support a trans youth. HRC recently published a guide on supporting transgender students in K-12 schools that you can access from www.hrc.org/trans-youth. Parents may also have to offer extra support and education in a clinical setting when healthcare providers may not be as knowledgeable as they need to be about trans youth. Faith leaders, congregations, and other community members may also need to be educated about trans issues and encouraged to be supportive.

Finally, parents can connect to the increasingly visible and powerful community of trans kids and their families. It is very important for you to facilitate connections for your child with other trans kids. If a local community is not available in your area, organizations like Gender Spectrum (www.genderspectrum.org) provide opportunities to connect online. Other parents can share invaluable advice and guidance when it comes to navigating the issues and decision points that arise when raising a young trans child. These parents have asked the same questions you will and have found answers that worked for them.

All of us involved in foster care and adoption can and should take advantage of available resources to continue learning about the needs of trans children and youth. We owe it to children to allow them to be their authentic selves and to support them through their life's journey.

CORE TEEN CURRICULUM

SESSION

5

RESOURCES

SESSION 5 RESOURCES

RESOURCE #5.1: SENSORY ACTIVITIES

For many children and youth, sensory integration is key to helping them heal and grow from places of trauma, separation, loss, and grief. The activities in this handout may help your youth stay focused and organized throughout the day. Just as you may jiggle your knee or chew gum to stay awake or soak in a hot tub to unwind, children and youth need to engage in stabilizing, focusing activities too.

Everyone has a unique set of sensory needs. You can expect that an over-aroused or agitated youth will need calming activities while a tired, lethargic, or under-aroused youth needs something more stimulating. Work with your youth to determine the best “menu” of activities to meet their unique needs. Having a plan in place, and even practiced ahead of time, can be a very effective way to equip yourself and your youth with the skills and strategies needed to manage difficult or triggering situations.

As you and your youth get more experience in using these sensory activities and cues, you will find that they have a greater tolerance for challenging situations, may be able to increase their attention span, may decrease difficult behaviors, and should be able to manage transitions without incident. And remember, while many of the activities may seem like things you would typically do with younger children, they can be fun for all ages; moreover, our youth have often lost opportunities to be children when they were young and can benefit from the chance to relive their childhood.

PROPRIOCEPTION

Proprioception is the body’s ability to sense itself, and is guided by receptors in the body (skin, muscles, joints) that connect with the brain through the nervous system so that even without sight, a person knows what his or her body is doing.

Many children with processing disorders report feeling scattered or disjointed which may be related to a faulty proprioceptive sense. Children who are clumsy, uncoordinated, and sensory seeking are often experiencing proprioceptive dysfunction. The following are common signs of proprioceptive dysfunction:

- Sensory Seeking (pushes, writes too hard, plays rough, bangs or shakes feet while sitting, chews, bites, and likes tight clothes)
- Poor Motor Planning/Control & Body Awareness (difficulty going up and down stairs, bumps into people and objects frequently, difficulty riding a bike)
- Poor Postural Control (slumps, unable to stand on one foot, needs to rest head on desk while working)

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Activities to Support Proprioceptive Input

- *Jump!* Have your child jump on a mini-trampoline or rebounder or play hopscotch.
- Push and pull. Have him vacuum, carry books from one room to another, help wash windows or a tabletop, and transfer wet laundry from the washing machine to the dryer.
- Heavy lifting. Without straining, teens and adults can shovel snow or lift free weights.
- Push, pull, and carry. Rake leaves, push heavy objects like firewood in a wheelbarrow, do push-ups against the wall, wear a heavy knapsack (not too heavy!) or pull a luggage cart-style backpack, or mow the lawn with a push mower.
- Reassuring *pressure*. Get a firm massage, use a weighted vest or lap pad from a therapy catalog, or place light weights in the pockets of a fishing, athletic or regular type of vest.

VESTIBULAR

Vestibular input (movement and balance, centered in the inner ear) is critical for brain development beginning in utero. Then after birth, it is how we calm infants and also how we make them smile and giggle. We rock them, bounce them, swing them, and sway them. All of this movement is doing a whole lot more than putting them to sleep or making them smile. It is creating a foundation for the brain and development. This need for movement continues throughout life and is especially crucial in the developmental years, but it is essential throughout our lives to support self-regulation.

For many of our youth this input may not have happened in utero or even in their early childhood. Creating opportunities for experiencing missed childhood activities can be very beneficial and has the added benefit of providing time and space for you to play together – a wonderful healing and relationship-building strategy.

Activities to Support Vestibular Input

- *Swing*. Encourage her to swing on playground swings, trying various types of swings and movements, such as front to back and side to side.
- Get upside down. Have him hang upside down from playground equipment, do somersaults, or ride a loop-de-loop rollercoaster.
- Swing and roll. Encourage her to use playground swings and roll down a grassy or snowy hill (which good proprioceptive input as well).

- Spin. Encourage her to go on amusement park rides that spin, have a Dizzy Disc Jr..
- Swing and spin. Swing on a hammock, use playground swings or merry-go-round (you're never too old!).
- Move that *body!* Do cartwheels, swim (doing flip turns and somersaults in the water), do jumping jacks, and dance.

TACTILE

The tactile sense detects light touch, deep pressure, texture, temperature, vibration, and pain. This includes both the skin covering your body and the skin lining the inside of your mouth. Oral tactile issues can contribute to picky eating and feeding difficulties.

Tactile dysfunction can be seen in several categories:

- Tactile defensiveness is when a youth reacts to harmless, light touches as being potentially dangerous and they may become anxious, aggressive, or withdrawn. Messy activities, certain foods, haircuts or dental cleanings, and the way clothes feel can also trigger reactions.
- Hypo-responsiveness is a very low arousal level, resulting in an inability to be aware of touch. With this dysfunction, a youth may not register pain or discomfort, understand others' response to pain or discomfort, or have an awareness of their body in relation to space or other people.

Touch-seeking is a need for excessive amounts of touch sensations. Some youth will try to touch everything. Often youth with this type of tactile issue will rub or bite their skin, twirl hair (their own and others'), and chew on inedible objects like pencils, toys, and clothing.

Activities to Support Tactile Input

- Food and drink. Provide your child with frozen foods (popsicles, frozen fruit or vegetables) and mixed temperature foods (hot fudge sundae, hot taco with cold toppings, etc.).
- Get in touch with nature. Encourage him to walk barefoot in the grass (avoiding pesticide applications), sand, or dirt. Have him garden and repot indoor plants.
- Choice in clothing. Encourage youth to shop with you, trying on everything to ensure that it feels right. This is also a great way to spend positive time together!
- Tactile hobbies. Sculpt, sew, weave, crochet or knit. Create a scrapbook (which involves lots of pasting and working with different textures). Use sandpaper to smooth a woodworking project. Make things out of clay and try using a potter's wheel.
- "High fives" throughout the day.
- Drawing in sand or salt.
- Tactile box to collect small items and different textures to match and sort.
- Face and body paints, temporary tattoos or stickers.

AUDITORY

Auditory input refers to both what we hear and how we listen, and is physiologically connected with the vestibular sense. In addition to various types of recorded and live music, here are some ways kids and adults can get calming and organizing auditory input.

- *Get outside* and listen. Go to the beach or sit still and listen to the rain, thunder, and so on. If you hear birds singing, try to identify what direction a given bird is calling from.
- Listen to natural sound recordings. There are many recordings of rain falling, ocean waves, bird songs, and so on. Sometimes natural sound recordings also feature light instrumentation with flutes, keyboards, etc. Some children and adults find they sleep better if they play such music.
- Find calming, focusing music. Listen to music specially engineered to promote calm, focus, energy, or creativity. Keep in mind, of course, that musical preference is highly idiosyncratic, so this will take some experimentation. The music you love may distress your youth, while the music he finds so soothing may drive you up the wall.
- Encourage learning to make music. Provide your youth with musical instruments and encourage him to play and even take lessons.
- Create pleasant sounds. Get a white noise machine, tabletop rocks-and-water fountain, or aquarium

VISUAL

Visual input can often be overstimulating for a youth with sensory issues. Think about ways you can simplify the visual field at home or school for a calming, organizing effect. Alternately, if the youth seems “tuned out” and doesn’t respond easily to visual stimulation, add brightly colored objects to encourage visual attention.

- *Avoid excess visuals.* Hide clutter in bins or boxes or behind curtains or doors—a simple, solid-color curtain hung over a bookshelf instantly reduces visual clutter. In rooms where the youth spends a lot of time, try to use solid colored rugs instead of patterned ones. Solid-colored walls in neutral or soft colors are less stimulating than patterned wallpaper in bold colors.
- *Seat him elsewhere.* Have your youth sit at the front of a classroom where there is less distraction. He may also need to sit away from the window to avoid the allure of the outdoors. Some youth do best sitting in the back of the room so they can monitor what other kids are doing without constantly turning around. Work with the teacher and an OT to see which seat placement works best.
- *Be color-sensitive.* Avoid toys, clothes, towels, etc., in colors that your child find distressing.

SMELL

Olfactory input (sense of smell) comes through the nose and goes straight to the most primitive, emotional part of the brain. Many times a smell can trigger a trauma reaction, so take note of and ask them about smells that distress them.

- *Smell inventory.* When youth first join your family, invite them to take a tour throughout your house and yard, using their nose to determine both comfort and discomfort. Do what you can to adjust any odors to increase their sense of belonging.
- *Scent memories.* Ask your youth what smells from his past or present bring warm or happy feelings and memories. Bring those smells (apple kugel baking, pine tree, etc.) into your home naturally.
- *Smell stuff!* Explore scents with your youth to find ones that work best to meet your goal (to soothe him or to wake him up). Everyone has different preferences, but vanilla and rose scents are generally calming. Peppermint and citrus are usually alerting. Let's say your child needs help staying calm and loves vanilla. You can use high-quality vanilla soap and bath oils at bath time, vanilla candles or essential oils in an aromatherapy machine at bedtime, and vanilla body lotion. Avoid synthetic scents.
- *Caution:* Some kids, teens, and adults do not tolerate strong scents well. For them, use unscented laundry detergent and shampoos, and other unscented products.

RESOURCE #5.2: THE COLLABORATIVE PROBLEM SOLVING® (CPS) APPROACH

<http://www.thinkkids.org/learn/our-collaborative-problem-solving-approach/>

Think:Kids is the home of the Collaborative Problem Solving® (CPS) approach. For more than a decade, the CPS model has demonstrated effectiveness with children and adolescents with a wide range of social, emotional, and behavioral challenges across a variety of different settings: from families, schools, mentoring organizations and foster care agencies to therapeutic programs such as inpatient psychiatry units, residential treatment and juvenile detention facilities. This evidence-based model has also been applied in transitional age youth and adult programs as well as used with neurotypically developing kids to foster the development of social emotional skills. Entire states and provinces use CPS to provide a common philosophy and language and a structured, relational process for understanding and helping challenging kids. CPS is a strengths-based, neurobiologically-grounded approach that provides concrete guideposts so as to operationalize trauma-informed care and empower youth and family voice.

THE BASICS: SKILL NOT WILL

As applied to challenging kids, the model sets forth two major tenets: first, that these challenges are best understood as the byproduct of lagging thinking skills (rather than, for example, as attention-seeking, manipulative, limit-testing, or a sign of poor motivation); and second, that these challenges are best addressed by teaching children the skills they lack (rather than through reward and punishment programs and intensive imposition of adult will).

While challenging kids let us know they're struggling in some fairly common ways (screaming, swearing, defying, hitting, spitting, throwing things, breaking things, crying, running, withdrawing, and so forth), they are quite unique as individuals when it comes to the mix of lagging thinking skills that set the stage for these behaviors. This means that prior to focusing on the teaching of cognitive skills one must first identify the skills that are lagging in each individual child or adolescent. The precise skills that may be involved can be found on our [Thinking Skills Inventory](#).

The teaching of these skills may be accomplished in a variety of ways, but primarily through helping challenging children and their adult caretakers learn to resolve problems in a collaborative, mutually satisfactory manner.

SOUNDS A BIT COMPLICATED!

Collaboratively resolving problems with kids isn't necessarily all that complicated, but it isn't something most of us have had a lot of practice at (probably because it hasn't been standard operating procedure with children). Sometimes it can take a while for all involved to feel comfortable with the process. Figuring out what skills a child is lacking can be a bit more complicated, however, especially if one is unfamiliar with the types of skills involved. But that's why we've made available lots of materials and resources to help.

As you might imagine, because this model represents a bit of a departure from the conventional wisdom, many people have misconceptions about the model. For example, some folks believe that implementing CPS means that adults must drop their expectations (it doesn't mean that at all), or that we're simply making excuses for the child (understanding a child's challenges and helping him or her overcome these challenges is a far cry from making excuses...it's hard work), or that adults no longer have the authority to set limits (not to worry...the model does involve setting limits, but in a way that's a little different and probably a lot more effective than what people might be used to).

WHAT ARE PLAN A, PLAN B, AND PLAN C?

When kids don't meet our adult expectations, we need a plan. Collaborative Problem Solving makes explicit that we really only have three options for how to respond to problems with kids. In our CPS approach, we refer to these as your three Plans: Plan A, Plan B and Plan C.

Most often, we adults try to impose our will (in CPS, this is referred to as Plan A) to make a child meet our expectations. Plan A is very popular because we have good expectations for kids, but pursuing those expectations using Plan A also greatly heightens the likelihood of challenging behavior in challenging kids. That's because dealing adaptively with Plan A – having someone else impose their will upon you – requires a variety of skills that challenging kids lack. So, Plan A not only often causes challenging behavior, but it does not teach the skills challenging kids lack. Worse yet, Plan A interferes with the teaching of those skills since it tends to get in the way of developing a helping relationship that is crucial to teaching skills. Even in “ordinary” kids who have the skills to respond to Plan A adaptively, Plan A is simply a lesson in “might makes right” when it comes to problem solving.

Plan C is when we adults decide to drop an expectation, at least for now. A common misconception is that Plan C is “giving in.” Giving in is when adults try to address a problem or unmet expectation using Plan A and then proceed to drop the expectation when they can't impose their will or the child responds poorly. Plan C, on the other contrary, is being strategic. You can't work on all problems all at once. Plan C is a way of prioritizing (i.e., treatment planning) and deciding what you want to address first. By putting some problems or unmet expectations on the “back burner” while addressing problems that are of a higher priority, some challenging behaviors are reduced. We adults are still in charge when using Plan C because we are the ones deciding what to address and what to drop for now.

Plan B is the heart of CPS when adults work together with kids to solve problems in mutually satisfactory and realistic ways.

Plan B involves three basic steps:

Step 1 – Identify and understand the child's concern about the problem to be solved and reassure him or her that imposition of adult will is not how the problem will be resolved.

Step 2 – Identify and share the adults' concerns about the same issue.

Step 3 – The child and adult work to brainstorm solutions together to assess potential solutions and choose one that is both realistic and mutually satisfactory.

Most problems aren't solved in a single Plan B discussion, and Plan B usually feels like slogging through mud in the beginning, but the continuous use of Plan B helps solve problems that are precipitating challenging behavior in a durable way while building helping relationships, thinking skills, intrinsic motivation and confidence.

BESIDES CHALLENGING KIDS, WHO ELSE CAN BENEFIT FROM CPS?

We find that Collaborative Problem Solving approach is applicable to diverse human interactions, but especially those that can result in conflict. Our CPS model can be applied to interactions between classmates, siblings, couples, parents and teachers, and employees and supervisors. All people benefit from learning how to identify and articulate their concerns, hear the concerns of others, and take each other's concerns into account in working toward mutually satisfactory solutions.



Positive Parenting Strategies for the Teenage Years

As children learn new life rules and lessons during the teen years, parents too, need to adapt their parenting techniques. Although teens generally begin spending more time away from their families, they still need active and aware parents. Parenting with love and approval, and taking a positive approach even in moments of frustration are effective ways to guide children during the teen years. This guide discusses strategies for positive parenting, including promoting self-esteem, communicating, resolving conflict and teaching responsibility. *Note*—this guide provides general information only. For specific questions or concerns about parenting issues, speak to your child’s doctor, school, or a mental health professional.

Parent-Teen Relationships

One of the most profound changes in parent-teen relationships is the amount of time parents and children spend together. Teens are home much less often than in earlier years and, when they are home, they are usually in their rooms. Not only do teens enjoy the privacy, it also provides them with an uninterrupted opportunity to listen to music, chat with friends, do homework, etc. Teens also go through periods in which they don’t want to be seen with their parents as they try to assert their independence. This peaks around age 14 but it typically fades quickly. While these natural tendencies of teenagers make it more of a challenge for parents to interact with teens, it’s important that you make time to do so. And, since your time together is limited, make that time pleasurable.

The following tips may help you and your teen spend enjoyable time together:

- **Let your teen see your fun side.** While your child still needs a parent, not a pal, show your teen that you are fun and interesting. Share your excitement about hobbies you have in common, talk to them about aspects of your work they may find interesting, and talk about activities that you find fun. Let your children see you as a person, not just as a parent.
- **Develop common interests.** A teen who enjoys baseball may enjoy talking with a parent about their favorite baseball team. An art-loving teen will appreciate a parent who can discuss the Impressionists or the modern movement. Even if you don’t share common interests, go out of your way to learn about their interests and try to find common ground.
- **Allow your teen space.** Don’t take it personally if your teen isn’t always in the mood to talk, or if he or she wants to be alone with his or her friends. Teens have the right to privacy (within safe limits), just as you do.

Promoting Self-Esteem in Teens

Having a positive self-esteem or self-image means feeling valuable and worth loving. Since teens spend so much time with their friends, a large portion of a teen’s self-image comes from their peers. However, it’s important that you also regularly praise your child and help him or her develop a positive self-esteem. The way teens perceive themselves directly affects how they act and behave.

Teens with a positive self-image tend to feel more competent, have more friends and do better in school. Try these suggestions for fostering self-esteem in your teen.

- **Pay close attention, but respect your teen's privacy.** Being involved shows your child that you care. Know what courses and extracurricular activities your child is involved in and who his or her friends are. Little things, like remembering the names of your child's friends and occasionally asking how they are doing sends the message that you consider your child's life important. At the same time, try to respect your child's privacy and don't pry into insignificant details that your child may not want to share.
- **Compliment your child often, and make sure the praise is genuine.** Your child may shrug off your praise, but underneath, he or she is likely to be glowing with pride.
- **Attend school events.** Your schedule may prevent you from going to every game or recital, but make an effort to be there for the most important ones.
- **Respect your child's concerns.** Don't belittle your child by dismissing his or her worries when he or she is upset.
- **Never criticize your child.** If you disapprove of a behavior, make it clear that you dislike the behavior—not your child. If you must comment on your teen's activities, behaviors, music or fashions, try to be positive rather than hurtful. For example, say, "I really like the sweater you wore last week. It's more flattering than the tank top you have on today."
- **Encourage your child to explore a variety of activities and find areas of expertise.** Succeeding at one or more activities will help your teen gain confidence. Additionally, those who succeed in one area of life tend to have successes in many areas of life.

- **Avoid teasing your child.** Many teens are so sensitive that even good-natured teasing can hurt their feelings.

Communicating Effectively With Teens

Most teenagers still want to communicate with their parents—just not all the time. Privacy, to many teens, is an important part of becoming an adult, and teens may not want to tell you everything that's happening in their lives. This doesn't mean that they are hiding information; rather, it's a sign of becoming more independent. You, in turn, may need to adapt your method of communication by making opportunities for meaningful conversations and learning to "read between the lines." The following tips may help you better communicate with your teen.

Active/Empathetic Listening

Teenagers often complain that their parents don't listen to them. To listen actively to your teen, be sure your conversations take place at a time and in a setting where your complete attention is available. When your child speaks, listen and then repeat your child's major points by saying, for example, "If I understand correctly, you're upset because your teacher seems to be giving you work that is too advanced." It also helps to focus on what you perceive to be your child's feelings about a situation: "I gather you're really angry about this." In this way, you can avoid misunderstandings and, at the same time, help your child identify and manage his or her emotions. Toward the end of the conversation, ask your child if there is anything else he or she would like to talk about and make reference to the discussion. Over the next few weeks, follow up; for example, ask about the level of work the teacher is assigning, how your child is managing it, and how he or she feels now. By reminding your child of the conversation, you show that you were listening—and that you care.

Empathize With Your Teen

Everyone, including your teen, needs empathy—listening without judgment and connecting on an emotional level. For example, if your son complains about the way a teacher treated him, try not to lecture about how he should make an effort to get along better with the teacher; that won't ease his frustration. Instead, listen with a sympathetic ear and tune in to your son's emotions. Think about how you would feel if you had a conflict at work; do you want someone to listen, or hand out advice? Instead, reassure your child that you understand by acknowledging his or her feelings and offering empathy, support and guidance.

Talking With Your Teen

Meaningful conversations with your teenager can be extremely satisfying. An exchange of thoughts, ideas and observations with your teen opens the door, even if just an inch or two, to the many changes he or she is experiencing. It can reassure you that you are doing a good job as a parent; or, at other times, a conversation might tip you off to situations to watch out for. When talking to your teen, consider the following tips:

- **Avoid lecturing.** Teens generally don't like to hear how things used to be or how you think they should be—and may tune you out.
- **Don't act as if you have all the answers.** Ask your child for his or her ideas on how to handle situations. This shows you value your teen's thoughts and opinions.
- **Keep any judgmental thoughts to yourself.** Stick with the subject at hand.

- **Allow your child to talk without interruption until he or she gets to the point.** It may take your child a few minutes to state what is really on his or her mind.
- **Show respect for your child's point of view, even if you don't agree with it.**
- **Develop common interests with your child such as a sport or favorite movie.** Enjoying similar interests and hobbies provides a rich source from which to draw for future conversations.

Tip—Your child should be aware of your schedule and how to reach you at all times. Although teenagers may act as if they don't care, it may make them anxious not knowing your whereabouts and how to get in touch.

Developing Opportunities for Communication

With so many responsibilities and time pressures facing families today, opportunities for family communication can be few. It's important, though, to set aside quality, face-to-face time together to promote communication and assure your child that you are available and accessible. Consider the following approaches:

- **Build structure.** Consider making one dinner a week mandatory for all family members, allowing no telephone interruptions or visits from friends. This gives family members a chance to talk about what's going on and to focus on each other.
- **Seize the moment.** Catch up with your child whenever you have an opportunity, though this may require some spontaneity. Being in a car together is almost always a good chance to talk; ordering a pizza to share when you have a quiet night at home is another way to catch up.

- **Eliminate distractions.** Cutting down on household distractions, such as the radio and television, sets the stage for conversation. Try not to bury yourself in the paper or a book when it's possible to have real communication.

Disciplining Teens

In many ways, there is no more difficult time to practice discipline with your child than during the teen years. These years are a time when parents should be promoting independence by reducing the amount of input they have in their child's life, yet the consequences of bad decisions on the part of teenagers can be great. To help you strike a balance between being overly strict and overly permissive, the following discipline tips may help.

- **Don't overreact.** Overreacting to actions and attitudes that don't actually hurt anyone, including your child, shifts the focus away from what really matters. For example, if you really don't like your child's latest music or fashions, but they are not offensive or inappropriate, do your best to leave your child alone and complain to your spouse or a friend instead.
- **Be clear about the rules.** By making the house rules well known to all, your teen can't plead ignorance for breaking one. You may even want to post house rules in a common area. Additionally, it may help to get input from your teen when making the rules. For example, when setting your teen's curfew, decide together on the time he or she must be home. This may help your teen be more responsible in upholding the rule.
- **Listen before you act.** Sometimes teens honestly do have a valid reason for breaking the rules. It is entirely possible that there really was a flat tire, or that the person who was supposed to provide the ride home showed up late. Hear your child out before you reprimand him or her.

- **Let the punishment fit the crime.** The most effective lessons for teaching teens are consequences, and the seriousness of the consequence should match the crime. A 16-year-old who stays out two hours after curfew needs a strong enough penalty to underscore the seriousness of the offense, perhaps being grounded for two weeks. Not completing an assignment—and getting a poor grade as a result—is an example of a natural consequence that for some teens may be the best teacher.
- **Follow through.** Believe in the rules you set, and once you put them in place, be consistent and stick with them. You can probably assume that your child will come up with many reasons why “this one time” you should bend the rule; occasionally, there may be a valid reason, but consistency is usually the best policy.
- **Remember the power of praise.** Remember to compliment your teen for handling life well. Much of what he or she is learning now is new, and sometimes verbalizing what a good job he or she is doing can do wonders for your teen's confidence—and his or her willingness to cooperate with you.

Setting Limits

All teens need a solid structure in which to function, and the limits you establish and uphold—through your discipline—should provide that. For instance, you'll probably need to set limits for curfews, certain behaviors, school and household responsibilities, and treatment of others. The issues that are important to you, and for which you demand respect, are the real stepping stones in helping your child understand what it is to become an adult.

When setting limits for acceptable behavior, pick your battles. Teens enjoy doing things that make them distinctly different from their parents; it's a normal part of the separation

process, but it can be unnerving for you. For example, a few years ago your child probably dressed as you wished for special occasions; now your child may insist on wearing something you consider inappropriate. The question facing parents, then, is whether to make an issue of the situation. Ask yourself if the situation is worth a confrontation. It may help to remind yourself that your son's green-tipped hair or your daughter's moody behavior is temporary and your child will grow out of it. You may want to save your energy and the impact of your directives for the bigger issues, such as respect for others, academic responsibilities, etc. These are the ones that will help your child eventually create a framework for successful living.

Resolving Conflict With Teens

A certain amount of conflict is natural during the teen years, just as it was when your child was a toddler—also a period of growing independence. Whereas once your child accepted the hour he or she was to be home, now it may be cause for argument. The party your child just “has” to go to, which you won't allow, can trigger tears and tantrums. Even minor issues such as a comment you make about something as insignificant as a movie may be cause for an argument. This struggle is the result of two new directions your teen is starting to take. The first is the issue of separation; chronically disagreeing with you may be your teen's way of showing that he or she is a unique individual. The second is your teen's growing desire for more independence; you may feel that certain freedoms must wait for a few years, but most likely your child does not see things that way.

It may be helpful to know that the conflict most parents endure during their child's teen years usually subsides by the age of 16. In the meantime, here are some tips that may make conflicts easier to manage:

- **Determine the underlying cause of the conflict.** Think beyond the immediate argument to determine what is really at the base of the conflict. For instance, you might insist that your 15-year-old be home during the summer evenings by 8 o'clock—a time when his or her friends are still outside enjoying the twilight. The real conflict, in this case, may be that your child is mature enough for greater independence, but you may be establishing rules that are more appropriate for an 11- or 12-year-old. If you find yourself frequently arguing about similar issues, you may need to re-evaluate your child's maturity, and consider whether the rules you've set are appropriate.
- **Pay attention to your child.** If the conflicts with your teen are more random in nature—spontaneous outbursts that have no central theme—it may indicate that your child is simply seeking your attention. This can be confusing because teens, in their desire to be perceived as independent, often pretend they don't need their parents when, in fact, they need them as much as ever.
- **Don't attempt to resolve a fight when tempers are flaring.** During an argument, often no one can agree on a reasonable solution. Instead of shouting, both of you should walk away and calm down. Agree to come back to the problem later, when you both have had time to quiet down and give meaningful thought to the issue.

- **Set up regular discussion times with your teen.** Having a scheduled time—perhaps Sunday after dinner—to talk or take a walk together can be enormously helpful. A critical part of these get-togethers is offering suggestions and ideas about changing or updating certain rules. This is also an opportunity for your teen to be heard. When your teen knows you are listening, he or she is more apt to listen to you.
- **Seek outside help if necessary.** Should the conflicts with your teen escalate, become more intense, or become destructive to your relationship, seek help. Talk to your child’s doctor or guidance counselor or ask if your employer offers any benefits that provide counseling, information or referrals on parenting issues.

Teaching Values to Teens

An important developmental task of adolescence is learning to make sound decisions that are guided by personal values and opinions. Ideally, some values have already been established in early childhood through the influence of family, friends and teachers. During the teen years, children are frequently required to act upon the values they have learned as they are faced with more important decisions that test their morals and beliefs. In making these choices, teens begin to refine their set of personal values.

To some degree, the values your child adopts may be defined by your own family and beliefs. Religion, attitudes toward the extended family, and ethnic and cultural identity are just some of the areas in which family values vary considerably. However, there are certain values, such as honesty and kindness that most likely you have been teaching to your child since infancy. Your job is to reinforce them in the teen years. Should your child come home announcing how “cool” it is that a friend shoplifted, be firm about your disapproval. It’s likely that your child is testing you with these types of remarks to see how important honesty really is to you.

Parents as Role Models

Parents serve as constant role models for their children. Although you may not realize it, your child watches you—so be aware of the messages you are sending. Ask yourself the following questions and think about the values you are exhibiting through your own behavior:

- Are you always honest? Do you ever ask your child to lie for you?
- Do you avoid gossip?
- Do you show respect for other people?
- Do you practice good health habits?
- Do you treat your own life as valuable? For example, do you seek out hobbies and pursuits that are pleasurable for you?
- Do you have a regular set of friends who you respect and enjoy?
- Do you take pride in what you do—at home and at work?

You can reinforce your value system with your child by taking advantage of teaching moments as they come along. The nightly news, current movies and books, situations at school and with friends—all of these contain subjects that can lead to a discussion of values. But most important, continually reinforce your own values through your actions and words—and be consistent. Inconsistency will only confuse your teen and make it difficult to determine what your true values are.

Mutual Respect for the Entire Family

Respect is another value that is important to teach within your home. When it comes to showing respect, you must truly act as the model for your children. As children turn 14 or 15, they become keenly aware of having a measure of respect shown to them. By showing this respect you are winning on two counts: You are helping your children feel good about themselves, and you are modeling what you expect in return—for yourself and others in the family. While parenting styles may vary, you may want to try these simple,

straightforward rules for establishing respect in your household, and adapt them as you see fit:

- Name-calling of any sort is not acceptable. Label the action if you must, but never the person.
- Bullying, either verbally or physically, will not be tolerated.
- Belittling, humiliating or other attempts to make another person feel less worthy are not allowed.
- Apologize when you are wrong.
- Listen without interruption to what others have to say.
- Respect others' rights to privacy, property and independent thoughts.

By establishing rules for living with others in a respectful manner, you are fostering an open, friendly and comforting environment for you, your partner and your children. These guidelines can also help your children learn how to develop strong, healthy relationships with others that are based on trust and respect.

Teaching Teens Diversity

Many teenagers in their mid high-school years have a strong sense of fairness and a tolerance for those who are different from themselves. This fair-mindedness, however, isn't typical of younger teens who still want to be like others and often ridicule those who are different. Not all young teens are intolerant, but be prepared to handle it should this attitude surface in your teen. The following suggestions may help you build tolerance in your child.

- **Don't let intolerant comments slide.** Any time your teen makes an intolerant comment, make it a point to ask why he or she feels this way (without becoming angry or defensive) and engage him or her in a general discussion about tolerance.

- **Point out examples of intolerance.** Be watchful for examples of discrimination on the news, in movies, etc., especially for more subtle forms of discrimination that your child may not pick up, such as why there are few women in certain jobs. Invite your teen to express his or her opinion of why this is so, and talk about how certain groups are excluded from the privileges that others enjoy.
- **Look for positive examples in your daily life.** Your child will benefit from seeing how people happily and successfully live in tolerance and acceptance of others. For example, point out similarities between your family and families of different races, religions and cultures.

Community Participation

It is also important to teach your child the value of helping others. In recent years, many schools have instituted a requirement for students to perform community work to help them build a broader sense of individual responsibility. The goal is to teach children the importance of volunteer work, and open their eyes to the situation of others who are less fortunate. Even if your child's school doesn't have such a program, you can promote awareness of the importance of community service. The following tips may help:

- Encourage your child to participate in extracurricular activities that promote active community work, such as Key club, Habitat for Humanity, etc.
- Suggest that your child participate in food or clothing drives, or fundraisers, and other charitable activities.
- Review charity requests as a family, discussing what each charity does and deciding together which ones the family should support.
- Involve the whole family. Take part in community activities through your church, neighborhood association, tenants groups or other volunteer groups.

Teaching Teens Responsibility

Another major role for parents of teens is encouraging freedom and independence and getting them to accept additional responsibilities. Of course, the amount of independence your teen should be given, and how soon, may cause some friction between you and your child. By the early teen years, a child should be practicing some routine household responsibilities such as chores. Throughout the teen years, increasing emphasis should be placed on academic work, family obligations, job responsibilities and finances.

Encouraging your child to make his or her own decisions—and holding him or her accountable for the consequences—may help your teen to become more independent. The following tips may help prepare your child for adulthood.

- **Support activities and friendships outside the family.** Holding your teen back will probably not stop him or her from exploring new activities or relationships. In fact, it may make your child hide things from you. Encouraging exploration allows your teen a sense of control over his or her interests.
- **Agree on weekly domestic chores.** Making your teen responsible for dusting once a week, taking out the trash, or cooking one meal each week may help your child feel like a part of the overall family and will prepare him or her for the day when domestic chores are solely your teen's responsibility.
- **Help your teen make wise decisions.** For example, if your teen wants to go on a camping trip the weekend before a math test, ask him or her to list the likely outcomes for each alternative (camping versus time for study). Stress that ultimately the decision is his or hers. Giving your teen the chance to make such a decision (and suffer the possible consequences) may teach the lesson that decisions have consequences.

- **Allow some flexibility.** Providing your child with some room to negotiate rules may teach him or her to plan ahead. For example, if your child's regular curfew is 11 o'clock, but he or she wants to attend a play that ends at that time, then agree upon a new curfew for that evening.

Teaching Teens Academic Responsibility

Beginning around the seventh grade, children often discover that school becomes more demanding. As they move into junior high and high school, teachers place more emphasis on the seriousness of academics. The work generally becomes more difficult, and regular studying becomes a necessity for most. Plus, this is a time when students learn about the importance of their permanent record—the transcript that spells out all of their grades. While school can become more stressful for many, these growing academic demands are also an important element in teaching greater responsibility toward life in general.

As your child progresses from junior high to high school, continue to support him or her in school as much as possible.

Although you may still wish to review homework and school projects once your child reaches high school, he or she should be able to manage most responsibilities with less guidance from you. In fact, an older teen may even resent too much parental involvement. Consider the following tips for teaching your teen academic responsibility.

- **Provide your child with an assignment book.** A notebook helps your child record, prioritize and meet deadlines. Help your child organize it so that his or her deadlines and priorities are met.
- **Promote a good study environment.** Make sure you provide all necessary materials for your child to complete assignments (e.g., pens, pencils, dictionary, calculator, etc.), and make any physical changes your child feels would help him or her study better (e.g., a quiet place to study, good

lighting, a bigger bulletin board, an atlas or world map, extra shelving, a desk elsewhere in the house, etc.).

- **Discuss how outside activities impact his or her school schedule.** If your child has too much on his or her plate (e.g., sports, band practice, a part-time job, etc.), and schoolwork is suffering as a result, discuss why and when it might be necessary to scale back other activities to make sure academic responsibilities are being fulfilled.
- **Touch base with your child regularly.** Although you are teaching your teen independence, remain involved enough to ensure that he or she is meeting academic responsibilities.
- **Never do work for your child.** If you do your child's work, the lesson you are teaching your teen is that he or she can avoid responsibility.
- **Stress the importance of homework.** As work gets more difficult, children need the daily reinforcement of homework to advance in a subject matter. This will become more apparent to students as they reach ninth and tenth grades and are dealing with more demanding classes.
- **Be enthusiastic and compliment your child when he or she brings home good grades.** Avoid asking your child why he or she got a 95 instead of 100, or a "B" instead of an "A"—congratulate your child on the good grade even if it isn't the top one.
- **Discuss poor grades with your child and come up with a plan for improvement.** Ask your child why he felt he received the poor grade and brainstorm ideas on how he or she can improve. By talking to your child, you can help your child recognize that his or her academic performance is a direct reflection of his or her work and study habits—and consequently, he or she has the power to change it.

- **Stay involved.** Offer to help—perhaps by reviewing test questions, going over vocabulary words or Spanish lessons, etc.—but don't offer to do assignments.
- **Attend all parent-teacher nights, and talk to school personnel about your child's strengths and weaknesses and how you can best help your child from home.** Share what you learned with your child or have them attend certain portions of meetings (if appropriate).
- **Encourage your child to seek extra help if necessary.** Often, teachers offer to help students who are having trouble in class; or you can consider hiring a tutor for your child if he or she continues to struggle academically.

Preparing for College

If your child is planning to go to college, he or she will need to start the application process during the second half of junior year of high school. Often the school's college counselor or guidance counselor will hold a meeting for teens and parents to explain the process and the timeline for college applications, as well as the possibilities for financial aid. If your child's school doesn't have such a meeting, call for an appointment with your child's guidance counselor to discuss these issues.

Promoting Learning at Home

The value of a stimulating environment, so heavily stressed for children in their younger years, is sometimes forgotten when it comes to teenagers. However, the teen years are when some of the most exciting and interesting qualities of a child are starting to emerge, and regular conversations about a range of subjects can be both productive and

fascinating. Following are some suggestions for promoting learning at home:

- **Stay involved.** Initiate conversations with your child about various subjects; he or she will probably enjoy informing you about his or her teacher's observations and theories, as well as his or her own thoughts.
- **Discuss current events.** Bring up current events, community affairs and other topics to stimulate engaging conversations with family members.
- **Visit cultural places.** Consider seeing movies with a historical focus, visiting museums, art exhibits, cultural events, etc. Visit a Civil War battleground or a Revolutionary-era fort en route to your beach vacation.
- **Encourage reading.** Make books, magazines and newspapers a staple in your home. Be a role model by reading often. You may even want to choose books with your teen that you will both read and discuss later.

Television and Computers as Learning Tools

Teens, as a group, tend to be fascinated by the media—whether it's television, music or the Internet—and this can be a bonus in today's technology-driven world. More than ever before, teens are using media to research and complete assignments; communicate with friends and teachers; and even build their own web sites. Educational software can help your child get ahead in school, learn to manage money, create art and much more. At the same time, teens are at risk of being exposed to inappropriate content. As always, being involved in your child's life is the best way to make sure he or she is gaining educational benefits from the media—and avoiding the dangers. You can easily supervise your child's computer and television use by keeping them in the family room or a common area of your house. Ask your child regularly what types of assignments he or she is researching on the Internet; review software,

video games, television programs and movies before you allow your child to view them; and limit the amount of time your child can spend on the computer or watching television. Additionally, consider calling your local cable company to block inappropriate channels and/or install blocking software on your computer that can block access to certain web sites or chat rooms.

Teaching Teens to Manage Money

Teens need to learn how to handle their money—whether from an allowance or from a part-time job—in a responsible manner. Learning to manage money well may build your child's self-esteem and provide him or her with a sense of security. The following tips may help you teach your child to successfully manage money.

- **Consider giving your child an allowance as a way of teaching financial responsibility.** Decide with your child the amount that is reasonable and what expenses the money will cover. Start smaller with younger teens, providing enough money to cover weekly entertainment plans, school incidentals and small purchases such as nail polish or baseball cards. Older teens, though, may need more money to cover clothing or other larger purchases.
- **Help your child find a job that interests him or her.** This will help your teen realize that jobs have benefits other than just paychecks.
- **Create a budget with your teen.** Whether you provide an allowance or your teen earns money by working, help your child learn to budget. For example, if your child wants to go out for pizza with friends after school on Tuesday, show him or her on paper how this will impact his or her expenses.

- **Don't give in to requests for extra money.** Once you have agreed on the amount of your child's allowance (or once his or her weekly paycheck has been spent) try not to give in to requests for more money. Strict adherence is the only way a child truly learns how to manage his or her money. If you are continually ready with your wallet in hand, your child will assume that somehow there will always be someone to rescue him or her.
- **Stress the importance of savings.** One way a child learns the benefits of saving, is to decide on a particular item he or she would like to own. Discuss with your child how much money is to be put away over what span of time; the reward at the end is not only the desired item, but he or she will also see how a little money saved regularly becomes a large amount.

There is some controversy among professionals and parents over paying a child for helping out around the house. If you feel strongly that unpaid regular chores are part of your teen's family responsibility, you should, of course, act accordingly. In fact, some experts say that having unpaid chores can help a child feel more confident about his or her role in the family unit. If, however, your child needs more spending money than you want to provide in an allowance, you may want to consider incorporating both points of view: Assign some regular, unpaid chores, and offer others as financial incentives.

Teaching Teens About Jobs

Whether or not your child is planning to attend college, teens can learn much about themselves and the world, and gain a good deal of independence and responsibility, by holding a job. Among other things, they learn the importance of being punctual, fulfilling duties, and how to manage their time and tasks. Plus, a job helps teens appreciate the value of a paycheck and can also teach them how to save and budget.

Note—A student applying for financial aid for college should be aware that any savings in his or her name are considered applicable for college—in fact, schools expect students to contribute around one third of their total assets, while parental assets are counted at a lower rate (around five to six percent of their assets). If your teen would like to find after-school employment, evaluate the situation together. In most cases, experts recommend that teens limit their work hours during the school year to no more than 10 to 15 hours per week to allow them enough time to devote to their studies, sports and other school activities. In fact, the federal Fair Labor Standards Act (FLSA) is designed to protect minors by restricting the number of hours they are allowed to work. Restricting your teen's working hours assures that he or she has adequate time to spend at home—and gives you a chance to keep an eye on what is going on in your teen's life. Rather than regular, hourly employment, your child may even do better with occasional employment, such as baby-sitting, golf caddying, pet-sitting, doing yard and house chores, running errands, etc.—all of these offer opportunities for teens to make money without compromising time spent on school and family activities.

Helpful Resources

The following organizations may prove helpful with parenting teens.

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016
202-966-7300
www.aacap.org

This organization helps parents and families understand developmental, behavioral, emotional and mental disorders affecting children and adolescents. The web site offers fact sheets for parents and caregivers and information on child and adolescent psychiatry.

Family Education Network

www.familyeducation.com

This web site offers message boards, as well as tips and articles on a variety of family subjects, including advice from parenting, health and medical experts on school violence, education values, discipline, date rape, sex education and more. It also provides links to related web sites.

National PTA

541 N Fairbanks Court, Suite 1300
Chicago, IL 60611
800-307-4PTA (4782)
www.pta.org

The National PTA deals with a variety of education issues and develops current information, programs and projects encouraging parents to participate in their children's education. They focus on issues such as violence prevention, critical television viewing skills, environmental awareness, HIV/AIDS education, self-esteem in children, school bus safety, legislative issues, raising alcohol-and drug-free children and more.

The National Parenting Center

www.tnpc.com

This web site offers online articles written by parenting authorities, live chat and a list of book reviews and related web sites. Topics addressed include body image, communication, drug use, sex, suicide, education and family relationships. Members receive a monthly newsletter.

National Stepfamily Resource Center

www.stepfamilies.info

A nonprofit membership organization that provides education, training and support for stepfamilies. A quarterly publication is available, as well as books and other resources for adults and children. There is a fee to become a member of this organization. Non-members can also purchase its publication, "Stepfamilies."

TV Parental Guidelines

PO Box 14097
Washington, D.C. 20004
202-879-9364
www.tvguidelines.org

This organization offers precautionary information so parents can choose which television programs they want to see—or not to see. A copy of the guidelines can be requested in writing or can be accessed on the web site.

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RESOURCE #5.4: CARING FOR KIDS—HOW TO TALK WITH YOUR TEEN

https://www.caringforkids.cpS.ca/handouts/talk_with_your_teen

The teenage years are full of change for both parents and teenagers. Not only are teens growing and changing physically, but they are developing their identity and becoming more independent.

The hormones that drive puberty and bring on its physical changes also affect how a teen thinks and feels. At the same time, major changes happen in the adolescent brain, influencing judgment, decision-making, and emotions. Teens test their limits and try very hard to fit into their peer groups. You might even think that your teen's friends have become more important to him than you and your family.

WHY IS HEALTHY COMMUNICATION IMPORTANT?

As your teen moves toward adulthood, it's normal and natural for her to put distance between herself and family. But it's more important than ever to keep the lines of communication open. If your teen feels she can talk to you, then she knows you will listen and consider her views, and chances are you have and will continue to have a healthy relationship.

By encouraging open and honest conversation, your teen is more likely to come to you for the important stuff—like relationships, school, sex, drugs—rather than turning to friends for help and guidance or feeling alone.

HERE ARE SOME TIPS TO HELP YOU COMMUNICATE WITH YOUR TEEN:

Talk with your teen about his interests (music, sports, hobbies, plans for the weekend, future goals). Show interest. For example, if your teen is interested in theatre and you prefer sports, have an open-mind and explore theatre with them.

Schedule family time. All teens need to feel that they're a valued member of the family. Part of that will come from setting aside family time to do regular activities together, such as going to the movies, going for a hike or skating. Family meals are an excellent way to connect with each other and talk about the things that happened during the day. Research also shows that having at least one family meal a day can prevent your teen from experimenting with risky health behavior. Spending time as a family will help you know your teen as he grows and develops.

Listen. Teens want their parents to listen to their stories, concerns and feelings with patience, understanding, and acceptance. Your teen needs to believe he can share problems and issues and know that you will support him. It's also a good idea to repeat her own words when discussing what your teen tells you so that she knows you understand.

Be prepared and willing to discuss the things he wants to talk about. Think about the things your teen might want to talk about (relationships, sex, drugs, alcohol) so that you are ready when he comes to you with difficult questions or ideas.

Treat your teen with respect and don't dismiss his feeling or opinions. Find ways to discuss and acknowledge your differences without judging. Listen to your teen's point of view with an open mind. Active listening will help your teen feel important, know that you take her concerns seriously, and will strengthen your relationship. As teens grow, they also develop real expertise in things. Try to recognize your teen's knowledge and learn from them too.

Be trustworthy. Don't make fun of your teen or share his personal stories with others. Respecting your teen's desire for privacy is important. If you do, he is more likely to talk about issues like violence, abuse, harassment or severe mood problems.

Stay calm and try not to get frustrated. Your questions and tone of voice might put your teen on the defensive.

Offer help. The challenge is to be involved without intruding and to let your teen know you are always available. Ask your teen if they would like some advice. Sometimes, teens are not interested in advice but just want to talk. Ask them how they think they should handle an issue they've brought up. This allows them to bounce ideas around, without you telling them what to do.

Encourage your teen to take on age-appropriate chores and responsibilities that will prepare him for adulthood. For example, if your child doesn't learn how to make his lunch by 13-14, they are not going to suddenly start doing it right when they move out. Embrace opportunities for growth.

Avoid lectures. If your teen's stories spark a lecture from you, she'll be less likely to share with you another time. Express your concerns but know that it's normal for teens to experiment. Be upfront about the rules and consequences.

Keep it short, and to the point. Teens generally won't stay focused for long conversations.

Plan. Set aside regular time to catch up or talk about issues your teen is facing. Another good place to talk with your teen is while travelling together in the car, when you have a captive audience.

Don't rely on texting. While text messages can be a good way to keep in touch with your teen, try to have more important conversations in person. Texting leaves too much room for misinterpretation and texts can easily be ignored.

Step away. If a conversation becomes emotional or heated, it is probably a good idea to step away and come back to it when everyone has calmed down.

Be honest about your feelings. If you are, your teen may be more open with you.

CORE TEEN CURRICULUM

SESSION

6

RESOURCES

SESSION 6 RESOURCES

RESOURCE #6.1: RELATIONSHIPS AND SEXUALITY: HOW TO SUPPORT YOUTH IN FOSTER CARE AND ADOPTION

by Kayla VanDyke, NACAC youth engagement coordinator
<https://www.nacac.org/resource/relationships-and-sexuality/>

Kayla was in foster care and uses her experience in a number of capacities to make a difference in the lives of other youth. After graduating from Hamline University, Kayla led the national It's Complicated project, which sought to bring comprehensive sexuality and relationship training to youth in foster care. Kayla has served as NACAC's youth engagement coordinator since April 2015 and, in this position, works to elevate and create opportunities for young people across North America as part of NACAC's Community Champions Network.

When we imagine success for youth who are or have been in foster care, we often think about employment and educational achievement. As a parent or professional, we acknowledge that the systems put in place for these young people often don't prepare them with the skills and environment necessary to achieve at the same level as their peers. In instances of education, it's easy to identify where youth might need added supports and over the years many laws have been adopted to help address these needs. One area that has been consistently ignored or simply mishandled at great cost, however, is sexuality and relationships.

KEY RELATIONSHIP AND SEXUALITY ISSUES

Negative outcomes related to sexuality and relationships manifest at disproportionate rates for youth who have been in foster care (Taussig, 2002). In one longitudinal study conducted by the University of Chicago, females ages 17 and 18 in foster care had a pregnancy rate of 33 percent, nearly double that of the general population. These young people were also more likely than their peers to experience a repeat pregnancy by the age of 19 (Boonstra, 2011). Previous data from the National Survey on Child and Adolescent Wellbeing concluded that 20 percent of child welfare-involved youth (compared to 8 percent of the general population) had reported having their first consensual sexual experience before the age of 13 (James, 2009).

What research shows is that despite having similar access to reproductive health education, young people involved in child welfare are more likely than their peers to engage in sexual activity early and to experience negative sexual health outcomes. One thing that differentiates outcomes for foster youth is that they are more likely to be faced with unmet relationship needs from their primary caregivers. For many youth, it's the unconscious desire to satiate those unmet familial connections that later motivates their choices around love and dating as adolescents and adults. Unlike most effects of trauma, which can manifest (and thus be addressed) early in a young person's life, issues around relationships often aren't expressed and dealt with until much later, when problems have already occurred.

Lacking the personal understanding to assert and maintain proper relationship boundaries with romantic partners can have long-lasting negative consequences for young people, with the most publicized being an increased vulnerability to sex trafficking and sexual exploitation (Kitrla, 2011). Although these outcomes receive the most attention, they are by no means the only potential pitfalls experienced by youth involved in the child welfare system related to their sexual and emotional health. Other problems can include difficulty with trust, willingness to trust or attach too quickly, or changing oneself to please a partner.

At the core of these young people's vulnerability is the feeling of having been abandoned or the perceived absence of love and value from their biological family. Young people with this trauma typically manifest these insecurities in a fervent drive to be affirmed and find stability through romantic partnerships. Because young people who have been in foster care are more likely than their peers to have a mental health diagnosis, they're also coming to terms and coping with relationship issues with an added layer of challenges (Taussig, 2002).

In my work as the coordinator for FosterClub's It's Complicated Project, I would sometimes get questions from frustrated parents who were at a loss for why their young person's romantic partner is worryingly over-prioritized above all other areas of the youth's life and relationships. Unlike the support and love endowed to youth from adoptive, foster, and institutional placements, romantic relationships can often appear at first as being unmotivated by necessity and thus more sincere. This sometimes inherent trust allotted to potential partners can be incredibly risky for young people if they lack the self-assurance and positive relationship role modeling needed to identify manipulation and other dangers.

WHAT PARENTS AND PROFESSIONALS CAN DO TO HELP

Dating and forming romantic attachments is a normal part of the teenage experience for most youth. That said, there are a lot of very natural concerns you may have about allowing your teen to date. Are they going to engage in risky behavior? Will it distract them from school and other activities? Allowing a young person to date does not mean that you are permissive of these behaviors, only that you are willing to let them have the space necessary to engage with their peers in an age-appropriate way. The following are a few pieces of practical advice for parents and caregivers hoping to facilitate the development of healthy relationship skills in the young people they care about.

1: Give them a safe and structured platform for practice

To some extent, dating is a skill that's learned over time. It requires us to have a well-rounded understanding of who we are and what we're looking for in another person. Just as your first relationship was likely not your last, it's important for young people to be able to practice the skills they'll need to create and know the difference between healthy and unhealthy relationships. This is something that can be preliminarily learned through observation but must ultimately be practiced through experience.

The key to creating an environment in which your young person can safely learn these interpersonal skills is to establish expectations and a strong sense of trust around communication. Be clear and realistic about the rules you have for dating and allow opportunities for your young person to socialize. This might mean that you only allow dates to happen when there is an adult present or on certain nights that don't conflict with family time.

Challenge yourself to be conscious of how you talk about difficult issues and make sure your young person feels safe enough to come to you with problems they're having. The fear of consequences and judgment can be alienating to youth and close them off from being open with you when problems do occur. Remember that everyone makes mistakes and that ultimately what's most important is that they learn from them.

2: Be knowledgeable and empathetic to some of the ways youth express their trauma

Understanding how and when trauma is manifesting itself in the actions of your youth can be incredibly challenging. In times of intense stress or emotional compromise, young people who've experienced trauma are often left with a set of tools geared toward mitigating their personal suffering in the short term. Unlike typical youth behavioral problems (which virtually all parents deal with), actions and perceptions rooted in trauma can be maladaptive in ways that can lead to long-lasting negative behaviors.

As an adult supporter, you don't need to be a therapist to help youth heal and coach them away from negative behaviors. Listed below are a few commonly expressed sexuality and relationship behaviors associated with trauma. Identifying and being empathetic to the potential source of these behaviors is an important step in being able to help your young person cope more constructively.

Skin hunger and hypersexuality — the intense desire to relate and connect to people through physical and or sexual contact. Physical contact produces the hormone oxytocin, which is responsible for our feelings of love and connection. It's thought that normal oxytocin regulation is partially formed by our developmental experiences as a child. If a young person was adopted from an environment in which they were not touched or comforted regularly during their development, then it's possible for their oxytocin response to be abnormally expressed, which can cause some children and youth to have a stronger response to touch (Uvnäs-Moberg, 2015). Physical contact can also act as a way for youth to soothe themselves against the effects of trauma and feel affirmed in relationships they may otherwise fear are as fragile as their past placements. Young people that express skin hunger or hypersexuality may lack appropriate physical boundaries and seek to become sexually active earlier as a complete or partial supplement to feeling secure in a relationship.

How to respond: Instead of isolating these youth from relationships entirely, focus on dating environments that are supervised and keep youth physically engaged in a shared activity. Consider involving your child's partner in a family game night or alternatively limit their dates to times when you will be home.

If you suspect your young person might become sexually active or already is, it's important to engage them in an open conversation about sexual health, reproduction, and consent. Young people are easily alienated by these conversations and likely won't respond positively if your talk is consequence based. Assure your young person that you care about them and acknowledge their own role in keeping themselves safe.

Life boating — a term that refers to the survivalist behavior of entering into relationships for support and resources. An example of life boating might include a youth who begins a relationship for the sake of having a place to stay or a family to visit over the holidays. Life boating can also take the form of serial dating and prevent the young person from developing emotional independence. This type of behavior is usually motivated by need and can deliver young people into hazardous dependencies with potential partners.

How to respond: This coping mechanism is common for older youth who lack—or perceive themselves as lacking—permanent family connections. To help young people begin processing the nature of their relationships, engage them in a conversation around what they objectively enjoy about this other person and how they are treated in the relationship. You might consider starting the conversation off indirectly by asking them what they think makes a good relationship in general. Create a dialogue by giving your own examples and tie the conversation back into what they perceive to be the positives and negatives of their own relationship.

Relationship testing — the often unconscious process of damaging or terminating relationships as a way to evaluate the strength or sincerity of a bond. Many youth who have been in foster care have significant issues of trust and identity and may feel insecure about how others feel about them. Creating turbulence in the relationship can give the young person a semblance of power over what they might anticipate is an inevitable rejection.

How to respond: If you notice your young person abruptly ending or creating drama in relationships that you otherwise perceived as stable, ask them about the specifics of their decision. Choices made through quick emotional outbursts are often unprocessed and based in pain aversion, so talking about it rationally can often illuminate for youth a motivation they didn't know they had. Be careful when discussing a young person's choice of romantic partner, though. You don't want to encourage someone to stay in a relationship that doesn't feel right.

The chameleon effect — changing to fit the desires and personality of a romantic partner. Entering into a new family in foster care or adoption means learning to fit in and adapt to an entirely new home culture. The micronuances—unconscious and recognized—of your last home might not be applicable to your new family, and the burden of fitting in often falls on the young person to figure out. In its more benign form, this might mean a young person participates in an interest common to the family just so they can feel connected.

Sometimes, though, this skill can become so practiced that it actually causes a youth to change his identity to mirror those around them. As a result, young people may never get the opportunity to learn and develop an independent and consistent sense of self. This lack of a stable identity can cause them trouble in nearly every facet of their life and prevent them from being able to identify negative people and behaviors.

How to respond: Help your young person develop stability in their identity by being actively interested and supportive of their interests and expression. Give the youth as many opportunities to explore and express their individuality in a reaffirming environment as possible, even if their choices are unfamiliar to you. If you see significant changes in the youth, ask questions about their motivation.

3: Become an example of what it means to be in a healthy relationship with others

A child's first example of what it means to be in a relationship comes from the adult interactions they observe. In particular, the relationships demonstrated to them by their parents create a foundation of standards and social norms that are likely to carry into their interpersonal relationships.

Yours is likely not the first relationship that this young person has seen. When trying to understand the motivations of your young person, consider the potential for their past experiences to shape their actions with others. For a young person who has come to associate abuse and neglect with romantic partnerships, it may be incredibly difficult to identify when they are becoming the perpetrators or victims of mistreatment.

Something you may want to consider is how you can make disagreements between you and your spouse or partner an opportunity for the young people in your home to see what healthy conflict resolution looks like. Wait for a potential conflict to arise or plan one with your partner to showcase the importance of communication and the standard of non-violence in a disagreement. Talk with your teen about how you resolve conflict and what works best for you.

SUPPORT MAKES A DIFFERENCE

I began to date at 16, shortly after my sister aged out of our foster placement. I wasn't allowed to see her and had no other healthy family connections. Retreating into relationships became a way for me to feel loved and supported in the absence of a strong and stable support network. Although I had issues with serial dating and an unwillingness to be alone, in general my experiences helped me gain a better understanding of myself and what I would and should expect in a romantic partner.

Unlike many others, I had the support of an advocacy intervention service to help me process my trauma and learn healthy coping mechanisms that applied to my future relationships. Without the guidance of my mentors and training, however, I too could have fallen into one of the more potentially troubling outcomes too common in the foster care and adoption community such as teen pregnancy and relationship abuse (Courtney, 2001). Regrettably, the type of support I received is not part of the typical menu of resources offered to youth in care as they begin to realize their independence. We owe it to young people to offer them these supports to help ensure that they have the best chance of succeeding in romantic relationships, just as we seek to secure their success in education and employment.

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RESOURCE #6.2: 10 TIPS FOR FOSTER PARENTS TO HELP THEIR FOSTER YOUTH
AVOID TEEN PREGNANCY

<http://www.courts.ca.gov/documents/BTB24-2J-12.pdf>

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY
WWW.TEENPREGNANCY.ORG

1776 Massachusetts Avenue, NW - Suite 200 - Washington, DC 20036 - 202-478-8500 - 202-478-8588 Fax

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

10 TIPS for Foster Parents
To Help Their Foster Youth Avoid Teen Pregnancy

The good news for parents and other caring adults, including foster parents, is that there is much they can do to help influence their children's decisions about sex. Foster youth say they want to discuss sex, love, and relationships with their foster parents, but some are embarrassed or feel uncomfortable starting the conversation. The same holds true for foster parents. They often don't know what to say, how to say it, or when to start. This guide offers some ideas to help foster parents strengthen their relationships with foster youth. It also offers some ideas on how best to communicate about sex, love, and relationships.

Youth in foster care are at greater risk for early pregnancy than teens in general. One study finds that almost one-third of girls in foster care become pregnant at least once by age 17—almost one-half by age 19.¹ Preventing early pregnancy and parenting is important for a number of reasons. Compared to women who delay childbearing, teen mothers are more likely to drop out of school and to live in poverty. Their children are more likely to experience abuse and neglect, enter the child welfare system, be born at low birth weight or mentally retarded, grow up poor, perform poorly in school, and have insufficient health care. Daughters of teen mothers are more likely to become teen parents. Sons of teen mothers are more likely to be incarcerated.

This brochure provides tips on such topics as the importance of maintaining strong, close relationships with children and teens, setting clear expectations for them, and communicating honestly and often with them. Research supports these common sense lessons: not only are they good ideas generally to promote positive youth development, but they can also help teens delay becoming sexually active, as well as encourage those who are having sex to make more responsible choices and use contraception carefully. ■

¹ Ellner, L., Courtney, M. (2006). *Foster Care Youth*, 26. Washington, DC: National Campaign to Prevent Teen Pregnancy.

TIP # 1

Build a relationship based on trust and compassion.

Some foster youth have had few positive relationships with adults. Many have been moved from home to home, others have experienced abuse and neglect. Let them know early and often that they are welcome in your home, it is safe, and that you care about them. Show them they are important and valued. In other words, do all you can to build a warm, trusting relationship right from the start. Your foster child will feel more comfortable talking to you about a personal topic such as sex, if they feel they can trust you. Understand, too, that a close relationship between caring adults and teens helps young people avoid multiple risky behavior, including early pregnancy and parenthood.

Of special concern: Building strong relationships and talking about sex can be more complex if your foster youth has been sexually abused. They may blame themselves for the abuse. They may have confused feelings about the meaning and purpose of sex. Foster parents, along with a team of case workers and mental health professionals, must work together with the youth to effectively manage anger, teach what is appropriate sexual behavior, and rebuild self esteem and trusting relationships with adults. ■

"Before you have the sex talk, get to know your foster kids better. Don't start talking about it as soon as they enter your house. We (foster youth) build trust with foster parents little by little until we get to the point to where we truly do trust them." ~ Advice from a foster teen to foster parents

TIP # 2

Talk with your foster children often about sex, and be specific.

Ideally, age-appropriate conversations about relationships and intimacy should begin early in a child's life and continue through adolescence. Even if your foster child enters your house as an older teen, it's never too late to talk to them about sex. All kids need a lot of communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. Resist "the talk" — make it an ongoing conversation. Remember to talk to both your foster daughters and foster sons. Remember too that both foster mothers and foster fathers should be involved in these conversations.

When you start the conversation, make sure that it is honest, open, non-judgmental, and respectful.

Be sure to have a two-way conversation, not a one-way lecture. Ask your teens what *they* think and what they know so you can correct misunderstandings or myths. Ask what worries them. Be a good listener and let your teens talk. Tell them truthfully and confidently what you think and why you think this way. If you're not sure about some issues, tell them that, too.

By the way, research clearly shows that talking with your children about sex does not encourage them to become sexually

"It can't be a one-time conversation, like 'Yeah, I can check that off the list—I had the sex education conversation.' It needs to be an ongoing conversation." ~ Foster father

active. Also keep in mind that your own behavior should match your words. Teens are careful watchers of adults and are very sensitive to hypocrisy.

Don't feel as though you have to "know it all." Teens need help in understanding the meaning of sex, not just how all the body parts work. Tell them about love and sex, and what the difference is. Talk to them about the future and commitment. And remember to talk about the reasons that kids find sex interesting and enticing: discussing only the "downside" of unplanned pregnancy and disease misses many of the issues on teenagers' minds. You will be a better communicator if you are sensitive to your foster youth's culture and religion, as well as their sexual orientation.

Some foster youth have a strong desire to have a child right away. They may seek to create their own family as a source of stable relationships and unconditional love. Have a frank and detailed discussion with your foster teens about how they plan to support a baby through 18 years of life and provide the emotional and financial opportunities they want for their children. Oftentimes, youth do not fully understand the true costs of raising a child. You can help give them a reality check.

Keep your case worker informed about your discussions with your foster youth. He or she can reinforce your messages with the foster youth and support you with any concerns you may have.

Be an askable foster parent. Here are some of the kinds of questions that your foster children may want to discuss:

- How do I know if I'm in love? Will sex bring me closer to my girlfriend/boyfriend?
- How will I know when I'm ready to have sex?
- Will having sex make me popular? How will sex affect my relationships now and in the future?

- How do I tell my boyfriend that I don't want to have sex without losing him or hurting his feelings?
- How do I manage pressure from my girlfriend to have sex?
- How do I deal with pressure from my friends to have sex?
- How does contraception work? Are some methods better than others? Are they safe?
- Can you get pregnant the first time?
- Why should I wait to have a baby?

Be a parent with a point of view. Don't be shy about saying:

- I think sex should be associated with commitment and teens simply aren't ready to commit.
- When you eventually do have sex, always use protection until you are ready to have a child.
- Have a plan. Think in advance about how you'll handle the heat of the moment. Will you say "no"? Will you use contraception? What if your partner wants to have sex but doesn't want to use contraception?
- It's okay to think about sex and feel sexual desire; everybody does. But it doesn't mean you have to act on these feelings now.
- One of the many reasons I'm concerned about drinking and drug use is that they are often linked to bad decisions about sex.
- Having a baby doesn't make you a man. Being strong enough to wait and act responsibly does.
- You don't have to have sex to keep a boyfriend. If sex is the price of a close relationship, then think again about the relationship. ■

TIP # 3

Spend quality time with your foster child.

Teens who are close to their parents/foster parents and feel supported by them are more likely to wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently. Simply having a caring parent around can make a real difference.

Family activities such as going out to the movies or outdoor activities can be quite important in a foster child's life. Try to eat and/or cook dinner together as often as possible and use the time for conversation, not confrontation. Something as simple as a car ride can be a perfect time to have meaningful conversations and learn about each other. Be supportive and be interested in what interests them. Attend their sports events; learn about their hobbies; be enthusiastic about their achievements, even the little ones; ask them questions that show you care and want to know what is going on in their lives. ■

"Quality time is the time that child will allow you to have, so make the most of it. It could be an hour or just 10 minutes. Get them to open up and talk to you – build a relationship and friendship with them." ~ Foster mother

TIP # 4

Supervise and monitor your foster children and adolescents.

Do your best to establish rules, curfews, and standards of expected behavior, preferably through open family discussions. This may be difficult since some foster children may try to test your parental limits. Foster youth may contact their birth parents in hopes they will disagree with your rules. However, most foster teens respect guidelines and structure — it shows that you care about them.

If your foster child gets out of school at 3 pm and you don't get home from work until 6 pm, who is responsible for making certain that your foster child is not only safe during those hours, but also involved in positive activities? Where are they when they go out with friends? Are there adults around who are in charge? Supervising and monitoring your foster child's whereabouts doesn't make you a nag; it makes you a caring foster parent. ■

TIP # 5

Know your foster children's friends and their families.

Clearly, friends have a strong influence on each other — both positive and negative. Foster parents should know that there is much they can do to help build on positive peer influence, and help foster teens steer clear of risky friendships. Whenever possible, meet the parents of your foster child's friends so that you can get to know them and try to establish common rules and expectations. It is easier to enforce a curfew that all your foster child's friends share rather than one that makes him or her different — but even if your views don't match those of other parents, hold fast to your convictions. Welcome your foster child's friends into your home and talk to them openly.

Keep in mind that if your foster child has moved around often, she/he may have to make a whole new set of friends. Some foster teens do not want anyone to know they are in foster care and may be reluctant for their foster parents to meet their friends. Don't be discouraged. ■

"I often invite the parents of my foster children's friends over for dinner to get to know the family." ~ Foster mother

"I drop my foster daughter off at friends' houses and go in and meet the parents." ~ Foster mother

"My house is the 'hang out.' I have plenty of food around and games for them to play. At times it's inconvenient, but it works. I know that my foster children are safe and it's an opportunity to get to know their friends too." ~ Foster mother

TIP # 6

Know what your foster kids are watching, reading, and listening to.

Today's teenagers spend over 40 hours *each week* consuming media. Television, music, movies, videos, magazines, and the Internet send many messages about sex: Sex often has no meaning or consequences, unplanned pregnancy seldom happens, and few people in the media having sex ever seem to be married or even especially committed to each other. Is this consistent with your expectations and values? If not, it is important to talk with your foster children about what the media portray and what you think about it.

Encourage your kids to think critically: ask them what they think about the programs or movies they watch and the music they listen to. Watch their favorite shows with them and ask whether what they see on TV relates to anything in their lives or their friend's lives. While you cannot fully control what your foster children see and hear, you can certainly make your views known and control the media in your own house. For example, you can put the computer and television in an open space, not in a bedroom, so that they are easier to monitor. ■

"I watch BET, I sit there with them. We watch the rap videos and we talk about movies, religion, their friends—everything. You have got to be able to communicate with them at all costs." ~ Foster father

TIP # 7

Don't forget the boys — Talk to your foster sons and your foster daughters. Avoid the double standard.

The 820,000 teen girls who get pregnant each year don't do it alone. Boys may feel a lot of pressure to have sex to prove something to their friends or to impress a girl. Talk with boys — not just girls — about the emotional and health consequences of sex, responsibility, love, and values. Boys need to know that teen pregnancy has serious consequences for them, too. Some people have said that "a few minutes of pleasure can lead to 18 years of responsibility." Tell them how becoming a parent carries financial consequences and can interfere with achieving their educational and career goals. ■

TIP # 8

Discourage dating at an early age. Watch out for age differences in relationships.

Allowing your foster teens to enter a serious dating relationship much before age 16 can lead to increased risk for getting pregnant. Instead, support group activities. Make your strong feelings about this known early on — that way it won't appear as though you disapprove of a particular person.

In addition, take a strong stand against your foster daughter dating a boy significantly older than she is. Don't allow your foster son to develop an intense relationship with a girl much younger than he is.

Try setting a limit of no more than a two- (or at most three) year age difference. Older guys often seem more mature or even glamorous to a younger girl. The power differences between younger girls and older boys, however, can lead girls into risky situations, including unwanted sex and sex with no protection. Young boys with older girls bring similar risks. ■

“I have a no dating rule for my younger teens. But once they start driving, it's difficult to forbid dating. I talk to my older foster teens about what they want in a relationship and about their definition of dating. I have them bring their boyfriend or girlfriend over to the house so I can meet them. I try to meet the parents too.” ~ Foster mother

“Older men take advantage of you because they think you don't know any better.” ~ Foster teen

TIP # 9

Encourage your foster child to become involved in positive activities such as sports, arts, community-service, faith-based activities, or other after-school programs.

Getting involved in hobbies, sports, or the arts can help foster youth build confidence and self-esteem by mastering skills. Self-esteem is earned, not given. One of the best ways to earn it is by doing something well. Give them something positive to say “yes” to by providing them with alternatives to engaging in risky behavior. Community service, in particular, not only teaches job skills, but can also put teens in touch with other committed and caring adults. Many religious organizations have positive youth activities. Check out the resources for foster youth in your community such as camps, mentoring programs, and college preparation courses. ■

“My foster parent had me involved in extra-curricular activities. Tap dancing, math classes, after-school programs, etc. And that was good, it took my mind off of the negative things in my life. I didn't have so much free time on my hands to actually think about sex.” ~ Foster teen

TIP # 10

Help your foster teens to have options for the future that are more attractive than early pregnancy and parenthood.

The chances that your foster children will delay sex, pregnancy, and parenthood are significantly increased if they believe they have a successful future ahead of them. This means highlighting their talents, helping them set meaningful goals for the future, talking to them in concrete terms about what it will take to reach their goals, and providing help along the way. Encourage them to take school seriously and graduate high school. Take them to visit college campuses. Teach them to use free time in a constructive way, such as setting aside time to complete homework assignments. Explain how becoming pregnant or causing a pregnancy can get in the way of their plans for the future. Let them know that they will be able to provide their children with a better life than they had growing up if they wait until they finish school, have a good job, and are in a stable, caring relationship. Some foster youth may feel it is impossible to achieve all these things. Regardless, it is still important to encourage them to have aspirations and help them make those aspirations a reality. ■

“If you have already made plans or have goals of what you plan to do with your life, then having a baby is definitely going to delay that.” ~ Foster teen

A final note.

Becoming a foster parent can be one of life’s most rewarding and challenging responsibilities. Helping any youth navigate the passage to adulthood, in general, and avoid such problems as pregnancy, violence, drugs, alcohol, smoking, and school failure can be daunting. Remember that you can make a difference. In particular, a close relationship with your foster children can be the best protection of all. It’s never too early or too late to strengthen a relationship with a teenager or to educate them about sex, love, and relationships.

Need more information?

The National Campaign to Prevent Teen Pregnancy offers many resources for parents in general on teen pregnancy. These materials include brochures and videos; all of them are low cost and many of them are free to download. Please visit the parent section of our website at www.teenpregnancy.org.

The National Foster Parent Association is a national organization which strives to support foster parents and remains a consistently strong voice on behalf of all children. Their website has links to state foster parent associations. Please visit www.nfpa-inc.org/.

FosterClub is a national organization with a mission to provide encouragement, motivation, information, education, and benefits for foster youth. Their website features stories from successful former foster youth, contests, and opportunities for youth to send in opinions about their foster care experience, and more. Please visit www.fosterclub.com and www.fyi3.com.

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RESOURCE #6.3: PARENTING CHILDREN OR YOUTH WHO ARE SEXUALLY REACTIVE

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<https://www.nacac.org/resource/parenting-children-or-youth-who-are-sexually-reactive/>

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Nothing stirs up discomfort in parents more than combining the topics of children and sex. Unfortunately, many children who have been in foster care are at high risk of having sexualized behaviors.

When parenting children who have sexualized reactions, we need to wrestle with our own views of sexuality. For many parents, this topic provokes deep reactions of fear and feeling out of control. And children's sexualized reactions or sexual acting out tend to be a deal-breaker for many families. Caregivers whose children have sexualized reactions often feel shame and experience significant isolation.

We parents need to challenge ourselves to achieve a deeper level of understanding when our children are struggling with these issues. The more discomfort we have, the higher probability we will react with shame and anger when our children express sexualized reactions.

DEFINITIONS

Let's start with the basics. What is the difference between "sexually reactive" and "sexually abusive"?

- Sexual reactivity is when a child reacts in a sexual manner to things that happen. It can also identify developmental steps the child missed and dysfunctional coping and behaviors—those things that are significantly different than society's norms.
- Sexually abusive means using sexual behaviors to control, threaten, harass, exploit, intimidate, etc.

Research has shown that a child who has suffered extreme neglect can begin acting in sexually reactive ways, seeking self-stimulation to relieve stress. Early exposure to sexual trauma or incomprehensible sexual stimuli may contribute to hyper-sexuality or sexual behavior problems. But it's important to keep in mind that every child who has been sexually abused does not act out in sexually aggressive ways. And it's important to know that every child who has sexually reactive behavior does not go on to more dangerous behaviors. With consistent, calm correction and loving support—including educating about boundaries and sharing accurate information about sex—most children learn healthy ways to have their needs met.

As professionals and family members, it is critical that we do not label children with sexual behavior problems as perpetrators.

WHAT IS NORMAL SEXUAL BEHAVIOR?

With Children

We have to remember that everyone is a sexual being, to some extent. For children, normal sexual behavior includes:

- genital or reproduction conversations with peers or similar age siblings
- “show me yours/I’ll show you mine” actions with peers
- playing “doctor”
- occasional masturbation, without penetration
- kissing or flirting
- dirty words or jokes within peer group

Again, we need to keep in mind that although these are normal behaviors, this does not mean we don’t educate and set boundaries. For example, masturbation, when it is not obsessive, is a normal behavior. It is our job to educate and set boundaries when children are going outside the norm. For example, your child is masturbating in the living room, you educate and set a limit by saying, “I know it probably feels good, but masturbating is a private act, and this is not a private place. That’s something you do when you’re alone in your bedroom or bathroom.”

These are behaviors that would be of concern in children:

- preoccupation with sexual themes (especially sexually aggressive)
- pulling others’ skirt up or pants down
- sexually explicit or precocious conversation with peers
- creating sexual graffiti (especially chronic or targeted at individuals)
- sexual teasing or embarrassment of others
- single cases of peeping, exposing, obscenities, pornographic interest, frottage (rubbing against the clothed body of another for gratification)
- preoccupation with masturbation
- mutual or group masturbation
- simulation of foreplay with dolls or peers with clothing on

The following behaviors are highly concerning:

- sexually explicit conversations with individuals of a very different age
- touching others’ genitals
- degrading self or others with sexual themes
- forcing exposure of others’ genitals
- inducing fear or threatening of force
- sexually explicit proposals/threats (verbal, written, or electronic)
- repeated or chronic peeping
- compulsive masturbation (or with penetration)
- simulating intercourse with dolls, peers, animals (humping)

These are outright danger signs:

- oral, vaginal, or anal penetration of dolls, children, animals
- forcing others to touch their genitals
- simulating intercourse with peers with clothing off
- any genital injury or bleeding (not explained by a known accidental cause)

With Adolescents

Normal sexual behavior in adolescents includes:

- explicit conversation with peers
- obscenities or jokes
- innuendo or flirting
- erotic interest or masturbation
- courtship, hugging, and kissing
- foreplay
- mutual masturbation
- monogamous intercourse (stable or serial)

Our values may tell us to restrict the above behaviors, but they are not abnormal, developmentally harmful, or illegal. Remember, parents can and should still educate and set boundaries.

These are behaviors that may raise concerns with adolescents:

- preoccupation with sex or anxiety regarding sexuality
- pornographic interest
- having sex with multiple partners (not being monogamous)
- sexually aggressive themes
- targeting individuals or embarrassing others
- violating body space or personal boundaries
- single occurrence of peeping or exposing self
- “grinding” with one of same age
- mooning and obscene gestures

The following are concerning:

- compulsive masturbation
- degradation or humiliation of others
- attempting to expose others
- use of sexually aggressive porn
- sexual conversation or contact with significantly younger or older individuals
- grabbing, goosing, and explicit sexual threats

And these behaviors are illegal for all age groups:

- sexual abuse
- molestation
- harassment
- obscene calls, texts, emails, posts
- voyeurism
- exhibitionism
- grinding against another without consent
- child sexual abuse
- child pornography
- rape
- bestiality

Also of concern are implications of unequal power during sexual activity: strength differential, power of popularity, self-image differential, arbitrary labels (“leader,” “boss,” etc.), and fantasy roles in play (“king,” “doctor,” “daddy,” etc.). An important question is whether it’s fun for both or just one. Other obvious signs of inequality are age differences, size differences, having authority (such as when babysitting or tutoring), or groups against one person or a smaller group.

It’s important to judge each situation individually. For example, significant age differences can be concerning, but if a 17-year-old is in a monogamous relationship with a 22-year-old, we need to look at if the relationship involves coercion or control or respect and kindness. No matter how much we don’t want our child in a sexual relationship, the above relationship is a different concern than a 17-year-old who has serial or multiple partners, even of the same age.

SO, WHAT DO WE AS PARENTS DO?

Below are steps you can take if you’re parenting a child who is sexually reactive or who has concerning behaviors. Please know that this parenting can be hard, and it is critical that parents have an ongoing support system. I’ve found it very useful to have peer support and foster or adoption groups that do not vilify the child, but focus on high structure and high relationship building.

Get Comfortable with Sex

First, you’ll need to get comfortable with your own sexuality and sexual beliefs—use proper names for body parts, do your own therapy if necessary, and talk with other parents. You can practice having conversations about sex with your co-parent or a friend. You can also keep a journal and reflect on what makes you anxious, so you begin to normalize it. Do you have your own trauma history to address? For a parent, self-reflective skills are important. If you are addressing a trauma history, you need to think about how you can take baby steps toward changing yourself, so you are better able to help your child.

As a parent, you also need to be aware that kids are watching, listening to, and learning from you. Make sure they are learning the right things about sexuality. Avoid sexual jokes and innuendos. Don’t use sarcasm or make fun. Most children with trauma histories are not able to see humor about themselves and will be hurt and confused.

Build Opportunities for Your Child's Development

There are a few deficits that, when they are more serious than is normal for the child's age, seem to be associated with the risk of controlling behaviors:

- acting out instead of using more effective communication
- lack of empathy; failure to recognize harm
- not having a sense of responsibility for one's own behavior and the harm it causes

To address these deficits, parents can focus on the following skill development with their child: effective and clear communication, empathy for others, and responsibility and accountability for their actions.

To be successful, parents need to think about how children normally acquire these skills and try to recreate opportunities for development in kids' daily lives. Keep in mind the child's developmental age, which may be different than their chronological age.

Teach them to reflect on and come to understand what their triggers are, as well as what expected norms are. Here are some strategies and topics:

- Ask your child: What is a friend? How does a friend act or behave? What's OK to ask a friend to do or not to do?
- For teaching empathy, you can ask: What is a problem? What's a small problem? What's a bigger problem? Who is it a problem for? Explain why sexual reactivity is a problem for them and others. Help them to understand the underlying emotions behind their behaviors, as well as the risks of harm to themselves and others.
- Use examples you see in the media or in the world to help them reflect without getting defensive and shameful. For example, if you and your daughter are out shopping and see a child do something unkind, you can say, "Wow. Did you see that?" How do you think the other person felt? Do you think that is a small, medium, or big problem?" They learn but don't feel shame because it's not about them. Parents have to be on alert for these opportunities; as they teach, they are also building a relationship.
- You can use your child's painful experience to empathize. One method is to mirror the child's emotion back to them and talk about what you see: "I can see it hurt your feelings when you weren't invited to the party. That would have hurt me too." If that is too much intimacy for your child, simplify: "That sucks! That hurts me that you were not invited!" You should show these emotions on your face when talking. Follow this conversation with an invitation to do something fun—play a game, go for a walk, bake cookies.

Respond to Challenging Behaviors

When behaviors come to your attention, you can take the following steps:

- First calm yourself down. You can't reach your child if your emotions are out of control.
- Next, think about safety. Is there a need to intervene immediately to protect the child or another person?

- Clearly communicate to the child that they are not in trouble and that you want them to be safe.
- Ask yourself, “Can I take care of this or do I need a professional?” To figure that out, ask yourself if you think your child or others are not safe. If the answer is yes, probably, or maybe, involve a professional. If professional help is indicated, take those steps.
- Talk about what happened with your child, while demonstrating your love and ongoing commitment. She has to trust that you will stand by her so you can engage in the next steps.

Most children are on the low end of challenging behaviors and with basic, continual observations and education about boundaries, behaviors will diminish. But remember that you have to think about safety first. Be certain that your child has truly earned your trust. Never set him up for failure by rushing into believing that “it was nothing.”

Even as behaviors diminish, continue to look for changes over time. As your child develops, sexually reactive behavior can reemerge, so you have more work to do. This can be very disheartening, but it is expected, and you can succeed. The most challenging times for boys is often between ages 10 to 13.

When you are tuned into your kid, you can sense when things are off. That’s the time to pull them close and simplify their life. Many children are reacting to stress and revert to old learned behaviors. Because sexual behavior may be a stress release, it is critical for parents to de-stress and de-clutter the child’s life.

Ensure Safety

You need to start with safety for everyone, including your child. This is a non-negotiable in the work of emotional healing. When a child is running the energy in the home, no one feels safe.

Create a safety plan for your home and your child. That plan begins with sleeping arrangements and bathroom use.

Where is each child sleeping? If a child is reacting or acting out sexually—on any level—they should not be sharing a room with another child or pet. (Don’t overlook the importance of keeping pets safe as well.) Is there an alarm on the child’s door and window? This helps keep everyone safe and creates an active attachment cycle for the parent to meet the needs of the child. Imagine your child wakes in the night to use the bathroom. When the alarm sounds, you respond immediately, ensuring they get to the bathroom and back with a loving parent by their side. This brings you closer by replicating the kind of trust and attachment cycle they may not have experienced as a baby or toddler.

If a child is in school, to whom and what do you share? The level of sexual reactivity will determine this. For lesser concerns, let the school counselor and principal know your child has had some significant trauma and you are working with the child and other professionals to promote healing. If there is a danger to others, you need to be clear about this and work with the school to set up a safety plan that protects your child and others. The child should not be in bathrooms or other rooms alone with children. The child can use the nurse’s bathroom or be escorted by an aide.

Safety plans should address specific events during the school day: bathroom use, recess, lunch, transition between classes, gym class (showers and changing room), fields trips, and bus rides. The plan must address these free moments. You and your helping professional will help the school handle the situation with care and caution, ensuring safety while protecting your child's privacy and dignity. Educate school staff about attachment and the impact of trauma. Pay attention to your child's friendships and connections. If there's another student your child is targeting or if another student targets your child, make sure the two are not in the same class, at the same recess, etc. In some cases, you may have to move to a school that is able to meet your child's needs.

If your child is unable or unwilling to take responsibility for their actions, it is critical to keep him within sight at all times. It is your job to keep your child and others safe. The most effective strategy is to have the child "shadow" the parent or a trusted adult. This means the child has to stick with the parent at all times.

While they are shadowing, be sure the child has something engaging to do. An activity that engages mind and hands is great—Play-Doh, Legos, mindful coloring books, or other crafts are good options. Remember the key to success is that you are projecting love and care, not resentment, anger, or emotional distance, which are counterproductive.

Anytime your child is dysregulated, they need to be pulled closer to you. These are opportunities to meet their needs and create a healthy attachment cycle. Kids need and want to know that even with their big and unsafe feelings, parents will help carry their load. The child needs to stay with you until they are regulated and reconnected.

Shadowing can last for months or even years, if needed, but it has been effective at keeping everyone safe. As loving parents, we sometimes can set our children up for failure, when we give our trust too early. Remember shadowing is not punishment. It is keeping others, including pets, safe and avoiding failure. Make sure your tone, body posture, and eyes don't communicate punishment, or this will not be healing.

Obviously, this level of commitment can be exhausting. Self-care is critical. If you have other children, find opportunities to spend time with them. If you are part of couple, share the responsibility. Do you have a trusted family member who can help? Is there a respite provider you can find through your support network? Remember to take care of yourself and your other children to reduce resentment, shaming, or blaming. Negative reactions from family members can undo all your hard work!

Seek a Therapist When Needed

As noted above, when safety—your child's or anyone else's—is at risk, you need to involve a qualified professional. Experienced attachment/trauma therapists recognize parents are a major part of the healing team. They partner with parents, coaching with tools and techniques to enhance the work done in therapy and promote the trust, safety, and relationship needed to help traumatized children heal. Your child doesn't have to like the therapist. The therapist represents hard work and will push the child to be open and vulnerable. But the right therapist is someone you can build a level of trust with and who will work with you as a partner. (See box below for more on choosing a therapist.)

It is important that parents are included in therapy sessions as a participant or observer at all times. The goal is to have your child attach to you, not the therapist. Therapists who don't work directly with parents allow the child to triangulate the parent and therapist, which further damages the child and strains the family relationship.

Build Relationship with Your Child

By keeping your child safe at home, you build attachment and demonstrate unconditional commitment while addressing behaviors and working at healing. While creating this therapeutic environment, don't forget to create fun, play, and mutual enjoyment! Go for a walk or bike ride with your child. Go camping or fishing. Support or join them in a hobby they like. Encourage them to play sports. Help them sustain positive friendships. All of these factors are important in helping a child to heal, build self-esteem, and succeed.

Take Care of Yourself

Remember, the most important person in your child's life is you, even when they do not know it or show it. Understand that their behaviors are not a reflection of you. Do not give up. Find and use all the resources available—other experienced parents, support groups, mental health professionals, your faith community, respite, specialized groups for children and youth, and other resources that help sustain you and make things better.

Parents also need to de-stress and simplify their own lives so they can focus on necessary self-care. It is hard work to parent children with trauma histories and sexually reactive behaviors, and requires you to be at your best!

Questions to Use When Interviewing an Attachment or Trauma Therapist

- What training has the therapist received? How many hours of supervised training in attachment therapy? What trauma training have they received? Was training provided by a recognized, competent attachment or trauma therapist?
- Is the therapist licensed by the state? Has the therapist ever been censured or disciplined by a state licensing board?
- How long has the therapist been treating children with reactive attachment disorder, developmental trauma disorder, or post-traumatic stress disorder?
- How does the therapist keep up with the latest findings in this field?
- What initial assessment of the child and the family is done prior to treatment?
- What is the therapist's experience treating children with moderate to severe attachment disorder? Young children? Teens? Children who were internationally adopted or adopted from foster care? (whichever fits your child)
- What are the therapist's treatment philosophies and goals?
- What techniques are used? What modalities are used? Are these explained prior to treatment?
- What adjunct therapies does this therapist tend to recommend, if any (sensory integration, neurofeedback, nutrition, other)? Does this therapy practice have these in-house or do they make referrals?
- What attention is given to help the parents explore and heal their own issues?
- Are parents part of the treatment, and in what way?
- Can I speak with a few parents whose children are or were clients?
- What recommendations would you have for further reading/training for our family? (Good answers would be Daniel Hughes, Deborah Gray, Karyn Purvis, Gregory Keck, Bruce Perry, Bessel van der Kolk, Dan Siegel.)

RESOURCE #6.4: DEVELOPING A SOCIAL MEDIA CONTRACT

Social Media Parent Contract

I will become familiar with websites and applications my child(ren) frequent.

I will do everything I can to keep my child(ren) safe online including periodically check the history on the computer to ensure my child(ren) are visiting approved sites.

Social media usage will be contingent on how much time my child(ren) has earned. For every 5 minutes my child(ren) engages in non-internet/computer-based activities during the week; they can earn one minute of computer time on the weekend.

I will stay calm if it comes to my attention that my child(ren) was not using the internet properly, but appropriate restrictions will be implemented immediately.

I will engage in internet use with my child(ren) and try to learn all I can about the sites and what interest my child(ren) online.

The rules of the computer will be posted as a screensaver or taped on the computer.

My child will provide me with the names of the people they have online contact with and must have my approval to interact with them.

I will frequently talk to my child(ren) about the dangers of posting personal information online that could damage their reputation or put our family at risk.

Any violation of any of the terms listed above will automatically lead to no access to any devices that have internet/Wi-Fi capabilities for a length of time totally determined by me.

I, _____ agree to the above.

Parent's Signature

Date

I, _____ agree to the above.

Child's Signature

Date

Social Media Youth Contract Template

I will not hide apps or passwords on my phone from my parent(s), guardian(s) or caregiver(s).

I will not interact with any strangers online or in person without my parent's approval.

No one is allowed to know or have any access to any of my usernames or passwords nor will I share any personal business related to myself or my family without parental consent.

If I or someone I know is being bullied or threatened online, I promise I will tell my parents or someone I can trust immediately.

I will not post anything that will embarrass my family or me.

I will always be civil online and will not engage negative banter.

Despite how embarrassing it might be I will always share any inappropriate post, pictures or links I receive.

I will not violate the agreed upon time I am allowed to be online.

I will teach my parent(s) how minors interact on the internet.

I understand that having access to the internet and a mobile device is a privilege and if I do not honor this agreement, I realize that I am forfeiting my right to have access to any device until I earn the right to resume use.

I, _____ agree to the above.

Child's Signature

Date

I, _____ agree to the above.

Parent's Signature

Date

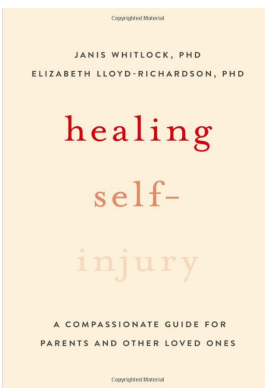
RESOURCE #6.5: SELF-INJURY AND RECOVERY RESEARCH AND RESOURCES

<http://www.selfinjury.bctr.cornell.edu/resources.html>

Categorized resources to help you better understand self-injury.

We have tried to make our site easier to navigate by dividing our resources up by topic and by audience. If you are interested in seeing everything we have developed, we invite you to peruse the top two categories “Information Briefs” and “Practical Matters” since all CRPSIR developed resources are listed in these two basic categories by topic

If you have an idea for a publication or other resource that is not here, we invite you to contact us with your recommendation.



Parents, be sure to check out *Healing Self-Injury*, Dr. Whitlock’s new book written with her colleague, Dr. Lloyd Richardson. You can learn more about the book on our books and articles tab.

Information Briefs and Practical Matters:

- Information briefs
- Practical matters
- Visual resources

Resources for:

- People who self-injure
- Parents & other caring adults
- Friends
- Therapists / Clinicians
- Youth serving professionals

Resources about:

- Self-injury basics, myths & facts
- Coping
- Detection, intervention, and treatment
- Media
- Schools
- Recovery
- Disclosure
- Parenting strategies & self-injury

RESOURCE #6.6: SEEKING MEANINGFUL THERAPY: THOUGHTS FROM AN ADOPTIVE
MOM

<http://files.ctctcdn.com/da8809f4001/d2d71f12-3ef6-4acb-b186-fcaba4f5ce33.pdf>

Seeking Meaningful Therapy: Thoughts from an Adoptive Mom

by Debbie Schugg



**Kinship Center
Education Institute™**



White Paper Series: Vol. 1, #101 ©2011



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Seeking Meaningful Therapy: Thoughts from an Adoptive Mom

by Debbie Schugg

I sit in the therapist's waiting room, surrounded by parenting magazines. The covers promise fun-filled rainy day activities, crowd-pleasing cupcakes, and surefire ways to beat the homework blues. It is painfully clear that these magazines are not meant for me or my family. I am the adoptive mother of a child who experienced early trauma. My daughter is every bit as beautiful as the squeaky clean cherubs on these glossy pages, but where are the articles for *our* family? Where are the cover stories that speak to the storm of loss that rages in my child's soul, to her insatiable appetite for both food and validation, and to the hours of headache and heartache brought on by each page of homework as she struggles to re-learn what she learned the day before... and the day before that?

Before I can reflect further on the vast differences between the path my family has chosen and the path traveled by most other families, I am interrupted by my own thoughts. They are the same thoughts which plague me week after week. What will be the fallout of today's session? How long will it take to pick up the pieces from whatever hurt

Sitting out here, how will I
What is she telling him this
What twisted perception of
fact? Bless her heart. I know it's
the way she does because of
endured in such a vulnerable
try to provide context for her
with truth, I run the risk of
controlling, or insensitive –
her problems. I've asked to sit

“Without specialized training in the complexities of adoption and attachment...he may be no better suited to our family than the magazines in his waiting room.”

is brought to the surface?
even know what the hurt is?
time? Does he believe her?
the truth is she presenting as
not her fault. She sees things
the unspeakable suffering she
period of her life. Yet, when I
comments or balance her tales
being perceived as defensive,
possibly even the source of
in on her sessions, only to be

told that it may interfere with the establishment of trust in her therapist. What about her trust in me? I've asked for some specifics of what they've discussed. Apparently that's confidential. Confidential? She is a *child*. I am her *mother* – the mother she so desperately needs. I'm not asking for every detail of their conversation; I'm asking for the tools I need to parent her in the very best way I can. How am I to comfort her, nurture her, sit with her in her pain and support her through it when I am shut out here with these magazines every Thursday from 4:00 to 4:50?

The therapist is a kind, competent man. He has a warm smile, a kid-friendly office, and the respect of his colleagues and clients. Without specialized training in the complexities of adoption and attachment, however, he may be no better suited to our family than the magazines in his waiting room.

As foster and adoptive parents, we are told repeatedly that it is crucial for our children to go to therapy. It can, indeed, be an incredibly helpful tool...*if it is guided by an adoption-competent therapist in a model which includes the parents*. The attachment-savvy therapist understands that the family is the healing agent and the parent-child relationship is a priority. The field of attachment is gaining new knowledge at an

exponential rate and has become a specialty unto itself, particularly as it relates to adoption, permanency, and early trauma. That's good news for parents. With the right therapist, we can have access to more help than ever before. Therapy is not about "fixing" the child. Therapists trained in adoption and permanency know that it is about building on the strengths of the people in that child's world, sharing ways in which we can weave attachment-building moments into our everyday interactions. It's about strengthening relationships, honoring connections, and equipping the family for its journey toward healing.

There are many excellent therapists in communities across the country who, either by chance or by choice, do not have training in this specialty. However, it is important and well worth the effort to seek out those who do. If I wanted to learn how to nurture a garden—to acquire the tools, knowledge, and skills to help it flourish—I would not seek the expertise of an artist, regardless of her talent, her commitment, or the beauty of her paintings. I would invest in the guidance of a local gardener who could share with me her keen understanding of my climate, of my plants, of their needs and vulnerabilities. I would want her to show me how to tend my garden, so that I could continue to do so on my own for years to come. So often, we are assigned a therapist based on the needs of a system or funding stream, not the needs of our family. As parents, we must learn to advocate for our children in this area as we do in so many others. Otherwise, we're left painting the wilting flowers in our garden.



Debbie Schugg is Lead Parent Partner with Kinship Center's Adoption and Permanency Wraparound Program. She is the mother of eight children, seven of whom have been adopted from the foster care system. Debbie trains professionals and families through the Kinship Center Education Institute™.

RESOURCE #6.7: SELECTING AND WORKING WITH A THERAPIST SKILLED IN ADOPTION

https://www.childwelfare.gov/pubPDFs/f_therapist.pdf



**FACTSHEET
FOR FAMILIES**
November 2018

Finding and Working With Adoption-Competent Therapists

Adoption has a lifelong impact on those who experience it. After an adoption is finalized, therapy can be a useful support to help adoptive families with challenges that may arise at different phases of life. It is just one component of a range of services for adoptive families that can effectively address issues related to grief, attachment, or trauma. This factsheet provides suggestions for finding an adoption-competent therapist and offers information about the types of therapy that can help adopted children and their families. Foster parents considering adoption could face similar issues and therefore also may find definitions and descriptions in this factsheet useful.

WHAT'S INSIDE

- Approaches to therapy
- Finding the right therapist
- Working with a therapist
- Conclusion
- National resource organizations



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



Experienced therapists who have a working understanding of loss, attachment, trauma, and brain development, as well as knowledge of issues associated with adoption, are best suited to help address the concerns of adoptive parents and effectively treat their children. Adoption-competent therapists understand that the origin of a child's problems may be embedded in the abuse or neglect experienced before the child was adopted. They believe that children can heal within the

context of new family relationships and with parents who have the skills to support children who come from traumatic beginnings. The therapist you choose must recognize the importance of including parents (and possibly other family members) in the treatment process. If you seek treatment from a therapist who attempts to exclude you as a parent, you may want to reconsider whether that professional is appropriate for you and your family.

Therapy as Part of Adoption Support and Preservation Services

Adoptive families and adoption professionals recognize that children and families need different kinds of support and that those needs change over time. Like all families, adoptive families may seek therapy more than once as children go through different developmental stages and their needs change. Before adoption, during different developmental stages, and throughout life events—such as graduating from school, starting at a new school, getting married, and experiencing a death in the family—therapists can help children who have been adopted make sense of their feelings and emotional responses to these challenges. These life changes affect the parent and other family members as well, so they may also benefit from working with a therapist.

Beyond therapy, other types of adoption support and preservation services (sometimes called postadoption services) are available. Postadoption supports can help you explain adoption to your preschooler, address the needs of a child who has experienced early childhood abuse and trauma, support your adopted teen's search for identity, or provide guidance if your child decides to search for and reunite with his or her birth parents. Support may include educational seminars, webinars, and support groups for parents and children. Parents are encouraged to use postadoption support as much as needed to help manage the issues common to adoption as well as the more complex challenges associated with children who may have experienced abuse or neglect.

Accessing a range of supports and services will help nurture healthy child and family development. For more information about support and how to find it, see any of the following Child Welfare Information Gateway resources:

- Accessing Adoption Support and Preservation Services (factsheet for families): <https://www.childwelfare.gov/pubs/f-postadoption/>
- Finding Services for an Adopted Child (webpage): <https://www.childwelfare.gov/topics/adoption/adopt-parenting/services>

Approaches to Therapy

Working with a therapist is not a sign of poor parenting but an opportunity to receive help that may be needed at different stages in a child's life and family development. Reaching out for help at the earliest sign of difficulty shows strength and gives your family the best chance of working through difficult issues effectively and together.

Before starting therapy, a complete assessment helps identify the challenges to be addressed. Assessments may be designed as questionnaires or involve conversation or observation. A thorough assessment includes a series of different tests that may require an overall health assessment conducted by a physician, a psychiatric evaluation conducted by a child psychiatrist, or a vocational assessment completed by professionals trained in identifying the strengths and needs of children in a variety of environments.

Mental health professionals may have training in a variety of treatment approaches to meet the diverse needs of the clients they serve. Before selecting a therapist, ask about the types of treatment they specialize in and about their experience working with adoptive families. For more detailed information about selecting a therapist, see the Finding the Right Therapist section of this publication.

In addition to different treatment options, different types of professionals provide therapy. Knowing your options is important. More information on various types of mental health professionals, as well as a helpline to assist in finding services in your State, is available on the website for the National Alliance on Mental Illness at <https://www.nami.org/learn-more/treatment/types-of-mental-health-professionals>.

Below are descriptions of different treatment approaches, followed by links to websites with general descriptions and examples of these therapies.

Behavior Modification. This therapy focuses on the specific behaviors that are of concern to a family.

- Behavior Modification: <http://www.tccwv.org/Our-Approach/Behavior-Modification.aspx>
- Parent-Child Interaction Therapy: <http://www.pcit.org/>

Family Therapy. This therapy seeks to achieve a balance between the needs of the individual and those of the family. The therapist uses sessions to build attachment relationships and improve communication between parents and children.

- Family Therapy: <https://www.mayoclinic.org/tests-procedures/family-therapy/about/pac-20385237>

Group Therapy. This therapy allows a small group of clients with similar issues to discuss them together in an organized way.

- The Benefits of Group Therapy: <http://www.insteppc.com/the-benefits-of-group-therapy/>
- Parenting With Love and Limits: <http://www.nafi.com/innovations/parenting-with-love-and-limits>

Play Therapy. Therapists customarily use this form of therapy with very young children, who may not be able to express their feelings and fears verbally.

- Why Play Therapy?: <http://www.a4pt.org/page/WhyPlayTherapy>
- Theraplay®: <https://www.theraplay.org/index.php/theraplay>

Situations and Treatments to Avoid

Treatments such as "holding therapy," "rebirthing therapy," or other types of treatment that involve restraint of the child or unwelcome or disrespectful intrusion into the child's physical space have raised serious concerns among parents and professionals. You should also avoid treatments that exclude the parents' involvement in the process. Some States have written statutes or policies that restrict or prohibit the use of these therapies with children in the care or custody of a public agency or adopted from it.

Cognitive Therapy. This therapy begins with the idea that the way people perceive situations influences how they feel. It is typically time limited, problem solving, and focused on the present.

- Alternatives for Families: A Cognitive Behavioral Therapy: <https://www.nctsn.org/interventions/alternatives-families-cognitive-behavioral-therapy>
- What Is Cognitive Behavior Therapy (CBT)?: <https://beckinstitute.org/get-informed/what-is-cognitive-therapy/>
- What Is Cognitive Therapy?: <https://www.cognitivetherapynyc.com/What-Is-Cognitive-Therapy.aspx>

Trauma-Informed Therapy. Trauma-informed therapy acknowledges the impact that trauma has on children and recognizes that even an infant who experienced trauma may display behaviors related to that trauma at an older age. In other words, a child who isn't old enough to "remember" a traumatic event may still experience the effect. Trauma-informed therapy focuses on specific ways to help process traumatic memories and experiences so they become tolerable.

- ADOPTS (Address the Distress of Posttraumatic Stress) Therapy: <https://qic-ag.org/logs/adopts-therapy/>
- Trauma-Focused Cognitive Behavioral Therapy: <https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>
- What Is Trauma-Focused Therapy?: <http://cctasi.northwestern.edu/family/trauma-focused-therapy/>

More information can be found on the National Child Traumatic Stress Network website at <https://www.nctsn.org/>.

Attachment-Focused Therapy. This therapy focuses on building a secure emotional attachment between the child and his or her parents that can serve as a model for future positive relationships in all aspects of the child's life.

- Child Parent Psychotherapy – CPP: <https://www.attachmenttraumanetwork.org/child-parent-psychotherapy-cpp/>
- Dyadic Developmental Psychotherapy (DDP): <https://qic-ag.org/logs/dyadic-developmental-psychotherapyddp/>

A Word About Attachment

The effect of abuse and neglect on the developing brain has revealed a lot about why children from chaotic and threatening homes often struggle to adjust to safe environments and lead healthy, positive lives. Children's experiences with child maltreatment can negatively affect brain development and, consequently, the emotional, social, and behavioral functioning of the child. This can disrupt their ability to form healthy attachments, which allow children to trust and to form meaningful relationships throughout their lives. Children may experience attachment problems that range from difficulties relating to others to severe social-functioning disorders. Appropriate treatments can help parents build and foster secure attachments and cope with the behaviors that may result from earlier attachment disruptions.

- For information about attachment disorders, see <https://www.attachmenttraumanetwork.org/what-are-attachment-disorders/>
- For information about attachment and signs of attachment problems, see <http://www.attach.org/faq/>
- To find resources for parents, see <http://www.attach.org/for-parents/>

Finding the Right Therapist

Many different types of professionals provide mental health services. It is important to find an adoption-competent therapist who can address your family's needs. Finding the right therapist means searching for one who has adoption-related experience and, if possible, has been trained in adoption competency. Take time to interview therapists by phone or in person to find the one with whom you feel most comfortable and who is the best qualified to help your child and family.

Interviewing Prospective Therapists. Call prospective therapists or schedule an initial interview to gather basic information. Interviews should start with a brief description of the concern or problem for which you need help. The following are some questions to discuss:

- Do you prefer to work with the entire family or only with children?
- What is your experience with adoption and adoption issues? How many adoptive families have you worked with? (Be specific about the adoption issues that affect your family, such as open adoption; transracial adoption; lesbian, gay, bisexual, transgender, and questioning adoption; searching for birth relatives; children who have experienced abuse or institutionalization; or children with attachment difficulties.)
- How long have you been in practice, and what degrees, licenses, or certifications do you have?
- Have you taken any courses/trainings in adoption competency?
- What approach to therapy do you use? (See "Approaches to Therapy" above.)
- What changes in the daily life of our child and family might we see as a result of the therapy?
- Do you give parents regular reports on a child's progress?
- Can you estimate a time frame for the course of therapy?
- Do you work with teachers, juvenile justice personnel, daycare providers, and other adults in the child's life, when appropriate?

The person or team best suited to work with your family will depend on your family's specific issues, as well as the professional's training, credentials, and experience with adoptive families. For more information about types of mental health professionals, visit the National Alliance on Mental Illness at <https://www.nami.org/Learn-More/Treatment/Types-of-Mental-Health-Professionals>.

Identifying Prospective Therapists. Because adopted children can present the same problems common to all children, the therapist must be skilled in determining what problems are due to adoption and what problems are not. At a minimum, a therapist must be knowledgeable about the following issues:

- The psychological impact of adoption on children and families
- Loss as a core issue in adoption and how children process loss at different stages of development
- The impact of trauma on children and families, as the most serious problems may result from traumatic experiences before adoption
- The role and impact of attachment on the mind and body of the developing child

The therapist must also have the following:

- Experience in working with adopted children and their families
- Knowledge of the types of help available for adoption-related issues and problems
- Training in working with adoptive families

To find a therapist, you may contact community adoption support networks, ask your placement agency for referrals to therapists, or search online. Many public and private adoption agencies and adoptive parent support groups provide lists of therapists who have been trained in adoption issues or who have effectively worked with children in foster care and adoption. Staff at some adoption agencies and postadoption services agencies are mental health therapists trained in adoption.

Also check the following resources for therapist recommendations:

- Directory of Adoption-Competent Professionals: <http://adoptionsupport.org/member-types/adoption-competent-professionals>
- National Foster Care and Adoption Directory Search (<https://childwelfare.gov/nfcad>) for:
 - Public and private adoption agencies
 - Local adoptive parent support groups
 - Specialized postadoption services agencies
 - State adoption offices
- Family Preservation Services (webpage): <https://www.childwelfare.gov/topics/supporting/preservation>
- Agency social workers involved in the child's adoption
- State or local mental health associations
- National and State professional organizations (See "National Resource Organizations" below.)

Working With a Therapist

Your involvement in and support of your child's therapy is critical to a positive outcome. For therapy to be successful, open communication between you, your child, and your therapist is a must. It's important to keep scheduled appointments and commit to the full course length of treatment. Children whose lives have been affected by significant losses and traumas may require more extensive sessions or longer periods of treatment. While some children or teens may be resistant to engaging in therapy, you should refrain from using therapy sessions as punishment for their resistance or misbehavior. Family members must communicate regularly with the therapist about ongoing concerns as well as progress achieved. What is working is just as important as what is not working.

You may want to request an evaluation meeting with the therapist 6 to 8 weeks after treatment begins and regular updates thereafter. Evaluation meetings will help all parties assess the progress of treatment and offer the opportunity to discuss the following:

- Satisfaction with the working relationship between the therapist, child, and family members

- Progress toward mutually agreed-upon goals for treatment approaches and desired outcomes
- Progress on problems that first prompted the request for treatment
- The therapist's diagnosis and ongoing treatment recommendations (usually necessary for insurance reimbursement)
- The therapist's evaluation of whether therapy can improve the situation that prompted treatment

Even when the match with a therapist seems to be good initially, the relationship with the family or the results may change or become unsatisfactory over time. You should consider seeking a second opinion and possibly changing therapists if the therapy does not appear to be progressing appropriately. Discussing a change with the therapist may provide an opportunity to hear their perspective on your child's progress and suggestions for alternatives. If you do change therapists, be sure to help your child understand the reasons for changing, especially if the child has developed a positive relationship with the first therapist. Remember the child's history of loss and how to model healthy closure. Trust your thoughts and feelings; you are the expert on your children and you must decide what makes sense for them.

Insurance Coverage and Other Funding for Therapy

The cost of therapy varies and may be covered in part by health insurance or the child's adoption assistance agreement. Some States have extensive postadoption/guardianship services that include comprehensive assessment, therapy, case management, support groups, and other services that are free to adoptive and subsidized guardianship children and families. Some therapists, and most community mental health centers, provide services on a sliding-scale fee based on income. Ask about costs and when payment is due (after each session or after reimbursement by insurance).

Insurance companies have varying requirements for coverage of mental health treatment. You may have to choose from a list of approved or in-network therapists, and there may be a specified time frame or a limit on the

number and types of sessions covered. You should ask the insurance company for the following information:

- The extent of coverage for mental health treatment (including whether it is covered and, if so, the time frames and limits on the sessions)
- Specialty areas of approved (in-network) providers
- Company policies regarding payment for treatment provided by therapists outside the plan or network
- Whether insurance will pay for an out-of-plan adoption-competent therapist if such a therapist is not available within the network

If your child has an adoption assistance agreement, you can check to see what the subsidy covers on the website of the North American Council on Adoptable Children at <https://www.nacac.org/help/adoption-assistance/adoption-assistance-us/state-programs>. For State-specific information on adoption assistance, visit Information Gateway's Adoption Assistance by State webpage at <https://www.childwelfare.gov/topics/adoption/adopt-assistance>.

Conclusion

Many adoptive families have issues or concerns at different points in their lives that may affect their emotional well-being. Adoption-competent therapists, who understand adoption issues and adoptive families, are best suited to provide therapies based on the child's and family's needs. Finding the right therapist and managing the right therapy for your child takes effort and commitment. No one knows your child like you do. Successful therapy depends on your active role in engaging the right therapist, committing to the process, and being a part of the treatment.

National Resource Organizations

AdoptUSKids

Provides information and resources free of charge to adoptive families
888.200.4005, info@adoptuskids.org
<https://www.adoptuskids.org>

American Academy of Pediatrics

Supports the professional needs of pediatricians who work to improve the health and well-being of all children
847.433.9016, csc@aap.org
<https://www.aap.org>
Referrals: <https://www.healthychildren.org/english/tips-tools/find-pediatrician/Pages/Pediatrician-Referral-Service.aspx>

American Association for Marriage and Family Therapy

Represents the professional interests of therapists concerned with the overall, long-term well-being of individuals and their families
703.838.9808
<https://www.aamft.org>
Referrals: https://www.aamft.org/Directories/Find_a_Therapist.aspx

American Psychiatric Association

Works to ensure humane care and effective treatment for all persons with mental illness
202.559.3900, apa@psych.org
<https://www.psychiatry.org>
Referrals: <http://finder.psychiatry.org>

American Psychological Association

Works to benefit society and improve people's lives by creating, communicating, and applying psychological knowledge
800.964.2000, practice@apa.org
<http://www.apa.org>
Referrals: <http://locator.apa.org>

Association for Play Therapy

Promotes the value and therapeutic power of play to communicate with and treat children
559.298.3400, info@a4pt.org
<http://www.a4pt.org>
Referrals: <http://www.a4pt.org/page/TherapistDirectory>

Association for Training on Trauma and Attachment in Children

Provides training to parents and professionals to promote healthy attachment and heal trauma
612.861.4222, questions@attach.org
<http://www.attach.org>

California Evidence-Based Clearinghouse for Child Welfare

Offers many resources and studies on cognitive and other therapies

<http://www.cebc4cw.org>

Center for Adoption Support and Education

Provides adoption-competent education, resources, and support services, including mental health services, for foster and adoptive families

301.476.8525, caseadopt@adoptionssupport.org

<http://adoptionssupport.org>

Referrals: <http://adoptionssupport.org/member-types/adoption-competent-professionals>

ChildTrauma Academy

Works to improve the lives of high-risk children through direct service, research, and education

866.943.9779, cta@childtrauma.org

<http://childtrauma.org>

Child Welfare Information Gateway

Promotes the safety, permanency, and well-being of families and children by connecting them to information, resources, and tools covering topics on adoption and more

800.394.3366, info@childwelfare.gov

<https://www.childwelfare.gov>

- National Foster Care & Adoption Directory Search
<http://www.childwelfare.gov/nfcad>
- Choosing Therapy for Adopted Children and Youth
<https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/therapy>
- Lifelong Impact of Adoption
<https://www.childwelfare.gov/topics/adoption/adopt-people/impact>
- Understanding the Emotional Impact of Adoption
<https://www.childwelfare.gov/topics/adoption/birthfor/emotional-impact>

- Finding Mental Health and Substance Use Disorder Treatment Services in Your State
<https://www.childwelfare.gov/topics/systemwide/bhw/resources/mh-sud>

National Adoption Center

Supports the adoption community by providing free adoptive services

215.735.9988, nac@adopt.org

<http://www.adopt.org>

National Association of Social Workers

Works to enhance the professional growth and development of social workers, to create and maintain professional standards, and to advance sound social policies

202.408.8600

<https://www.socialworkers.org>

Referrals: http://www.helpstartshere.org/helpstartshere/?page_id=3677

North American Council on Adoptable Children

Works to ensure that all children in foster care have permanent, loving families and that adoptive families have the support they need

651.644.3036, info@nacac.org

<https://www.nacac.org>

National Child Traumatic Stress Network

Provides information on types of trauma, parenting, and treatments

919.682.1552, info@nctsn.org

<https://www.nctsn.org/>

Theraplay Institute

Provides Theraplay® training for mental health professionals, parents, and teachers

847.256.7334

<http://www.theraplay.org>



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



RESOURCE #6.8: HELPING FAMILIES ACCESS SERVICES AND INFORMATION FOR CHILDREN

<https://www.nacac.org/resource/access-services-and-information/>

An overwhelming number of foster and adopted children have a variety of special needs, and parent groups often have to address the many issues related to those special needs. As a group leader, your role is to provide group members with information on where to get reliable, comprehensive resources and where to find training opportunities from qualified experts who also understand the issues of adoption. You don't have to be an authority on attachment, fetal alcohol spectrum disorder (FASD), attention deficit disorder (ADD/ADHD), or any of the complex special needs common to adopted and foster children to help families in your group. Your group can do a variety of things to increase the effectiveness and quality of the services you offer to parents by creating a resource library and a directory of local and regional services, hosting a training for families, sending parents to training, by periodically providing current information and new resources at your meetings, and facilitating group discussions on a variety of special needs topics.

BUILDING A RESOURCE LIBRARY

The first step toward providing resources to your members is to have your group gather quality books, magazines, articles, videos, and materials from web sites that provide information on the most common special needs for adoptive and foster families. The most common issues that affect many foster and adopted children are attachment, FASD, ADD/ADHD, learning disabilities, and behavioral, emotional, and mental health problems. As you build your library, gather other specialty resources that reflect the specific needs of your group. For example, if a group member's child is autistic, include resources on that topic too. Listed in the insert are resources that experienced parents who have children with special needs have found useful, practical, and easy to apply to family life.

One way to build your group's resource library is to ask each member to choose a different book to donate to the group. To expand your library, you can have an annual group anniversary party where everyone brings a new resource to add to your collection. Members who have access to the Internet can make copies of some of the most useful information on web sites to share with those who are not connected to the Internet. Search out local, regional, and state- or province-wide brochures from adoption or foster care related services, support organizations, and from doctors' and therapists' offices.

As part of the library, you should create a directory that provides contact information for quality local and regional support services for:

- qualified doctors and therapists who understand the issues of adoption
- regional, state, provincial, and national advocacy organizations
- county and private agencies
- adoptive and foster parent support group information
- training on specific topics helpful to foster and adoptive families

Once your group develops your resource library and directory, organize a way to pack and carry everything when your group travels (such as a rolling suitcase). Some rural groups trade off meeting in different members' homes and need an easy way to transport the resources from place to place. Other groups need a handy way to store and transport materials when they run a booth at a conference or other adoption or foster care events.

DEVELOPING YOUR GROUP'S TRAINING POTENTIAL

Think Broadly

It is important to widen your scope and see the training possibilities and support your group can receive outside your immediate area. Some groups get locked into thinking they have limited resources and can only take small steps toward helping the families in their area. Sometimes groups outside a major metropolitan area complain there aren't any experts in their community, when in fact experts are an hour or two away by car and would be more than willing to provide training.

One way to ensure that your group can bring in an expert from out of town is by partnering with other groups in your area. Several groups can pool their resources to plan a training in a central location and divide the costs. Gathering a larger audience for the training can make it more attractive to the speaker and more affordable for families.

Keep in touch with groups in your area, region, state, or province and discuss other ways you can unite efforts to provide services to families. Be open to learning from each other. Some groups have great tips for how to provide support to families and other groups are talented in planning strategies to access services.

Choosing a Speaker

When you choose a speaker, look for an informed expert who is also a dynamic speaker and will relate to your audience. Some people have a clear understanding of the material they are presenting, but aren't good speakers. Make sure you are clear about the depth and scope of the topic you want that person to cover. You can survey your audience prior to the presentation to get accurate information on what will best meet their needs and inform the speaker in advance.

If you are unsure where to find a speaker, ask people you respect to recommend quality presenters they have heard. Survey other parent group leaders and members, call county and private agencies and advocacy organizations like NACAC to get recommendations of quality speakers you can afford. Some speakers will speak pro-bono and others will charge a fee. You will have to weigh quality with what you can afford. Sometimes speakers will trade time and skills if you can provide them with an equally valuable service.

Using Videos

When you use a video, make sure your purpose is clear and reflects the needs of the group. Set high standards and only use quality videos. Take time to preview the video first to make sure the content contains current, accurate information. As you preview the tape, create an outline of main ideas to help the audience track the important points of the video. Write a list of open-ended questions you can ask to stimulate discussion after the group watches the video. The video should teach new information, stimulate group discussion, and help develop group problem-solving skills.

Encouraging Parents to Get Information

Parent group leaders should encourage parents to get as much background information as they can about their children. This should happen before the adoption, but if it didn't, tell parents to go back to their agency and get more information. Make sure there are no gaps in the information and if there are, insist on knowing what happened during that time period. Share these questions with parents in your group:

- Where was my child during the first two years of life?
- How many moves did my child have in foster care?
- Can I talk to the foster parents to learn more about my child's past?
- Is there a history of mental illness or other medical problems in my child's birth family?
- Is there a record or signs of alcohol use or drug abuse during pregnancy?
- Was my child born prematurely?
- Were there signs of abuse or convictions for abuse against my child?

You will also want to get information on your child's educational history, medical records, and a social history from your agency.

HELPING PARENTS CHOOSE A GOOD THERAPIST

Set aside some group time for parents to discuss how to choose a good therapist. Allow group members who have found good therapists a chance to speak at the meeting. Facilitate group discussion and develop a list of tips for what to look for in a good therapist. Remind parents that they are in a position of power when they are choosing a therapist and they should:

- Take the time to interview more than one therapist.
- Look for a therapist who understands the seven core issues of adoption (listed below).
- Make sure the therapist values the attachment you already have with your child and is willing to nurture and reinforce it.
- Choose a therapist who knows when to work with the whole family and values the family (not the therapist's office) as a place where children heal.

PROVIDING PARENT-TO-PARENT MENTORING

One group strategy to help new parents who may be struggling raising a child who has special needs is to establish a parent-to-parent mentoring program. For example, parents who have successfully helped their child bond can be partnered with parents who are raising a newly adopted child who is fearful and resisting forming an attachment. Sometimes a behavioral incident that is viewed by a new parent as being a crisis is clear evidence to the mentor that progress is being made and the child is beginning to bond, but still feels afraid. These mentoring relationships are usually mutually beneficial. Many experienced mentors enjoy sharing the wisdom they worked hard to learn but also learn valuable information from the parents they mentor.

USING MEETINGS TO HELP PARENTS

Talk About Child Development

It is important for parents to periodically review normal child development to understand how special needs can affect a child's development. Most children with special needs have developmental delays, learning problems, and require special care. It is important to provide group meeting time to review various special needs diagnoses, help parents realistically assess their children's developmental ages, and plan strategies for how best to deal with behavior and learning problems.

Parents can easily lose track of what is normal for their individual child. For example, new parents may notice that their recently adopted eight-year-old struggles with sharing, is clingy and staunchly independent, and continually tells lies. They may realize their child is not acting like other eight-year-olds and become overly worried about their child. A child, however, may be delayed and act more like a four-year old. It is normal behavior for four-year-olds to have trouble sharing and to experiment with lying. This is the age where children learn how to share and to distinguish between the truth and lies. Any trauma experienced when the child was four can delay learning these skills.

Parents can offer each other support for accepting children at their developmental age and share strategies for helping their children learn and grow.

Encouraging Parents to Care for Themselves

Many foster and adoptive parents focus solely on what they have to do to take care of their family. One of your roles as a leader is to help parents remember they need to take care of themselves first, because their children need them to be up to the challenge of parenting. A burned-out parent is too easily depleted of the energy needed to raise children. Think of creative ways your group can promote self-care skills among your members.

Maybe your group can begin each meeting asking what parents did during that month to take care of themselves. Award a prize to the parent who has modeled the best self-care habits during a three- to six-month period. Make a group pact to:

- surround yourselves with support by talking to friends on a regular basis and not isolating yourselves when you experience problems
- take time in your day or week to get regular exercise
- use respite care on a regular basis if necessary
- take a vacation
- protect your personal time (even if it is just a daily soak in the tub)
- set realistic expectations
- learn to say no and avoid adding more duties to an already busy life

Sharing Success Stories

Parents need to know their children can heal from trauma and their family can build a trusting, loving bond. Plan a group meeting where each family shares a success story. Those who are in crisis can share small steps toward resolution and peace or just listen to how things improved in other families.

Some groups write their success stories and put them in a notebook for families to read as needed. You can ask parent groups in your region to contribute stories to be compiled into a book. A wider variety of stories is more likely to strike a chord with more families. It is good to tell and celebrate the hopeful stories that demonstrate family success.

Another way to focus on the positive is to bring in adults who have lived with some of the same disabilities your children have, such as ADD/ADHD. Ask them to speak about how they learned to cope with their problems and their transformation into the person they are today. It is good for parents to see how children with special needs can make choices for their future to reach their potential.

Labels Are for Jars Not Children

Parents usually don't mean to talk about their children in terms of their diagnoses, but it happens sometimes when they want to quickly convey the daily problems they cope with as they parent. As a group leader, gently remind parents to avoid describing children as a series of acronyms such as RAD, ADHD, FAS, and EBD. These labels help children qualify for services and give parents a starting point for finding help, but children are much more than their diagnoses.

Seven Core Issues of Adoption

The parent and child in an adoptive family have an unshared genetic and social history that professionals must take into account when planning intervention strategies. The most helpful therapists and experts are those who understand the seven core issues of adoption and know that they resurface often in the lives of any member of the adoption triad. The following information has been adapted from the work of Deborah N. Silverstein and Sharon Kaplan. Although their work specifically relates to adoption, much of the information can also be applied to foster children.

- **Loss.** Adopted children mourn the loss of their birth parents, even when they are happy with their adoptive family. Their loss can feel more prominent at various developmental stages, but especially as a teenager or young adult.
- **Rejection.** Adopted children often feel rejected by their birth parents and subsequently avoid situations where they might be rejected or provoke others to reject them to validate their negative self-perceptions.
- **Guilt/Shame.** Adopted children often believe there is something intrinsically wrong with them and that they deserved to lose their birth parents, which causes them to feel guilt and shame.
- **Grief.** There is no ritual to grieve the loss of a birth parent. Suppressed or delayed grief can cause depression, substance abuse, or aggressive behaviors.
- **Identity.** Adopted children often feel incomplete and at a loss regarding their identity because of gaps in their genetic and family history.
- **Intimacy.** Many adopted children—especially those with multiple placements or histories of abuse—have difficulty attaching to members of their new family. Early life experiences may affect an adopted child's ability to form an intimate relationship.
- **Mastery and Control.** Adopted children sometimes engage in power struggles with their adoptive parents or other authority figures in an attempt to master the loss of control they experienced in adoption.

CORE TEEN CURRICULUM

SESSION

RESOURCES

SESSION 7 RESOURCES

RESOURCE #7.1: WENDY WIEGMANN ARTICLE

From Wendy Wiegmann, Former Board Member, NACAC

I was 16 when I entered foster care after calling the police to arrest my mother. I remember the day very well because I waited outside my neighbor's house for my sisters to come back from school so that I could keep them from going home where my mother waited for us all to return. The minutes crept by, each one filled with doubt and worry. After waiting and hoping for years that our family would become "normal", my mother's most recent 3-day binge of drinking, drugs, and abusive behavior had convinced me that it wasn't possible and that the only course of action was complete escape and separation. Unfortunately, I had not fully realized what kind of separation was in store for my five sisters and myself. Although I only spent two years in foster care and was fortunate enough to be placed with a family that I knew before I entered care, the separation from my sisters and the rupture with my mother were devastating. Over those two years, I struggled to find meaning in life. Who was I and what was I doing? Why was I moving forward with my life when I only wanted to go back to the time when I could brush my sisters' hair and make their breakfasts? Would my mother ever forgive me and did she still love me despite what I had done? Had my decision really helped her or my sisters? Finally, how could anyone ever love me when I had failed at the only truly important thing I was ever supposed to do – watch over the babies? While in care these questions burned in me, making me doubt who I was, or my worth and acceptability to anyone.



In 2005, I was able to restart a relationship with my sisters when they came to stay with me over their spring break. Following that visit, three of them moved in with me. At the time, it came as a shock how easy the transition was for all of us. Despite the many logistical problems surrounding their move, their addition to my home brought an instant sense of peace and well-being that I had forgotten existed. I felt content and happy in a way that was never possible before and attributed this feeling to reuniting with them and the sense of belonging that they brought back to my life.

Reunion with my sisters also brought reunion with my mother – a process that was not as seamless or positive as the one with the girls. Unfortunately, despite many efforts, my mother had not kicked her drug or alcohol addiction, and her mental health had deteriorated since I last saw her. More than ever she needed my help. More than ever, I wanted to help her and to recover the 7 years that we had lost. At the same time, a well of boiling anger was always just below the surface for me and I had a hard time accepting my mother for who she was or forgiving her for the past.

In 2011, I became a mother myself. This change simultaneously made me more confused at how my own mother could so egregiously abuse and neglect my sisters and I and made me more compassionate for the human being that she was. Motherhood also made me reflective about my own history and the legacy that I will pass to my son. Thinking about myself in this way made me realize that my entire childhood didn't sound like the typical news headlines about abused and neglected children. While there was certainly heartbreak, there was also joy. My mother was both cruel and enormously loving.

My childhood experiences were abnormal, but in some ways I am proud of what those odd experiences have taught me about love, life, people, and myself. It is from this place that I want to write this book. With other current and former foster youth I want to explore the meaning of our life experiences, focusing on what they have added to us. What are we proud of that has come out of those experiences? Who are we? What will our legacy be? How is that legacy both connected to and at odds with our own childhoods? How can we come together to tell these stories that are often too complicated for movies or newspaper headlines?

Currently, I am a PhD student at the University of California, Berkeley. Prior to this, I was a child protective services worker in two California counties for three years. Throughout my work and studies, I have tried as hard as possible to use my background to create a foundation of sensitivity to the lived experiences of children and youth who come from abusive families. Our experiences have not all been the same. In fact, each of us could fill volumes with a million contradictory experiences and feelings, just from our own lives.

RESOURCE #7.2: MAKING BIRTH FAMILY VISITS SUCCESSFUL FOR YOUR FOSTER CHILD

Posted on March 1, 2016 by Plummer Youth Promise

<https://plummeryouthpromise.org/making-birth-family-visits-successful-for-your-foster-child/>

Birth family visits are important for children in foster care. They allow family connections to stay strong. They can reassure both children and adults that the people they care about are still part of their lives even if they aren't living together. Children and youth in foster care who have regular contact with their birth families have fewer fantasies about the families they have been separated from and may be better able to understand that they can care for both birth and foster families.

At the same time, birth family visits can be a source of stress. Birth parents may feel that a scheduled visit is a test of their ability to care for their child. Foster children may worry about their birth families and feel guilty about the things available to them in their foster home. Foster parents may worry about how their foster child will handle the pressure of a birth family visit and if the experience will make it harder for their child to thrive in their foster family.

As a foster parent, there are things you can do to help make these visits easier. Begin with the understanding that although your foster son or daughter may not be able to talk about it, he or she may struggle with feelings of being caught between two families. These feelings may get worse before or after birth family contact. You can gently acknowledge these feelings by telling your foster child that you know it can be hard for him or her to go back and forth between families.

Also, be openly supportive of the birth family contact. Let your foster child know you are glad he or she is going to spend time with birth family. Help your foster child prepare for the visit and send him or her off with your encouragement. Let them know what will be happening in your home after their return.

Some kids need a quiet transition time after returning from a birth family visit. They may need to "chill" in their room and rejoin the family after some time has passed. Others may want to fill you in on the details of their visit right away. Ask older kids directly what is helpful for them.

In any case, give them some time to unwind and understand that feelings and thoughts about their birth families are never far away. **Your ongoing respect of their birth family connections is one of the many things you can do to make birth family contact a positive experience for everyone involved.**

RESOURCE #7.3: RELATIONSHIPS BETWEEN PAST FOSTER PARENTS AND FOSTER CHILDREN: IDEAS FOR REUNITED BIRTH FAMILY, ADOPTIVE PARENTS AND FOSTER PARENTS

By Carrie Craft - Updated April 04, 2017

<https://www.liveabout.com/maintaining-relationships-past-foster-parents-children-26909>

Foster care is not meant to last forever. At some point in time, a foster child will move from the foster home and reunify with birth family, join an adoptive placement, or move into another foster placement. These moves are often very difficult for all involved. Part of foster parenting is creating a connection or attachment to children within the foster home. Past foster parents may remain important to a child, even after moving back home with birth family or into a new adoptive or foster home. Though it may be difficult for some birth family members to see the importance of keeping in contact with the foster parents that cared for their child, it is still in the foster child's best interest for the family to consider continuing the relationship. Hopefully, the foster parents worked positively with the birth family and the birth family will be able to see the importance of maintaining a relationship with the foster family.

Remember: All connections are important to a child. When a child's past caregivers seem to disappear, it may send a message to the youth that they are not loved, cared for, or important enough to remember. If the past foster placement was a healthy and happy placement, contact should not be an issue, however, if there is any question as to if contact is appropriate or in a child's best interest, consult with the child's therapist or social worker.

Here are a few ideas on maintaining relationships with past foster parents:

- **Correspondence.** Help the child keep in contact through phone calls, emails, or letters and cards.
- **Social media.** Social media may also be an option for older foster children. I know enjoy keeping up with former foster youth through Facebook.
- **Skype.** Consider utilizing Skype on a regular basis. Consult with the foster family for a schedule that works best for the child and their family.
- **Invitations to different events.** Remember to invite past foster parents to school programs, dance recitals, vocal performances, and other events whether sponsored through the community, school, or church.
- **Special occasions.** Invite past foster parents to the child's birthday parties or graduations. We have enjoyed attending such events for former foster youth, celebrating different life milestones. It is a neat thing to watch youth we have cared for in our home continue to grow, both physically and educationally.
- **Outings out as a family.** Ask if past foster parents would like to join your family at the zoo or for a picnic at the park.
- **Agency sponsored events.** Foster and adoptive families should consider taking advantage of agency sponsored events, such as trips to the zoo, circus, or sporting events and plan to meet up during these events. This is a great option for situations when the adults involved struggle to get along with each other but want to continue a relationship in the best interest of the child.
- **Pictures and the open sharing of feelings.** Simply allow the child the opportunity to express feelings about their former caregivers. Don't become defensive or angry if the child states that they miss their former foster family. Allow the child to have pictures of the family and other keepsakes.

It may be difficult keeping these past connections and attachments alive, but it does benefit the children. Try to get creative in how contact is maintained. Hopefully, the above ideas will help to spark other ways that your child can keep in contact with those he or she cares about.

RESOURCE #7.4: SELF-CARE TIP SHEET

https://www.scanva.org/wp-content/uploads/2019/04/2019SelfCare_English.pdf



Parents, TAKE CARE OF YOURSELVES!

Self Care doesn't have to be overwhelming, expensive, or complicated. Start by picking one or two things below:

When we take time to care for ourselves, we can:

1. Lower stress levels
2. Teach our children to value their health and wellbeing
3. Be better, healthier, calmer parents

When we neglect self care, it can affect our physical health, causing issues like a weaker immune system and high blood pressure. But it can also affect our mental health, triggering things like depression and anger management issues. These issues can make it even more difficult to care for our children.

If you need help to make self care happen, ask a trusted friend or relative! Parenting can be tough. It's okay to ask for help.

SCAN

of Northern Virginia

www.scanva.org/prc

Physical *care*

- Eat a nutritious meal (don't skip meals!)
- Make sure you are getting enough sleep
- Exercise or move around
- Get some fresh air and natural light
- Drink a glass of water (stay hydrated!)
- Schedule regular, preventive medical care
- Take a break from your phone, social media, etc.

Mental *care*

- Spend time with a friend
- Talk about and express your feelings (laugh! cry!)
- Do something that makes you happy or relaxed
- Work on your marriage or other relationships
- Say no to an extra responsibility

Spiritual *care*

- Give yourself quiet time
- Spend time in nature
- Attend a local place of worship
- Write in a journal

