

Session Eight

Planning for Change

.....

Session Eight

Competencies and Objectives

Competencies

Prospective foster parents and adoptive parents:

- Can maintain a home environment that promotes a sense of safety and well-being.
- Are familiar with community hazards that place children at risk.
- Know how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement.
- Know the importance of creating a supportive and accepting family environment.
- Understand the agency's policy regarding foster parent abuse and neglect allegations.
- Know the impact of placement disruption on all members of the resource family.
- Know how fostering or adopting can affect family relationships and lifestyle.
- Know the physical, medical, emotional, and behavioral indicators of sexual abuse.
- Understand the family's role and tasks in the adoption process and the impact this process has on one's own family
- Understand the need to anticipate challenges as an adoptive family and can use strategies for managing these challenges.
- Know the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem.

Session Eight:
Planning
for
Change

Resource 8-A

In-Session Learning Objectives

As a result of their participation in this training program, prospective foster parents and adoptive parents will be able to:

1. Identify the types of questions to ask regarding the possible placement of a child, youth, or sibling group.
2. Describe the importance of teamwork to plan and manage changes in routines, traditions, and patterns of behavior as a foster family or adoptive family.
3. Identify how foster care and adoption impact family relationships.
4. Identify strategies to help the family deal with changes in family relationships.
5. Describe how foster care and adoption impact the family's lifestyle and relationships outside the family.
6. Identify strategies to help the family deal with changes in lifestyle and relationships outside the family.
7. Explain the importance of teamwork to plan and support the transition of children from one family to another.
8. Identify specific strategies to help a child of another culture feel comfortable in their home upon placement.
9. Describe the importance of teamwork to help children manage the feelings and behaviors that naturally result from separation and loss.
10. Describe the importance of teamwork to help children and youth manage feelings and behaviors toward their fantasy families.
11. Identify indicators of sexual abuse.
12. Describe ways that a healing home can provide private space, boundaries, and respectful nurturing.
13. Describe the behavioral challenges of children who have been sexually abused.
14. Describe how the foster family and adoptive family can respond to the risks and hazards that children and youth confront in the community.
15. Describe the importance of working as a team to prevent and manage abuse allegations.

.....

At-Home Learning Objectives

Through reviewing, at home, the information in their PRIDEbook, prospective foster parents and adoptive parents will be able to:

1. Describe how teamwork can be used to explain different relationships to children, and to prepare and support each child when family members are added, lost, or experience a change in status.
2. Identify indicators of a medical emergency for a child or youth.
3. Describe behaviors that indicate a need for professional attention.
4. List the components of universal precautions in the care of children.
5. Identify the reasons for disruption as reported by research findings.
6. Describe the importance of getting help immediately as challenges arise to prevent placement disruption.
7. Identify specific ways to support a child's safety, permanence, and well-being.

.....

Session Eight

Agenda

Session Eight:
Planning
for
Change

Resource 8-B

Part I: Welcome and Connecting with Pride

- A. Welcome and Review of Competencies, Objectives, and Agenda
- B. Making Connections from Session Seven
- C. Making Connections with Assessment, Licensing, and Certification

Part II: Supporting Children and Families in Transition

- A. Getting Ready
- B. Managing Changes in Daily Life
- C. Managing Long-term Changes
- D. Helping Children Manage Change and Transitions
- E. Recognizing Feelings and Behaviors in Changing Families

Part III: Recognizing and Reducing Risks

- A. Addressing the Needs of Children who have been Sexually Abused
- B. Understanding Risks in the Community
- C. Working as a Team to Prevent Abuse Allegations

Part IV: Closing Remarks

- A. PRIDEbook Resources
- B. Preview of Session Nine
- C. Making a Difference!
- D. End Session

Making an Informed Decision

This resource may be used to help guide your discussions with the agency when you are contacted about potential placements.

Session Eight:
Planning
for
Change

Resource 8-C

Physical health

- Child's general condition
- Specific health problems
- Medications and allergies to medications
- Pediatrician's name and location

Emotional health

- Child's overall functioning
- Mental health diagnoses and medications
- Coping style
- Behavioral challenges and what has worked or not worked in the past
- Child's therapist or counselors and services in which child participates

Developmental issues

- Developmental advances or delays
- Sexual development: level of sexual activity, knowledge of safe sex, sexual identity issues
- Basic living skills
- Behavioral challenges/effective discipline strategies

Education

- Attendance
- Grades
- Status of education plan
- School behavioral problems
- Any special help or assistance needed

Abuse/neglect and placement history

- Nature of the abuse
- Status of perpetrator
- When and where it occurred
- How the child is dealing with what has happened
- Impact of the abuse at this time, any specific services related to the abuse
- Prior placements

.....
Daily life/cultural issues

- Child's activities and hobbies
- Child's favorite foods
- Schedule and/or bedtime instructions and daily routines
- Need for clothing or specific items
- Linguistic needs
- Religion
- Special hair or skin care

Parental/sibling situation

- What family members are involved with the child
- Visiting plan and schedule
- Degree to which family is cooperating with services
- Child's reaction to separation from parents, siblings, or other family members

Legal status/permanent plan

- Type of custody
- Child's permanent plan
- Next court date
- Child's attorney
- Special legal problems

Changes in Daily Routine

Foster PRIDE/
Adopt PRIDE

PRIDEbook

Description of child or children that you are considering having placed with your family (Example: a teenage girl, a medically involved infant, a sibling group of three, etc.): _____

Session Eight:
Planning
for
Change

Resource 8-D

Time Period	Usual Routines or Tasks	How Routines or Tasks May Need to Change
5:00 A.M. to 9:00 A.M.		
3:00 P.M. to 7:00 P.M.		
7:00 P.M. to 11:00 P.M.		

Indicators of Child Sexual Abuse

Babies and toddlers

- Genital or urinary irritations or infections*
- Sexually transmitted diseases*
- Frequent unexplained physical symptoms
- Intense fear of individuals or people in general
- Nightmares, night terrors, sleep disturbances
- Persistent fear of certain objects or situations
- Extreme upset at diapering, undressing, or bathing
- Reluctance to be touched

Preschool children

All sign listed above, and:

- Sexualized behaviors*
- Excessive masturbation
- Sexual curiosity and/or knowledge
- Tries to involve others in sexual activity
- Sexualized drawings
- Bed-wetting, pants wetting/soiling
- Other regressive behaviors
- Hyperactivity
- Biting and other aggressive behaviors
- Child's statement indicating sexual abuse*
- Extreme bossiness
- Oversensitivity to sounds, movement

School aged children:

All signs listed above, and:

- Unable to make and keep friends
- Poor school performance
- Depression or "numb" emotions
- Mistrust of adults in general
- Poor self-esteem
- Gender confusion (wishes to be the opposite gender or is uncertain about gender identity)

Adolescents

All signs listed above, and:

- Self-destructive activity or self-harm
- Suicidal plans or attempts
- Delinquent behavior and/or running away
- Prostitution or other unusual sexual behavior*
- Using sex to fill non-sexual needs*
- Forcing others into unwanted sexual contact*

Foster PRIDE/
Adopt PRIDE

PRIDEbook

Session Eight:

Planning
for
Change

Resource 8-E

Page 2

Adapted from Klawnsnik, H. (1998). PRIDE Module 4: Responding to the Signs and Symptoms of Sexual Abuse. Washington, DC: CWLA.

Characteristics of a Healing Home

Session Eight:

Planning for Change

Resource 8-F

Healing homes have rules, tasks, or activities that promote:

- **Private space:** places where children can be alone and take care of developmental needs and personal hygiene (for example: a rule that states “Only one person in the bathroom at a time”).

Other examples include:

- **Boundaries:** rules and established patterns of interaction that give children personal space and emotional space to grow and develop in an independent and healthy way (for example: interaction in the family does not include children sitting on one another’s laps while watching television).

Other examples include:

- **Respectful nurturing:** Activities and interactions that help build a relationship but do not include physical touch. Respectful nurturing is important because often people think primarily of physical ways to show affection. Children who have been sexually abused, or experienced other types of abuse, may not be able to tolerate touching (for example, you may plan activities such as helping a child do homework).

Other examples include:

Behavior Problems of Children Who have been Sexually Abused

Foster PRIDE/
Adopt PRIDE

PRIDEbook

Fear and anxiety related behaviors

Children often have intense fears of people, places, things, and events associated with the sexual abuse. Children assaulted in bed may have an intense fear of bedtime and extreme difficulty sleeping. Children assaulted while going to the bathroom may wet and soil themselves. These behaviors may seem bizarre when we don't know a child's situation or history of sexual abuse.

Session Eight:

Planning
for
Change

Resource 8-G

Anger related behaviors

Sexual abuse leads to anger and rage that is quite understandable. However, the child can rarely direct the anger toward the proper target and instead may become angry at those trying to help. They may even express "global" anger toward the world. In some situations, children turn the anger toward their own bodies—cutting themselves or banging their heads.

Sexualized behaviors

Sexually abused children have been exposed to adult forms of sexuality too young and not by choice. The behaviors they exhibit are particularly disturbing to adults because they are so developmentally out of order. Children may engage in sexualized play, pretending intercourse between dolls. They may draw pictures of sexual acts. They may use sexual language. They may masturbate excessively, or invite other children into sexual play.

Agency Abuse Allegations Policy

(to be added by agency)

Session Eight:

**Planning
for
Change**

Resource 8-H

DCFS ABUSE ALLEGATIONS POLICY

Arkansas Code Annotated 12-18-601(a), When a person, agency, corporation, or partnership then providing substitute care for any child in the custody of the department or a department employee or employee's spouse or other person residing in the home is reported as being suspected of child maltreatment, the investigation shall be conducted pursuant to procedures established by the department. Such procedures shall include referral of allegations to the Child Abuse Hotline.

Pursuant to Act 1240 of 1997, the Department of Human Services (DHS) and the Arkansas State Police (ASP) entered into a contractual agreement for the Arkansas State Police **Crimes Against Children Division (CACD)** to assume responsibility for the administration of the Child Abuse Hotline and the assumption of investigative responsibilities. The **Crimes Against Children Division (CACD)** is composed of two sections: 1) the Child Abuse Hotline, 2) civilian employees who assess child maltreatment reports.

The **Crimes Against Children Division** will conduct Child Maltreatment Investigations for:

- Reports that identify as an alleged offender:
 - DCFS foster parent or a member of the foster parents' household
 - DCFS pre-adoptive parent
 - DCFS provisional foster parent or foster child
 - Therapeutic Foster Care foster parent or foster child
 - Juvenile aged 13-18 and the allegation is "severe maltreatment" as defined in the Child Maltreatment Act
 - Person who is not a family member or is not living in the home with the alleged victim(s) with an allegation of severe maltreatment
 - DCFS employee or spouse.

- Child Maltreatment allegations on the following reports:
 - Abandonment
 - Abuse with a deadly weapon
 - Bone fractures
 - Brain Damage/Skull Fracture
 - Burns, scalding
 - Cuts, welts, and bruises age 4 and over*
 - Cuts, welts, and bruises age 3 and under**
 - Death
 - Failure to protect***
 - Failure to thrive
 - Forcing a Child to Listen to a Telephone Sex Line
 - Immersion
 - Indecent exposure

- Internal injuries
- Malnutrition
- Medical neglect of disabled infants
- Mental injury
- Oral sex
- Poison/noxious substances
- Pornography/Exposure to Live Sex Act
- Sexual contact
- Sexual exploitation
- Sexual penetration
- Subdural hematoma
- Suffocation or interfering with breathing
- Threat of harm
- Underaged Juvenile Offender (under 13 years of age)

* *Depending on the location (head/torso, excluding buttocks), severity and multiplicity of the injuries, cuts, bruises, and welts may be a Priority I.*

** *The investigation of bruises, cuts, or welts in or on any portion of the head, face, neck, or torso, excluding the buttocks, that are the result of a direct act against a child by parent or caretaker, when reported by a medical facility or medical personnel or law enforcement, will be the responsibility of CACD. This does not include an injury that is the result of a failure on the part of the parent or caretaker to safeguard the child from environmental situations that resulted in those injuries.*

*** *CACD will investigate if the Failure to Protect is linked to a Priority I CACD investigation.*

Regardless of the finding, upon completion of a child maltreatment investigation the DCFS Resource Worker will reevaluate the foster home if the home is to remain open.

If the investigative determination is that allegations of child maltreatment are unfounded, all reports shall be destroyed at the end of the month in which the determination is made. Consideration will be given to returning any children who were removed from the foster home as a result of the allegation. This will be determined by holding a staffing to that all stakeholders may have input. Decisions will be made on a case by case basis and will be based on the best interest of the child(ren).

If the investigative determines that allegations of child maltreatment are deemed true, one of two actions will be taken. The family foster home may be closed immediately. In some cases, it may be found that the foster family can be worked with to correct problems that resulted in the child maltreatment occurring. In these cases, a corrective action plan would be established with the foster family. If, after a specified period of time with working with the foster family, it were found that corrective action(s) is not possible, the family foster home would be closed. In all cases, a family foster home will

be closed in true cases involving sexual abuse, serious physical abuse, and conduct warranting felony criminal charges being filed.

Key Points

Getting Ready

Adding a new child or children to your family will make life different for you and your spouse, your children, and even your extended family.

When you ask questions about a child, you demonstrate interest, careful concern for the decision you must make, and an ability to know your family's strengths and needs.

It is important to explore these areas:

- Physical health
- Emotional health
- Developmental issues
- Education
- Abuse/neglect and placement history
- Parental/sibling situation
- Legal status/permanent plan

Foster parents and adoptive parents have to be comfortable with some uncertainty; all the information you want will rarely be available when you want it.

As a team member, you should have access to the available information to help you protect and nurture children, and strengthen families. The past is an ingredient of the present, but not a recipe for future behavior. A child who has never been aggressive may kick a child in your family. The child is in a new situation, and the dynamics in your family may be different from those he or she has experienced in the past.

In the real world of foster parenting, you will usually be contacted about a potential placement by telephone. You may receive the call days ahead of time. In these situations you will have time to gather a lot of information and to carefully consider your decision. In other situations, you may be contacted only a day before or even hours before. In these situations, you need to be prepared to ask the questions that are most critical to your decision.

Adoption placements are usually carefully planned, and families are encouraged to engage in a thorough decision making process. There are usually numerous phone calls and meetings prior to an adoptive placement.

Session Eight:
Planning
for
Change

Resource 8-1

Session Eight:

Planning
for
Change

Resource 8-1

Page 2

Having the opportunity to talk with agency staff about a potential child being placed with your family will help you to make the best decision possible for your family and for the child. You need to think ahead of time about your strengths, needs, and willingness to deal with different situations.

For example, you may initially feel uncomfortable dealing with sexual abuse situations, and the agency is likely to understand this. But a child could be placed with you, and the agency might not be aware that the child had been sexually abused. You need to think through how you would feel about this and how you would handle the situation. From your training, I'm sure you can see how important it is that a child's placement not be disrupted if at all possible. If you feel you could not handle sexual abuse under any circumstances, you need to consider whether fostering or adopting is right for your family. There is just no way the agency could guarantee that a child placed with you had not been sexually abused.

There are other situations that could present similar conflicts in decision making. Some families have values and beliefs that they feel could interfere with caring for a gay or lesbian youth.

In the family assessment, we hope you are taking the opportunity to explore with the worker how you feel about handling different types of placement situations—including situations in which information may not be known or available.

To prepare for placement you need to think about doing the following:

- Inform the school and your medical provider that you have been approved as a foster family. Discuss concerns they may have and how you may best work together on a child's behalf.
- Inform neighbors and your extended family that you have been approved as a foster family. Discuss concerns they may have and be prepared to educate them about the child welfare system and the needs of children in family foster care.
- Be prepared by having some supplies to meet the developmental needs of a child that is likely to be placed with you. For example, if you are approved for infants, have a supply of diapers and formula on hand.

Children will be coming into your home from all different types of situations, communities, and families. A child may be placed in your home who is from a different culture. You need to think about how you would prepare for a child of a different culture, and what specific things you would do in your home to make a child feel welcome. It is also important to remember that for all children—regardless of race or culture—coming into your family will be

.....

very different from what they may be used to. To help a child feel comfortable in your home you can:

- Find out as much about the child's heritage and culture as possible.
- Identify one of the child's favorite foods and prepare it.
- Have books, toys, and/or magazines in your home that reflect the child's culture.
- Find out if the child attends a particular religious service and be prepared to take the child to services or other activities.
- Be prepared to take proper physical care of the child (for example, have hair care products in your home that are appropriate for an African-American child).

Managing Changes in Daily Life

We reduce much of life to routines—we drive to the grocery store along the same route each time. We have a set of morning routines that get us up and out every day. We tend to go to bed at the same time at night. Routines are not inherently good or bad, but different people will have different routines.

Change is difficult and disrupts our normal, regular ways of doing things. Recall how you felt about a small, silly, change in your life. For example, maybe garbage pick-up day changed from Tuesday to Thursday. After three weeks of missing the new day, you are over-burdened with trash. The change is irritating because it causes you to alter a pattern of behavior that, in the past, you did not even stop to consider.

Bringing a child or children into your family will bring many changes. Think about what it has been like in your past experience to bring a new person into your household. Remember what it was like when you were first married and how you established your married life routines and traditions? Or those of you who have children may remember the overwhelming changes that occurred when that tiny baby came home from the hospital.

There is no doubt about it. Bringing someone new into your family is going to result in change. Some of these changes will be immediate, such as figuring out schedules and workload. Other changes will occur over time, such as discovering that fostering or adopting is changing your relationship with your spouse or with your birth children.

Session Eight:

Planning
for
Change

Resource 8-1

Page 4

.....
The following changes are likely to occur immediately when a child is placed with your family:

- There is less privacy in the home.
- Routines may be disrupted, such as the order in which showers are taken or how chores are divided.
- Communication patterns will change.
- Schedules may need to change (everyone may need to get up earlier).
- Space will need to be shared.
- Family rules may need to change.
- There will be one more person for whom you are responsible and this will decrease your free time.

Managing Long Term Changes

There is no way to predict all the changes that can occur over time within a family that is adopting or fostering. However, we can identify some of the most common changes that are likely to occur. In general, we can categorize these as changes within the family system and changes between the family and the outside world.

Within the family system, there are likely to be a range of changes. Most significant is the change in relationships among family members. This can include the marital relationship, the parent/child relationships, and sibling relationships. Also, there may be changes in styles of communicating, decision making, and problem solving; changes in patterns of behavior; and changes in how the family celebrates and observes holidays.

While these are some of the key changes that can occur in families, it is important to remember that these changes are not necessarily negative. In fact, some can be very good. The marital relationship may suffer because of lack of time and energy to devote to it. Also, the amount of privacy will be decreased. On the other hand, the relationship may grow and strengthen as the couple seeks to overcome these challenges. Birth children may have a difficult time adjusting to a new child in the home. Jealousy, lack of privacy, and the need to share may all present challenges. But children also have an opportunity to learn and grow from the diverse experiences of those who come into the family.

The following are *strategies for responding to the changes that occur within the family*:

- Have a forum to discuss changes, rules, family expectations, etc. This can be in the form of family meetings or dinnertime discussions.
- Make time for the marital relationship. Spend time alone and away from the children. Arrange for respite services when needed.
- Ensure that children are included in discussions and decision making processes about bringing children into the family, and keep children updated about pending changes and transitions.
- Nurture relationships with birth children by spending time alone, talking about their role as a foster brother or a foster sister, and recognizing their contributions to the family.
- Establish clear household rules and expectations, but be ready to adapt and make changes as needed.
- Discuss holidays/traditions with the entire family and make plans together. Ensure that traditions that are important to each family member are recognized in some way.
- Model a positive attitude when responding to change. Family members may begin to look at change as an opportunity to learn and grow.
- Take care of personal needs. Spend time alone, know when to take a break, and continue to pursue your personal interests.
- Take care of medical, fitness, and emotional needs. A parent can't meet the needs of others if his or her own needs are not met.

Changes also occur between the family and the outside world. For example:

- Relationships with your friends may change or you may develop new friends. Often other foster families or adoptive families become close friends, as these families have more in common with your situation.
- Relationships with your extended family may change. Some extended families readily accept new children and are strengthened by your decision to foster or adopt. Other extended families may struggle with the notion of adoption or fostering, and you may begin to feel the resulting stress.

Session Eight:

Planning
for
Change

Resource 8-1

Page 5

Session Eight:

Planning
for
Change

Resource 8-1

Page 6

- Existing relationships with the school, your church, or other community organizations may be stressed. This is especially true when foster care and adoption issues are not understood or when children exhibit behavioral challenges.
- Your family's privacy is likely to be compromised. Children are often vocal about everything that occurs in the family. In addition, there may be numerous agencies and professionals now involved with your family or even in your home.

The following are *strategies to deal with changes between the family and the outside world or environment*:

- Speak with your extended family and your friends about your decision to foster or adopt. Educate them about the child welfare system, the needs of children and families, and your role as a foster parent or adoptive parent.
- Consider time management ahead of time. Determine what activities, events, or hobbies are most important to you and make these a priority.
- Seek to build on your existing relationships with community resources such as your church or the local school. Inform them of your decision to foster or adopt and explore how they can work with you to ensure that the child's needs are met.
- Explore your need for family privacy. If you are an extremely private person, you need to know that in the world of fostering or adopting it is highly unlikely that you can maintain this level of privacy.

Helping Children Manage Change and Transitions

Strategies the team can use to ease transitions and help prevent disruptions:

- Respect the child's history.
- Learn the child's routines, traditions, and patterns.
- Don't place a lot of demands on the child. (For example: make sure the child knows where food and snacks are located, but don't insist that the child eat.)
- Help the child to be as comfortable as possible.
- Help the child to understand expectations, rules, and how things operate in the household.

- Acknowledge any positive experiences the child may have had with his or her family of origin, or previous foster families.
- Work to change immediately only those routines, traditions, and patterns of behavior that threaten the child or others.
- Make a plan that involves your entire family in the change process.
- Recognize that change takes time.
- Understand that routines, traditions, and patterns bring comfort. Don't expect the child to give up a comfortable or familiar routine until he/she trusts that a new one will take its place.

Recognizing the Feelings and Behaviors Associated with Change

All children fantasize. Children in family foster care can create fantasies about the kind of parent their mother and/or father really is, for example:

- "Mom wouldn't hit us if her boss wasn't so hard on her."
- "Dad only hits me when I won't touch his private parts."
- "Mom really loves me, she just can't come visit because it is too far away."
- "Dad wants me to live with him starting next month, and he's going to buy me a bicycle."

Children who have been adopted sometimes create phantom birth families that possess none of the qualities the child dislikes in the adoptive family. They may imagine that their birth mother is a beautiful, rich lady who would give them new clothes whenever they want, and would never punish them. Sometimes children create elaborate fantasies to explain the pain they have known in personal relationships, e.g., the child was switched at birth and has lived with the wrong family. Children can conjure fantasies regarding the new, and as yet unknown, foster family or adoptive family, for example:

- Fantasies about being unlovable, e.g., the new adoptive family will never love me because no one else has ever loved me.
- Fantasies about rejection, e.g., this foster family will ask me to leave.
- The fantasy of the perfect family, e.g., if I just hope/wait long enough my dream family will find me.

When children have fantasies about their families of origin, or the foster family or adoptive family, they are sure to be disappointed. The team will need to develop a specific plan to help manage the child's feelings and behaviors.

Children are not the only ones who have fantasy families. Sometimes foster families or adoptive families also have fantasy children pictured in their minds. Holding onto the idea of a fantasy child could interfere with your ability to meet the needs of a real child—you may have unrealistic expectations or feel bitterly disappointed when the “real” child exhibits behavior problems.

Children Who Have Been Sexually Abused

Children who have been sexually abused have special needs in order to feel a sense of safety and well being.

Generally, it is not the foster parent's or adoptive parent's role to identify when a child has been abused or neglected. The child usually comes into your family after the agency has already made this identification. However, instances of child sexual abuse may not be known until the child has entered foster care and begins to develop a sense of safety. This is important for you to know, because it is possible that any child who is placed with your family may have been sexually abused. This is not meant to alarm you. Nor are we suggesting that all children in need of family foster care or adoption have been sexually abused. But realizing that there is this possibility means that you need to take steps and safeguards to ensure the safety and well-being of each and every child who comes into your home.

Sexual abuse can occur regardless of age, sex, religion, race, or income level. Even infants are sexually abused. Also, sexual abuse does not just happen to girls. Sexual abuse takes place in families with high, medium, and low incomes.

Examples of *ways to create a healing home* for all types of children, regardless of whether or not they have been identified as victims of sexual abuse, include the following:

Child's Bedroom:

- The child has his or her own bed and is told that there is a family rule that “no one else is allowed on your bed.”
- The child is told to close the door for privacy.
- A family rule requires knocking before entering the child's bedroom.

-
- The foster father will not come into the girl's bedroom and/or the foster mother will not come into the boy's bedroom.
 - A light is left on for the child at night.
 - The child is given a robe to wear to the bathroom.

Birth Child's Bedroom:

- The child is provided with his/her own bed and told that there is a family rule that "no one else is allowed on your bed."
- Children are told they may close door for privacy.
- A family rule requires knocking before entering the child's bedroom.
- Children are given a robe to wear to the bathroom.

Living room:

- Children are helped with homework.
- Children play games with family members.
- Family discussions take place and family meetings are held.

Master bedroom:

- The door is closed for privacy.
- The family rule requires knocking before entering the master bedroom.
- The family rule prohibits children from playing on the bed or playing in bedroom.

Bathroom:

- Only one person allowed in the bathroom at a time.
- The bathroom door is always to be closed for privacy.
- Children are reassured that no one will enter bathroom while they are bathing or showering.

Session Eight:

**Planning
for
Change**

Resource 8-1

Page 10

Kitchen:

- Family meals include “sharing time” (or discussions and updates) with family members.
- Snacks are provided as a way to nurture children and encourage discussions after school.
- Time is spent baking cookies or cooking with the child.

In summary, to create the sense of a “Healing Home”:

- Children need to know that boundaries are clear. They need a sense of their own space and reassurance that the space will not be invaded.
- Children need a sense of privacy. They need private space to bathe and change clothes. They need bathrobes for walking around the house. Also, they need other family members to practice these same privacy rules.
- Children need to experience nurturing activities, and these activities do not have to include physical touching. Playing games, talking, and cooking are all ways to spend nurturing time with children.
- Children need constant reassurance that their safety and privacy will be respected and maintained.

Understanding Risks in the Community

Children in placement may become targets because:

- They are in a new environment and they want to belong.
- They may not have had consistent behavioral limits set by the adults in their lives.
- They may go through a period of testing the new foster parents or adoptive parents.

The adults in the child’s life need to anticipate hazards. They must protect the child from situations that call for a level of behavior or maturity beyond his or her abilities. Remember that children can be one age in years, and a much different age emotionally and sexually. Foster and adoptive parents must regard each child’s strengths and needs individually.

Working as a Team to Prevent Abuse Allegations

Teamwork is the parent's best prevention and best defense against allegations of abuse. Working closely with the social worker, therapist, school teachers, and counselors assures that the child is known and everyone involved understands the child's needs. Clear communication between the foster family and the social worker can prevent false charges.

Session Eight:

**Planning
for
Change**

Resource 8-I

Page 11

You Need to Know!

How to Plan for Change

Session Eight:

Planning
for
Change

Resource 8-J

Foster parents and adoptive parents make a special commitment to care for children who come from abusive and neglectful families. The commitment is both rewarding and disrupting, as the new caregiver's family composition changes, sometimes with little notice.

As the Foster Parent or Adoptive Parent You Should:

- Feel comfortable with the change.
- Support each child through the changes.
- Discuss sensitive information such as sexuality, abuse, and dishonesty.
- Actively seek services for children, including education, mental health, and physical health.
- Affiliate with local and state foster parent associations and adoptive parent associations and support groups.
- Understand that while supports to manage change are important, this support may not always be available.

The Agency Should:

- Discuss advantages and explain risks.
- Encourage communication.
- Provide appropriate reading material on important subjects.
- Provide support and share community resources.
- Provide information on school district policies.
- Provide public/private community resources.
- Refer to appropriate associations and support groups.

Preventing Disruptions*

“Disruption” is the child welfare term used when a foster family or an adoptive family requests a new placement for a child living with them. A disruption is another loss for a child and, as you can imagine, is difficult for families, too. Social workers also feel badly about disruption.

Children and families have strengths, and they have needs. Finding the right “match” to balance those strengths and needs is a challenge. Generally, disruptions occur when efforts to support a match between a child and family have fallen short or failed to work.

Research shows some typical reasons for disruptions, which include:

Mismatch between the child and foster family or adoptive family: The personalities of the family members and the child are just not right. That’s why it’s important to have open and honest communication with the agency regarding your expectations, and to get as much information as possible about a child to be placed with you.

Inadequate preparation of the child or family: In family foster care situations, children often are placed on an emergency basis. Preparation of the child may not be possible. That’s why foster families need as much preservice and inservice training as possible. There is more time to prepare a child for an adoptive placement, yet the lifetime commitment, and the lifelong process of adoption require a lot of preservice training and post-placement supports.

Inadequate post-placement supports and services: All families experience stress, but foster families and adoptive families have to manage some additional challenges. It is never too soon or “wrong” to ask for help through support groups, inservice training, counseling, diagnostic services, respite care, foster parent associations, adoptive parent groups, etc.

Family strain: Sometimes families just get overloaded, whether it is from job changes, illness, or even marital problems. Recognizing and managing stress is important for all families, and foster families and adoptive families need to pay special attention to signals that any family member is getting a little worn out.

* Festinger, T. (1986). *Necessary Risk: A Study of Adoptions and Disrupted Adoptive Placements*. Washington, DC: Child Welfare League of America.

Barth, R. & Berry, M. (1988). *Adoption and Disruption: Rates, Risks and Responses*. Hawthorne, NY: Aldine DeGruyter.

Session Eight:

Planning
for
Change

Resource 8-J

Page 3

.....

Inability to use resources/lack of resources: There's an old saying about leading a horse to water—well, sometimes it takes courage to drink from an unfamiliar pond! Again, be certain to ask for help when things just seem even a little confusing or overwhelming. Openness to change and help is a key in making sure that children and families adjust well to each other. Of course, sometimes we need help that just isn't there through formal services. That's why support groups and associations are so important, as well as open and honest talk with the agency.

Research also shows there are identifiable stages leading to disruption.* Knowing about these stages can be a big help in preventing disruptions. The stages are:

Diminishing pleasure: After the initial excitement of being a foster family or adoptive family, the honeymoon is over. This is not unlike being married or taking a new job. You start to see some problems that you didn't notice before.

The child is the problem: In this stage, the family blames the new child for any problems it encounters.

Going public: In this stage, the family members have become so frustrated that they start telling others about their problems who, in turn, may say, "I told you so."

Turning point: By this stage, frustration has really grown, and a crisis is likely to occur. Typically, the child will do something that really upsets the family, which leads to the next stage.

The ultimatum: In this stage, the parents decide that either the child must change behavior by a certain deadline, or the child must be moved.

Decision to disrupt: The child fails to meet the deadline for change, so the family decides the child must be moved. Disruption is the result.

You can help prevent this disruption process by getting help at the very first stage. Remember, "diminishing pleasure" is a natural part of life. It doesn't have to go much further than that. Again, get help so that the pleasures will outweigh the problems. It can be done, and it's worth it!

* Partridge, S., Hornby, H., McDonald, T. (1986). Learning from Adoption Disruption: Insights for Practice. Portland, ME: Human Services Development Institute.

PRIDE Connection

Foster PRIDE/
Adopt PRIDE
PRIDEbook

Planning for Change

Think about the routines, traditions, and patterns of behavior that help organize and define your family. Record some of the most important ones below, and then think how a child coming into your family may bring change.

Session Eight:
Planning
for
Change

1. What daily routines does your family follow regarding:

- Mealtimes

- Chores

- Television

- Bedtime

Resource 8-K

What routine might be most difficult to change if a child came to live with your family?

2. What traditions does your family have regarding:

- Vacations

- Birthdays

- Holidays

.....
How might your family feel about including a tradition of a child placed with your family?

Session Eight:

Planning
for
Change

Resource 8-K

Page 2

3. Think about your family during the past week. What patterns of behavior does your family have regarding:

- Discipline

- Praise

- Expressing feelings

- Asking for help or support

How might these patterns change when a child comes into your home?

Making a Difference!

Foster PRIDE/
Adopt PRIDE

PRIDEbook

I don't want to sound egotistical, but the thing I'm proud of is what I've learned about myself.

I grew up without a mother. I married young, had two sons and couldn't have any more children. I became a foster parent because I wanted to adopt my "dream daughter." Our sons were 15 and 13 when she came to us at six days old. She was beautiful. Seven years later, when the adoption was completed, I not only had her, but her brother as well (our "extra, added attraction").

My "dream daughter" was supposed to wear ribbons and lace and never get too dirty. My "real daughter" has always been a tom boy. The ribbons lasted about five minutes, and the lace dresses and her knees were dirty in ten minutes. My "dream daughter" would have long talks with me about "women-things" when she grew older. My "real daughter" has hormones from hell, and lots of the serious talking we do is about that.

I wanted my "dream daughter" so I could be my "dream mother." What my daughter and I got was a real-life relationship. And that ain't all bad!

Marjorie Brazelton
Foster Parent; Adoptive Parent
Illinois

Session Eight:

Planning
for
Change

Resource 8-L
