

Supervisor Coaching and Activity Guide

for Child Welfare Supervisors

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The Value of Coaching Your Staff

Studies show that training alone does not change behavior or result in the ongoing use of new skills.

After completing training, workers might incorporate some new skills, or they might go back to using the same, familiar skills they used before. However, when staff are coached to use newly learned skills in their daily work, the result is changed behavior that can be sustained. As a supervisor, you have the

opportunity to coach and support your team members in the application of the new skills, tools and resources they will learn throughout the NTI Training.



Being a supervisor is hard work. You are tasked with fulfilling mandates and assuring compliance tasks within timeframes all while supporting your staff through what is often heartbreaking work. There are many challenges before you – large caseloads, multi-problem families, bureaucratic policies, high staff turnover, burned out or desensitized staff, and initiative overload. You don't need more to do; you need the confidence that your staff are using the skills and doing the work that can make a difference for children and families.

We believe that staff who have the right skills and tools and who are coached to do best practice have increased competency and a sense of accomplishment as well as a belief that they can positively impact the children and families they serve. This in turn, leads to increased staff retention, which ultimately makes your work as a supervisor more effective and efficient.

About this Guide

This ***Supervisor Coaching and Activity Guide*** is intended to support YOU in the work you're already doing – when you meet with staff individually or in team settings and when you do case reviews. You can choose activities from the suggestions or come up with your own that relate to the objective or key skills.

If your workers have challenging cases that pertain to a particular issue or topic area, you can choose activities that are specific to that module. Because drift from best practice happens even in the best of circumstances, you can use these activities periodically with your staff to support continued use of the new skills in their daily practice.

But this work shouldn't be done alone. **You are encouraged to partner with your supervisor colleagues** - to share how activities are being used and the results you are getting. This support network will help encourage and reinforce your role as a coach for your staff.

Finally, in order to be sustained, **coaching should be supported and encouraged by administration**. Some agencies and systems have fully embraced coaching of staff, including field observation with feedback. Others have no structure in place for coaching. This is not an all or nothing proposition and taking small steps will move you and your staff in the right direction.

You will notice that there is only one activity relating to *Module 1: A Case for Adoption Competency*, which focuses on the ways in which staff can demonstrate the infusion of the Guiding Principles in their practice. For *Modules 2 through 8*, the guide is divided into sections with activities focused around the 3 key skills supervisors can support their staff to use highlighted in each supervisor lesson.

This guide includes different types of activities listed, including:

- **Team Discussion:** Team discussion about biases, challenges, and use of tools in practice. For example, how your staff can improve preparation or transition for a child to prevent abrupt separation and re-traumatization.
- **Case Review:** Review of a case and discussion and processing of learned concepts. For example, have your staff review an assessment and child's risk and protective factors. Discuss what workers can do to mitigate risk factors or strengthen protective factors.
- **Role Play:** Role play of applied skills. For example, practicing conversation starters your staff can use with parents to discuss the importance of honoring their child's culture.
- **Team Activities:** Shared activities as a team to improve practice. For example, developing a format for life books, if there is not already one in use; inviting a speaker or panel to come to a team meeting to discuss an issue or share information about resources.
- **Application:** Practice suggested tools provided throughout the curriculum. For example, have your staff use the ACEs survey with prospective parents to assess their trauma history and discuss what they learned.

Module 1:

A Case for Adoption Competency

This first module provides an overview of NTI training, guiding principles for practice, overview of permanency options and change in adoption practice, as well as a discussion of the urgent need for permanency for youth in foster care.



Application of Guiding Principles in Practice

Have a team discussion about any of the guiding principles, asking staff to discuss the specific ways they incorporate these principles in their work and interactions with families or each other. In what ways have these principles informed or changed their practice since completing NTI training?

- Adoption is a lifelong process that impacts the individual throughout their lifespan.
- Loss is at the heart of every adoption or guardianship and cannot be ignored.
- Secure attachments can be built or re-built.
- Race, ethnicity, culture, class, and sexual orientation and gender identity all have a unique role in adoption and guardianship practice and in the positive identity formation of children and parent.
- Children process their story through a developmental lens.
- Connections matter.
- Healing from trauma, loss and insecure attachments occurs in the context of a trusting family relationship.
- Adoption and guardianship family formation is a life-long, intergenerational process.
- Communication fosters healthy adjustment.
- Respect diversity in practice; families need a supportive network.
- Children should not have to change excessively to fit into a family.
- What you do impacts the child or youth.
- Commit to preventing additional trauma.
- Services should be strengths-based.

- Integrate the child and family's history into assessment.
- Normalize the recurrent need for help.

Module 2:

Understanding the Mental Health Needs of Children and Youth

This second module focuses on understanding the mental health needs of children experiencing adoption or guardianship. This includes the importance of comprehensive assessment, helping children tell their unique story, helping parents understand and reframe their child's behavior, and partnering with adoption competent mental health professionals.



Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping children and youth understand their story**
- **Helping parents reframe their children's behavior**
- **Making an appropriate referral and monitoring treatment**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Helping children and youth understand their story

1. **Have workers select a case**, discuss how the child's experiences before and during foster care have shaped the child's mental health.
2. **Discuss with workers how to gather relevant information for a comprehensive assessment** that represents the child's unique story and history (See Handout: Comprehensive Assessment outline in the Appendices). Have workers write an assessment for a child moving toward adoption or guardianship and review it with them. What other information is needed and how can they gather this? Be sure to include mental health history and significant genetic and prenatal factors.
3. **Using the Handout: Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture** (in the Appendices), have workers choose a case and, in a small group meeting, discuss their application of this framework to the child. What kind of survival

behaviors does the child demonstrate that relate to these four areas of functioning? How did the child experience life in their birth family and what is the impact of the removal on his mental health and behavior? What specific risk and protective factors have shaped this child's adjustment? Discuss how to engage the child in a conversation to facilitate their understanding of that history.

4. **Have workers discuss the activities** or tools they have been using to facilitate communication with children about their history. Is there evidence in the case record of having these discussions and using these tools? In team meetings, have them share or demonstrate how they used these activities or tools.
5. **Have workers identify at least one new tool** (storyboards, digital stories, timelines, ecomaps, etc.) to try with a child in the coming week then process use of the tool in a follow up meeting.

Are staff fully embracing Lifebooks as an opportunity to help children tell and understand their story? If a specific format for Lifebooks is not currently used, have your workers review some of the suggested resources and create a format for Lifebook work. Have staff discuss the barriers to Lifebook work. Here are some typical barriers and potential solutions:

- **Not enough time:** Life books are easiest if they are started as soon as child or youth enters foster care and are used as a tool to learn the child's history. Parcel out the tasks involved and enlist the help of others who can potentially gather elements. Contact relatives such as grandparents or an aunt who has been close to the child, current or past foster parents, etc. and ask for mementos; request that all foster parents take pictures and save report cards, certificates, etc. and give to the worker for the child's Lifebook. Interns may be able to help in making contacts to get pieces of information, like a record of the child's birth with the footprints, or to mine the case file and construct a timeline of all moves in care, dates, and names/addresses of foster parents. You can have many sample pages downloaded from some of the resource sites and let youth choose those they want to complete.
- **Too late to get pictures:** Take pictures on visits and put in Life book; ask foster parent to do the same; reach out to relatives or past foster parents who may have pictures of the child; visit places of importance to the child and take pictures. Examples might be the hospital where the child was born, previous foster homes, or schools.
- **Don't have resources:** Use resources in the training to obtain templates for Lifebook pages. Partner with a hobby supply store, a service organization or scrapping group to donate supplies that children and youth can use to build their Lifebook.

Make copies of significant documents and photographs to keep in the child's case file in case the Lifebook is lost.

7. **Ask workers to identify a book or a section of a movie** they think could be used as a conversation starter with a child or youth to discuss their unique story or express their feelings. During a team meeting, review these resources and discuss how they would use them to start conversation with a child.

Helping parents reframe their children's behavior

1. Have the worker identify a case and discuss the following related to the child:
 - **View of the world**
 - **Ability to form relationships**
 - **Current negative behaviors**
 - **Triggers for misbehavior**
 - **Lost connections**
 - **Painful memories**
 - **Services received for grief/trauma**
 - **Additional services that would be helpful**
 - **What help has the caregiver received to understand child's history?**
2. **Support workers individually to help them assess their abilities to meet the 6 objectives listed below in their interactions with parents.** Help them to identify specific objectives for improvement and develop a strategy to accomplish this. Possible strategies might include accompanying a worker skilled in this ability and observing their interactions; choosing a family and role playing with supervisor or another worker an interaction in which this skill is applied; or reconstructing the process of a previous interaction with parents and discussing potential responses that may have worked better.
 - a. Engages parents with empathic listening, acceptance, and support.
 - b. Helps parents understand their child's history and uses reframing.
 - c. Helps parents to understand their own issues from the past related to their capacity to facilitate attachment and effectively parent a specific child.
 - d. Helps parents to assess and develop their support system.
 - e. Models communicative openness (ability to talk openly and honestly with children or youth about their questions or concerns) and supports parent's use of communicative openness.

3. **Have workers identify a case in which the parents need to enhance their understanding of their child's history** and its link to current behaviors. Have them identify survival behaviors and emotional issues that are characteristic of the child. Refer back to Handout: Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture to think about the challenges a child has experienced in each area and how these challenges are manifested in the child's behaviors. Discuss in supervision or a team meeting how to reframe the behaviors. Have workers use reframing with the parents and process the interactions with you.
4. **Have the worker identify a current case** in which they feel parents need to address their own unresolved grief and loss impacting their parenting capacity. In a team meeting, discuss these issues and develop ideas for assisting parents in understanding how these issues could complicate the child's healing. When indicated, have the worker refer the parent to an adoption support group or adoption competent mental health professional.

Making an appropriate referral and monitoring treatment

1. **Have workers identify children or youth on their caseload who are taking psychotropic medications.** In each case, are the worker, youth, and parents aware of the specific reasons the medications are prescribed as well as the primary side effects? Are there any concerns about the use of medications for the youth? If so, what are the next steps to address these concerns?
2. **For a child or youth on the worker's caseload, have the worker review the clinical assessment** (please request if it is not in the record) and discuss its meaning. What diagnostic labels have been given to the child? How is grief, trauma, and the child's history of moves and separations addressed in the assessment? What treatment is recommended? Is a specific treatment modality identified? What treatment has the child received? If the clinical assessment doesn't address the child's trauma history, what next steps should the worker take?
3. **Have workers choose a child on their caseload who has received mental health treatment.** What, if any, psychotropic medication is the child taking? Research this drug on the internet and consider its value to the child's presenting issues and potential side effects. Have them discuss the proper steps to take if they think the use of a medication needs to be reconsidered, or proper policies related to these medications have not been followed.
4. **Have workers review the definition of Developmental Trauma Disorder and identify a child on their caseload who appears to fit this profile.** What symptoms mentioned in the description are present? To what extent have symptoms been addressed in the child's treatment history and with current caregivers?

5. **Have workers discuss which two intervention practice models listed in the Program Directory in the Appendices they would like to learn more about.** They can research the interventions and share what they learned with the team. The team can also discuss the primary evidence-based, evidence-informed, and promising practices used by therapists in your area.
6. **In a team meeting, have workers discuss the foster, adoptive or guardianship parents they work with who need to learn or enhance therapeutic parenting skills.** Have workers discuss the local referral sources that could work with the family to teach them these skills. You might also consider purchasing the Trust-Based Parenting DVD set for use with families. It is also available in Spanish. You can order from this website:
<http://child.tcu.edu/store/healing-families-dvds/trust-based-parenting/>
7. **Have workers discuss the characteristics of adoption-competent services covered in this module.** Discuss who the adoption/guardianship competent providers are in their community and region of the state. The Child Welfare Information Gateway provides state by state information of post-adoption services at this link:
<https://www.childwelfare.gov/pubs/f-postadoptbulletin/>
8. **Discuss with your team what types of services are scarce or nonexistent in your community.** Discuss how you might work together to get the strategies for encouraging mental health professionals who work with your families to complete the companion NTI curriculum for mental health practitioners. You might also explore whether the child welfare agency can host or sponsor trainings on specific types of interventions that are most needed. Identify a list of providers and have staff reach out to at least two mental health professionals and introduce them to the curriculum and how they can participate in the training.

Have workers choose a case in which a mental health assessment was done. Either individually or as a team, review the assessment, information related to the child's ongoing progress and needs, and documentation about the worker's communications with the mental health provider. Is information adequately documented? Does the documentation paint a picture of the child's mental health needs?

- a. Have workers discuss what they know about the specific intervention/practice model the therapist used and to what extent the treatment was helpful. Is there evidence of efforts to include mental health providers in case planning or the work of the Child & Family Team? Is the foster/adoptive family included in sessions? If not, discuss how to convey the importance of the family being part of the treatment.

Module 3:

Promoting Secure Attachments – Relationships & Experiences Matter

We focused in the previous module on understanding children’s unique stories and the impact of their experiences on their mental health. A major part of their story is their early relationship and attachment experiences, first with their primary caregiver and then with other significant caregivers. **Understanding the process of forming secure attachments and the impact of separations on that process is at the heart of child**



welfare practice. The quality of attachment and separation experiences is intrinsically linked with children’s mental health. In this module we examine strategies for helping children feel safe and develop secure attachments within a new, permanent family.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Model and teach therapeutic parenting strategies to promote attunement and felt safety**
- **Help children and youth maintain healthy connections with people significant to them**
- **Minimize relational trauma in their work with children and youth**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Model and teach therapeutic parenting strategies to promote attunement and felt safety

1. **Have workers identify an adoption or guardianship case** and discuss the ways in which the parents are building trust and promoting “felt safety” for their child. If this is a challenging area for the parents, what strategies can the worker use to coach the parents to promote trust and felt safety?
2. **Have workers choose a case involving a child with attachment challenges** and discuss what work needs to be facilitated to build attachment between the child and his/her parents. Review together strategies for working with parents to promote:

- **Their management of their own feelings and parental self-care**
 - **Teaching desirable behaviors with a balance of nurture and structure**
 - **Identification of parents' own attachment style and understanding of how that aligns (or does not) with their child's or triggers feelings and undesirable interactions**
3. **Have a discussion with workers about the services that are in place to teach parents therapeutic parenting skills.** If these are lacking, explore possible ways to enhance these services. Is it possible for the agency to explore providing training for workers on ARC, Pathways to Permanence or other therapeutic parenting models?
 4. **Have workers choose a case and discuss what they can do differently to promote trust and felt safety in their own interactions with children?** Have them apply one or two specific strategies or behaviors they came up with and process the impact with you.

Helping children and youth maintain connections with people significant to them

1. **Discuss the extent to which workers have individual conversations with children** when their status is preparing to change to adoption/guardianship to explore and address the child's feelings and concerns. Ask workers to have an intentional conversation with youth about this and then process the experience with them. What did they learn about the youth and their desire to maintain connections? How did they respond to the feelings? Are there any lingering concerns about moving forward with the permanent plan? If so, what actions are recommended?
2. **Have workers discuss the extent to which their current practice honors children's healthy attachments with significant others.** What can workers do differently to help children maintain attachments? What would it take to truly embrace the value of children maintaining connections with positive attachment figures? What are the challenges to doing this work? Have workers brainstorm strategies for a specific child/youth.
3. **Have workers talk with an older youth about the positive and painful memories of life** with their birth family, their moves in foster care, and how they adjusted to these experiences. Have them discuss in supervision youth's outlook on finding permanency in a new family. If there are internal barriers that cause them to resist new parental relationships, what might be done to reduce these barriers?

Minimizing relational trauma in their work with children and youth

1. **Have a team discussion about how workers can remove/move children with the least negative impact.** Do current practices provide opportunities for the preparation of the removal/move of children? Discuss implementing strategies that were discussed in the module that could assist in enhancing worker's preparation of children through moves. For example, prepare information sheets with photographs of resource families to share with children moving to their home. Have foster families provide a letter to children leaving their home that recounts a positive memory, says something positive about the child, and includes a picture of them with the family.
2. **Ask workers to share the case of a child who has an attachment-related diagnosis.** What were the child's early experiences with caregivers, and how is this reflected in the child's behavior? Review the developmental risks of insecure attachment covered in this lesson and assess to what extent these apply to this child.
3. **Lesson 3 reviewed many strategies (below) to minimize the trauma** that children experience in the child welfare system. In a team meeting, discuss these strategies and consider how workers can utilize them in practice. Are there other strategies that workers have developed to support children through the traumatic experiences of removal and moves in care? Develop a list each worker could later refer to.
 - **Reduce the number of moves in care**
 - **Prepare the child for separation and reduce the level of surprise**
 - **Involve birth or foster parents in preparing the child**
 - **Have consistency in support**
 - **Keep children connected to significant attachment figures and in familiar environments, if possible**
 - **Validate the child's feelings and provide continuing interpretation of the child's experience**
4. **Have a team discussion** about the ways in which workers can better prepare children for the initial removal into foster care and strategies to support them through this process.
5. **Discuss in team meetings** the clinical resources that exist in your community for attachment work. Do these clinicians include the parents in treatment? Are there clinicians in your community who use unsafe attachment techniques? What strategies might you consider for bringing mental health professionals along to support this work?

Other activities related to assessing and understanding impact of early experiences on attachment

1. **Have workers choose the case of a child** and discuss the impact of the child's early attachment experiences on: 1) felt safety, 2) brain development, 3) self-regulation capacity, 4) social, emotional, physical, cognitive, moral, and language development, 5) sense of self-worth, and 6) willingness to attach to future caregivers. In what ways does the information in the case file reflect the child's early attachment experiences and the impact of those experiences on the child?
2. **Have workers identify a child with attachment challenges** and evaluate which of the symptoms identified in the handout *Four Ways to Encourage Attachment* (in the Appendices) are characteristic of this child. What appropriate goals for the child can be addressed with the child and parents? What treatment has been secured to help with the attachment issues and what are the outcomes?
3. **Have workers identify a child on their caseload** and discuss which of the four attachment styles they observe. Discuss ways in which this attachment style impacts the child's behavior and mental health.
4. **Ask workers to complete the "Whose Job Was It?" or "Mr. Nobody"** exercises (provided in the Appendices) with a child on their caseload who has experienced an initial removal fairly recently. Have them talk with the child about their experience and support the child to express their feelings about the move. Arrange a follow up discussion to process the worker's experience using these tools.
5. **Have workers choose one of the practice models** reviewed in this lesson to learn more about it and share learnings in a team meeting. If available, have them talk with a local clinician who uses the model. Are there any providers in your area who work on attachment issues with children ages 0-3 and their caregivers? What about older youth?
Here are a few sites that expand on specific models:

- **Dyadic Developmental Psychotherapy (DDP):** <http://ddpnetwork.org/about-ddp/dyadic-developmental-psychotherapy/>
- **Theraplay:** <http://www.theraplay.org/> (This site also includes at the top "Find a Therapist Worldwide.")
- **ABC:** <http://www.infantcaregiverproject.com/>
- **Child-Parent Psychotherapy:** <http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed>; <http://childtrauma.ucsf.edu/child-parent-psychotherapy-training>
- **Parent Child Interaction Therapy (PCIT):** <http://www.pcit.org/> and <http://pcit.ucdavis.edu/pcit-web-course/>

Module 4:

How Race, Ethnicity, Culture, and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children

This fourth module focuses on the impact of race, ethnicity, culture, and diversity on a child's or family's experience of adoption or guardianship, as well as on the child's mental health. It includes content on diverse types of children and families and common differences or realities that are important to address in practice. An exploration of how children develop racial identity leads to strategies for working with children and parents related to issues of race, bullying, transracial or transcultural adoption, kinship adoption, and others. The final lesson focuses on working with LGBTQ youth or parents.



Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Understanding the impact of their own biases on their work children, youth, and families**
- **Promoting the development of positive racial identity and socialization**
- **Supporting youth with diverse SOGIE and/or children and youth who are placed with LGBTQ parents**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Understanding the impact of their own biases on their work children, youth, and families

1. **Complete the bias activity, *How Diverse is Your Universe?*** and discuss as a team or with individual workers the impact the results may have on their work. Are there examples of times when workers called out bias or were concerned that bias impacted decisions for children or families?
2. **In a team meeting, discuss the racial socialization experiences of workers growing up** and examples they have observed or experienced related to the 4 levels of racism: cultural, institutional, interpersonal, and internalized racism. What impact have they observed from

these experiences of racism? In what ways do these experiences impact the families served? Have the team brainstorm strategies for addressing racism at the various levels.

3. **Negative beliefs or feelings toward specific types of people** are not the only barrier to working with them – lack of familiarity can create discomfort in a worker and pose barriers to interacting across racial or cultural lines. Have workers discuss ways to help them become more familiar with races or cultures other than their own. What resources exist in your own agency (i.e., coworkers who are Latino, Native American, LGBTQ, etc.) or in the community to do this? Ask workers to discuss with you which clients they are the most uncomfortable working with and why. What can you do as a supervisor to increase their comfort level in supporting diverse populations?
4. **Have your team share times when workers have made incorrect assumptions about behavior of children or parents** that may have been culturally based (i.e., thinking a child who does not look you in the eyes is being dishonest vs. respecting authority/elders). What can they do to check these assumptions? What about times when children on their caseload have been labeled by workers, parents, or teachers according to racial or cultural stereotypes? How have they addressed this? In what ways can they mitigate the negative impact of this behavior on children?
5. **Discuss with workers their own attitudes and biases about kinship adopters or relative caregivers, or attitudes and biases of others they have observed** (for example, many child welfare staff may believe “The apple doesn’t fall far from the tree” perspective). How do these pose barriers to parents being treated fairly? Think of a case of a relative caregiver who has experienced family conflicts related to their role as the child’s parent. Were these addressed in practice, and if so, how? How was the child affected by these conflicts?
6. **Provide an opportunity for workers to a conversation about current events or issues relating to diversity in your agency or community.** How do these impact the work you do and the children and families you serve? Discuss strategies for addressing this impact.

Promoting the development of positive racial identity and socialization

1. **Choose the case of a child who appears to be struggling with racial/ethnic identity issues.** What is the child’s understanding and awareness of race at his developmental stage? What experiences are most salient for this child, and how might you work with the child, parents, and others to facilitate comfort with his or her own racial/ethnic identity? What resources could the child be connected with to enhance his or her understanding and acceptance of their own racial/ethnic group?
2. **Have workers choose a child in a transracial/transcultural family and plan a conversation with the youth about their experience.** In what ways is the child’s race/culture

supported/honored by their parents/guardians? In what ways do they not feel supported? In what ways can the worker help youth address their concerns, especially if not feeling supported? Afterwards, have workers process the conversation and the follow-up action in a team meeting or supervision.

3. **Have workers think of a child with whom they work** who is being or has been bullied? How have they addressed this issue with the child, parents, and other professionals? Discuss strategies for addressing this issue.
4. **In a team meeting, discuss the impact of microaggressions on children.** Have workers share specific examples of children with whom they work who have experienced microaggressions related to foster care, adoption, their race, culture or religion, etc.
5. **Have your team practice W.I.S.E. Up!** and discuss how this might be used in your agency to help children who are asked difficult or personal questions or are subjected to rude comments. How might the workers or parents work with the child to help him or her cope more effectively and reduce the negative impact of this treatment?
6. **Consider purchasing the “WISE Up! Powerbook”** for your staff to use with children and parents to help them manage questions and comments and relieve the negative impact of these behaviors by others (www.adoptionsupport.org).
7. **Transracial adoptive families are often conspicuous when out in public and frequently receive uninvited questions or comments from others.** Invite 2 or 3 transracial adoptive parents to meet with your team and discuss their insights about their experiences, handling challenges and helping their child to cope with questions from peers, and other aspects of transracial adoption. You might also ask parents to share what they have learned as a transracial adoptive parent and what would be helpful to other adoptive parents/guardians.
8. **Have a team discussion about the risk factors listed below in transracial/transcultural adoptions that are identified in the lesson,** and how these factors impact the child’s well-being and mental health. What strategies do staff use to address these factors with children and families? Brainstorm other strategies that might be used.
 - **Colorblindness that prevents honest conversations that prepare children to deal with racism and discrimination**
 - **Denial or lack of understanding of a child’s heritage and culture**
 - **Absence of same-race adult role models**
 - **Living in a community devoid of diversity**
 - **Living in a diverse community, but only interacting with community members of the parent’s race, ethnicity or culture.**

- Parental lack of understanding or appreciation of the child's experience as a child of color in a white world.
 - Non-acceptance by family and friends of family diversity, or the child's race or culture
 - Blatant racism or discrimination within the family constellation or the community
9. **Have a team discussion about the protective factors** listed below that could help youth in transracial/cultural adoptions. What strategies do staff use to help facilitate or strengthen these factors with youth/parents to improve mental health outcomes?
- **Honest conversations with children about race, racial bias and discrimination**
 - **Appreciating the diversity of the family and embracing what it means to be a multicultural family**
 - **Participation in cultural events and customs that help a child incorporate their identity and pride in their heritage**
 - **Integrating music, art, food, and other cultural elements of the child's heritage into family life**
 - **Talking about similarities as well as differences, to create a sense of belonging**
 - **Living in a multicultural community**
 - **Choosing an integrated school**
 - **Cultivating friendships with people of the same race as the child**
 - **Calling out racism and micro-aggressions and standing for fairness**
 - **Giving children the tools they need to cope, defend against, and assess the risks of racism and discrimination**
 - **Building self-esteem, confidence and resiliency in all children in the family**
 - **Acceptance of the family diversity by extended family, friends, and community**
 - **Letting your children know that you "have their back" no matter what happens.**

Supporting youth with diverse SOGIE and/or children and youth who are placed with LGBTQ parents

1. **In a team meeting, have workers choose cases of foster youth who identify as lesbian, gay or transgender.** Discuss how their orientation was supported or not supported in their birth

family, foster families or group placements, and in their adoptive/guardianship placement. Identify the primary challenges they have experienced or are experiencing. Discuss how this could impact their mental health. What risk factors has the youth experienced, and what protective factors might be strengthened for the youth?

2. **Have workers discuss how to help prepare a youth who identifies as LGBTQ but not “out” for his/her adoptive/guardianship placement.** How would you work with them in planning for adoption or guardianship, and how would you assess and prepare the prospective parents? What are some mental health implications if parents are not accepting of his/her sexual orientation?
3. **Have workers discuss the overall treatment of LGBTQ prospective parents in your agency’s recruitment and assessment process for adoptive parent/guardians.** Review the concerns of LGBTQ parents discussed in this lesson and assess the extent to which these are applicable in your agency. Discuss workers’ ideas of what might be done to enhance their effectiveness in working with LGBTQ clients. How do you prepare non-LGBTQ youth for placement with LGBTQ parents?
4. **Have your workers identify an LGBTQ adoptive parent/guardian** and plan a conversation to discuss how and when information about the parent’s sexual orientation will be discussed with the child/youth. In what ways have the parents/guardians prepared their child to deal with any negative repercussions from peers, including bullying?

Module 5:

Impact of Loss and Grief Experiences on Children's Mental Health

In this fifth module we look at loss and grief and how they impact the behavior and mental health of children moving toward or in adoptive and guardianship families. We will explore developmental differences in how children express grief, both behaviorally and emotionally, different issues related to adoption loss, how cultural values affect expressions of loss and grief, and practices that can support a grieving child. We also will focus on openness and factors that need to be considered in planning to maintain connections for the child.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping children and youth process and manage their feelings and thoughts about their losses**
- **Minimizing the impact of ambiguity on children's and youth's healing from loss and grief**
- **Promoting the integration of old and new attachments**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Helping children and youth process and manage their feelings and thoughts about their losses

1. **Have workers choose a case and ask them to list all the losses they can think of that the child has experienced.**

What barriers can they identify to the child's resolving the primary losses? Do they think that this child or others with whom they work are acting out because of underlying grief? In what ways have situational factors and the adults in the child's life helped or hindered the child's resolution of grief? What has been done during the child's involvement in child welfare to address the child's grief? What is one thing the worker can do differently to help the child cope with grief?



2. **Have workers discuss a case in which they found out very late in the case about a significant loss in the child's life.** What is the impact of this previously unknown loss on the child, the parents and the placement? How can the worker prevent this (not knowing about the loss) from happening in current/future cases? How can workers do a better job of addressing grief and loss with children?

3. In a team meeting, ask workers as a group to choose 4 children who have experienced a termination of parental rights at a different developmental stage –ages 0-2; 2-5; 6-12; 13-18 or older. For each child, have the worker share the child’s significant losses. Identify which responses at various developmental levels are manifested by this child. Have workers brainstorm how they might respond to children’s grief about the TPR at different ages.
4. Either independently or as a group, have workers identify a youth who is struggling to cope with grief and loss. What behaviors or statements make this apparent? Have workers identify how far through the 5 stages of grief this youth has progressed. Have them identify what has been done to address loss with the youth, and what more needs to be done?
5. With the youth chosen above, have workers identify what mental health diagnoses have been given to him or her. What aspects of the child’s difficulties may be due to grief? Have workers discussed this with the child’s therapist? If not, have the worker consider how to have these conversations.
6. As a team, have workers discuss the 8 suggestions listed below for helping a child struggling with loss, and the extent to which they carry these out in their practice, including in their work with parents. How might their practice be enhanced?
 - **Help the child face reality. The pain needs to be acknowledged and the grieving process supported.**
 - **Encourage the child to express feelings. Support the child by explaining the reasons for the separation without denigrating the parents.**
 - **Tell the truth. Depending on the child’s developmental level, the message should be that the parent(s) were not able to take care of the child. The permanency of the separation needs to be clear.**
 - **Encourage the child to ask questions. Be as truthful as possible without hurting the child. Never lie to the child. Prompt the child to ask questions that are on his mind.**
 - **Process with the child why the losses occurred. Ask the child what their ideas are about the reason for the moves and losses they experienced.**
 - **Spend time with the child. Children who have experienced these profound losses will feel rejected, and sometimes guilty, as though they caused the loss. Spending time with the child talking about their feelings can build a trusting relationship and pave the way for other healthy relationships.**
 - **Encourage information about the past. This is a good time to use the Life Book to help the child recognize the continuity of their life, and to build the child’s**

story. We have talked about the Life Book process and how important the child's story is. (Module 2, Lesson 3)

- **Understand your own feelings.** It is difficult to share the pain of separation with a child and to be the one to voice the facts of the child's situation. As a child welfare professional, it is important that you hold the pain for the child while supporting them. If their feelings are not expressed and acknowledged, they will be suppressed and will re-emerge later, possibly jeopardizing a future placement.

7. Ask each worker to practice using one tool from Module 5 to help children process grief.

- **Conversations with children about loss and grief**
- **Supporting a child through separations**
- **3-5-7 Model**
- **Life Books**
- **Providing transition to Adoption or Guardianship**

Minimizing the impact of ambiguity on children's and youth's healing from loss and grief

1. **Have workers discuss a case which reflects ambiguous loss.** In what ways is this loss different from other types of loss? What can workers do to mitigate the ambiguity? Have workers discuss the loss with the child and process the experience with you. What was hard about the conversation? How did they respond to the child?
2. **Have workers discuss the extent to which openness, when it is beneficial and safe, is embraced by your child welfare system.** If it is not, what can be done to provide more opportunities for maintaining connections? What is the worker's role in discussing openness and advocating for opportunities to maintain connections?
3. Review a child's case where you are making or have made a referral to a therapist and see if there are cues that behavior may result from a grief response rather than a mental health disorder. How would you communicate these concerns to the treating therapist? Role play how to have this dialogue.
4. **Have workers discuss in team what information is provided to mental health therapists about the child's history and losses?** Develop a referral form with your team that would

include the essential information that is important to share when making a referral to a therapist. Have workers use the form and share in team how it was used.

5. **Choose a child who experienced a termination of parental rights and is struggling with loss and grief.** Discuss strategies identified in the module for supporting the child and parents through this transition.
6. **How do workers help prepare children and birth parents for the “Good Goodbye?”** Think of a case where birth parents were unable to understand and support their child’s grieving. Discuss strategies workers can use to help birth parents prepare for this last meeting. What strategies can workers use to help children prepare for and manage the “Good Goodbye?”

Promoting the integration of old and new attachments

1. **Have workers review the case of a child who demonstrates a significant grief reaction to moving to adoption or guardianship.** What strategies from the lesson can you use to help him or her? Review the 5 goals of pre-placement work with children listed below and discuss how these might be addressed by workers or parents. Have workers roleplay how to have a conversation with parents about this work.
 - **Diminish fears and worries of the unknown** – This is for the child, the foster parents and the adoptive or guardianship parents.
 - **Transfer attachments** – The stronger the attachment to the previous parent is, the more important the transfer of attachment is. Contact between the current and future parent is important and may minimize divided loyalties.
 - **Initiate the grieving process** – Painful emotions can surface during the pre-placement visits, along with behaviors that can lead to hurrying the move. This could be a mistake. It is best not to move the child during the shock or denial stage of grief. It is better to move the child during the “sad” or “mad” stage of grief when the new parent can join the child in acknowledging the loss and help to use the strong emotions to aid in attachment.
 - **Empower new caregivers** – The new parents provide emotional nurturing and structure to create a safe environment for the child and feel entitled to parent.
 - **Encourage making commitments for the future** – Everyone involved needs to make commitments about how they will work together on behalf of the child, including the child himself. This includes how contact will be maintained with important relationships, including siblings, therapist, former foster parents, and extended family members. This will help to minimize losses.

2. **Have workers review Darla Henry's 3-5-7 model** and discuss how these steps might be used in their work with a specific child who is approaching adoption or guardianship. How might the 3-5-7 model be incorporated into practice on a regular basis?
3. **Have workers choose a case involving a child whose parents/guardians don't understand the grief the child is experiencing.** How can workers help parents understand what triggers exacerbate this and how they can support the child? Identify strategies from the lesson that your workers can use. Is there evidence in the case record of workers having conversations with parents about their child's grief? Have workers roleplay how to have these conversations.
4. **Have workers think of adoptive parents or guardians with their own unresolved losses.** Discuss what their losses are and how they might impact their relationship with the child. How might you educate them about the need to address this grief and seek counseling, if indicated? Roleplay how to broach this topic.
5. **In a team meeting, ask workers what celebrations and rituals they are aware of that adoptive or guardianship families observe** to assist children in integrating their past and present family members and in developing a sense of belonging in their new family. Have the team brainstorm other rituals and develop a list to share with staff.
6. **Have workers discuss in a team meeting the unique aspects for relatives in moving toward adoption or guardianship of a child.** Review the following issues experienced by relative providers and ask workers for examples they have observed in their cases. Have workers share how they would or did address these issues with kin.
 - **Mixed feelings about the child's loss of parent**
 - **Mixed feelings about loss of role as grandparent, aunt, uncle, etc.**
 - **Decision to become a caregiver is usually unplanned and occurs during crisis**
 - **Limited preparation for caregiving**
 - **Unanticipated requirements to become a foster or adoptive parent**
 - **Grandparent's guilt over birth parent's problems and their role in causing them**
 - **Guilt for taking over parental role for child**
 - **Perception that they are betraying the birth parent by becoming the legal parent**
 - **May set up a competition with birth parent if child becomes attached to the relative**
 - **Split loyalties and hesitation to legalize relationship – hard to put the child first**

- Mixed feelings about giving up own retirement plans, freedom of lifestyle, friends without children to care for
 - Concerns about taking on additional financial obligations without adequate support
 - Internal family strife and loyalty issues among relatives
 - A negative history with adoption either personal or as a member of an oppressed group
7. **Have workers choose the case of a child who is awaiting an adoptive or guardianship family.** Ask them to assess the primary significant, healthy attachments in the youth's life and the extent to which some level of openness is in the child's best interest. Review the key factors for children, adoptive parents/guardians, and birth family members listed below to assess the level of openness that is in the child's best interest.

Key Factors for the Child

- Child's feelings and wishes regarding contact
- Relationships with birth family members including siblings—relationships that are positive sources of nurture and identity; other caring adults in child's life who would commit to be a continuous resource for child
- Child's emotional and developmental functioning
- Psychological resilience and ability to form or extend attachments
- Extent of trauma child experienced with birth parent
- Safety considerations
- How child interacted with birth family members during reunification work

Key Factors for the Pre-Adoptive or Guardianship Parents

- Views and experiences in relationship to connection/contact
- Can they work toward meeting the child's needs above their own?
- Attitudes and understanding regarding connection
- Arrangements for review, support, and mediation
- Ability to set boundaries with birth family members
- Ability to be empathic with birth family members

Key Factors for Birth Family Members or Other Significant Attachment Figures

- Reasons child came into care and is unable to return home
- Characteristics of family members' relationships with child
- Extent to which they give child permission to be part of adoptive family
- Birth family views about placement and their previous experience with contact (how well did they deal with foster family during visitation)
- Their emotional well-being and current level of functioning
- Arrangements for review, support, and mediation over time

Other activities relating to loss and grief

1. **As a group, discuss how workers' own painful feelings are triggered when they are working with children who are experiencing emotional pain.** How might this impact their work? What can they do to cope with their own feelings and still address the child's issues? How can you, as a supervisor, support workers in managing their painful feelings?
2. **Have your team review the questions below and discuss how these are addressed in your agency.** What activities or strategies could be implemented to enhance this work?
 - Are children placed with relatives as a first option in your agency?
 - Is the child's history gathered and recorded in the same way as in a placement with a non-relative?
 - Is the history given to the relative caregiver as potential guardian?
 - What preparation and support are offered to relatives who take on parenting their kin?
 - What can you do to improve your practice regarding relative placements?

Module 6:

Addressing the Impact of Trauma on Child Development and Mental Health

This module focuses on understanding the types of traumas frequently experienced by children in the child welfare system and the impact on child development and mental health. It provides an overview of current knowledge about trauma, including the physical and psychological impact of trauma and trauma-related mental health needs of children.



The last lesson also focuses on workers addressing their own secondary traumatic stress. While many child welfare professionals have received training related to trauma, the goals of this module will be to quickly review important concepts and build on these through emphasizing current, practice-oriented information for working with children, parents, and mental health professionals to facilitate children's resilience.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping parents to learn the difference between “won’t” and “can’t” behaviors and strategies to manage the “can’t” behaviors**
- **Helping children and youth integrate their traumatic experiences and move to healing**
- **Understanding the impact of Secondary Traumatic Stress and the value of self-care**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Helping parents to learn the difference between “won’t” and “can’t” behaviors and strategies to manage the “can’t” behaviors

1. **Consider the trauma mantra**, “It’s not what’s wrong with you, it’s what’s happened to you”. Have workers choose the case of a child and discuss individually or as a team how they would reframe externalizing behaviors they are seeing in light of the child’s traumatic experiences.

2. **Have workers identify a case where they will educate parents** as to the impact of early trauma on the developing brain. Discuss as a group key points that should be included in this conversation. Have workers plan a conversation with the parent and then process the experience with each worker individually.
3. **Have workers review “Handout Complex Trauma: Facts for Caregivers”** and discuss how to use it effectively in their work with parents. Can they think of homework assignments they might give parents to work on? Have workers use a homework assignment with a family and process the experience with you.
4. **Have workers identify strategies for promoting felt safety in children** and how they can apply these in their own work with children and parents.
5. **Is the parent training curriculum, “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents,”** used in your agency? If so, have workers discuss the ways in which this training is helpful to parents. If not, have workers discuss how this training can be brought to your agency.

Helping children and youth integrate their traumatic experiences and move to healing

1. **Have workers choose a case of a child who has experienced documented trauma.** Have workers explain why the documentation of traumatic experiences is important to developing appropriate case plans, providing support to parents, and referring for trauma-related therapy. How have the child’s traumatic experiences affected his or her attachment capacity, world view, and internalizing and externalizing behaviors?
2. **Have workers identify a child who has experienced extensive trauma.** In a team meeting, discuss the child’s challenges in the following domains: attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. Do the symptoms experienced by the child fit the proposed diagnosis of Developmental Trauma Disorder?
3. **Have workers choose a child in a case.** Make a list of known traumas from the case record and assess the extent to which the child’s known experiences are evident in the record. If trauma experiences are not appropriately recorded, what practice changes need to take place to better document these experiences for children and their parents? If your agency doesn’t already use a trauma checklist, have your team develop one or use one already developed for use in every case.
4. **In a team meeting, have workers role play how they may interview a child about their traumatic experiences.** Have a skilled worker model how to respond with empathy and explore the child’s experiences and feelings.

5. **Have workers share ideas for children's books and movies** that can be used to help children understand and cope with life events and how these might be used in their practice. (See Handout Foster Care and Adoption Friendly Children's Books in the Appendices.)
6. **Discuss the goals listed below for helping children to develop a coherent and integrated narrative of their lives.** Help workers brainstorm ideas of ways in which they can assist both children and their parents in working toward these goals.
 - **Develop a coherent understanding of their life story and traumatic experiences**
 - **Perceive the traumatic events accurately**
 - **Recognize that they are not responsible for having caused the events**
 - **Identify and express their own feelings related to events and gradually reduce the intensity of feelings**
 - **Make meaning of events by finding answers to salient questions**
 - **Develop a survivor identity with feelings of mastery, strength, and self-efficacy (feeling they are survivors who have the power to make choices and to a large extent determine the course of their own lives.)**
7. **Have workers discuss the trauma-focused treatments available in your community for children and parents?** If you don't know the best referral sources for trauma-based treatment, develop a plan to engage more therapists in the community to take related training. Develop a cadre of trauma informed mental health professionals and create a directory for staff to use.
8. **Have workers discuss as a team how they collaborate with mental health professionals in understanding the child's trauma-related needs.** Do child welfare and mental health professionals share screenings, trauma assessments, and other evaluations or mental health assessments that have been completed on the child?
 - a. Are mental health professionals regularly included as part of the Child & Family Team? How might this be enhanced?
 - b. How do child welfare and mental health professionals collaborate to assess the child's progress in addressing goals?
9. **What new protocols could your team create to guide workers in more effectively monitoring and overseeing the child's treatment?** Have workers develop a list of questions or guidelines to steer this oversight. What guidance can workers give to therapists about kind of information that is needed to help them monitor progress?

10. **Have workers discuss a case involving a child who disclosed traumatic experiences after having the case assigned to them.** How did they handle the disclosure? What is the worker's understanding of why the child disclosed when they did rather than earlier? Workers need to recognize that additional memories and disclosures of traumatic experiences are likely to emerge over time and they should not assume that because a specific experience is not documented in the record, the child never experienced it.

Understanding the impact of Secondary Traumatic Stress and the value of self-care

1. **Have workers complete the Quality of Life Scale (in the Appendices) and then complete a self-care plan, choosing among the individual strategies.** Have them set one goal for themselves for better managing STS, and report back as to how effective they have been in using this strategy.
2. **What is the impact of STS in your practice?** Have the team discuss the strategies that exist to support staff in the agency, and what others are needed? How do they support each other? What new strategies could they use for reducing STS?
3. **As a supervisor, consider the ways you model a healthy work/life balance?** What can you do to support your staff as they manage their STS?

Other activities related to assessing and addressing trauma in families served

1. **Have workers discuss the effective practices for an initial trauma screening.** If a trauma screening tool is not already part of practice, have workers review existing trauma screening tools or develop questions to include in a trauma screening. Have them try using the tool and process how it went and what was learned in the process. How comfortable was it for them to do the screening?
2. **Have workers select a case and complete a comprehensive trauma assessment on the child** (they can use the Child Welfare Trauma Referral Tool) and process the experience. How were they at gathering information and supporting the child through the assessment? How comfortable was the experience? Discuss how their practice can improve.
3. **Have workers discuss their ideas for modifying practices to minimize the trauma children experience in the child welfare system.** Have them identify cases where they have been successful and not as successful at minimizing trauma? What strategies can workers use to minimize trauma through moves and separations?

Module 7:

Positive Identity Formation and the Impact of Adoption and Guardianship

This module focuses on personal identity of foster and adopted children and children placed in guardianship – how it is shaped, the stages of identity development, and the impact of adoption or guardianship on identity. Children’s prior experiences, including those of loss and trauma, help to shape their identity, their beliefs about self, and their self-esteem.



Adolescence is a critical time of identity development, and youth with disjointed memories, unanswered questions about birth family, and insecurity about their place in their adoptive or guardianship family often struggle with these issues in their teens and early adulthood. The lesson explores how child welfare professionals can work with children and birth or adoptive parents or guardians, as well as mental health professionals, to support the child’s positive identity.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Helping youth and parents identify stuck spots**
- **Helping parents tell the truth to children and youth about their stories**
- **Supporting youth and parents in search and reunion process**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Helping youth and parents identify stuck spots

1. **Either individually or in a team meeting, have workers select an adolescent foster youth and review the details of their history.** For each negative experience, discuss the impact it either had (if known) or may have had on the youth’s identity. What are both ascribed aspects (gender, race, etc.) as well as chosen aspects of this youth’s identity? What do you know about the youth’s attitudes and beliefs about themselves, stemming from past experiences?
2. **Related to the same youth selected above, have workers review the youth’s history and consider what barriers to positive identity formation might apply.** In order to mitigate these barriers, are there positive role models with whom the youth is connected and

admires? How do the youth's peers influence their identity development? What challenges has this youth experienced in developing a positive self-identity?

3. **Have workers ask adolescent youth the following questions** and report the responses to you when reviewing cases in individual supervision sessions to identify possible identity struggles:

- **“What missing information do you want that you don’t have?”**
- **“Where do you think your various personality traits come from?”**
- **“How are you alike and different from your adoptive parents?”**
- **“Do you want to know anything about your birth parent’s relationship?”**

These questions can help staff feel more comfortable and provide prompts to open the discussion with adolescents about their identity struggles. Remind your staff that they are the historians for the youth that they work with, in that they are the keepers of the youth's information. Too often this role is taken lightly. It is critical that you acknowledge how workers can help youth solidify their identity

4. **For the same youth chosen earlier, have worker discuss:** How do you think the experience of adoption or guardianship has or will impact the youth's identity? Where would you see this youth in relation to the early, middle, and late stages of adolescence? To what extent has the youth been an active participant in the adoption or guardianship process? Has the worker talked with the youth about these issues? If not, have the worker plan and roleplay a discussion with the youth. After the worker has the conversation, process it with the worker to see what they learned about the youth.
5. **In a team meeting, have workers brainstorm** the positive and negative influences on identity formation that youth with whom they work have experienced. Which ones of the 6 stuck spots have they observed in teens with whom they work? Discuss how their practice might address the negative influences to mitigate these stuck spots on youths' identity.
6. **In a team meeting, discuss workers' observations** related to both the positive or negative impact of adoption or guardianship on youths' identity.
7. **Ask each worker to think of a child or adolescent on their caseload** who has maintained contact with birth family members after adoptive placement or guardianship. What do they perceive as the benefits or drawbacks of this contact?
8. **Review the “Six Stuck Spots for Parents”** and think of an adoptive parent or parent(s) who might struggle with one or two of these. In a team meeting, role play helping the parent talk through their fears and come to an understanding of why and how they need to address these issues.

9. **In a team meeting, discuss what information about the youth's identity formation process needs to be communicated** to the mental health professional who will be continuing to work with the youth going forward. Make a checklist for all workers to use, so that the information they impart is complete.

Helping parents tell the truth to children and youth about their stories

1. **Discuss in a team meeting:** Are adoptive parents or guardians given information on the importance of open communication with their children about birth family, their history, and their questions about adoption or guardianship? If not, how might this type of preparation be improved?
2. **In a team meeting, have workers role play** telling difficult information to each other as one plays the child and one plays the social worker or parent/guardian. Work together as a team to decide on the best language to use for several different kinds of difficult information, and devise language aimed at 3 or 4 different developmental levels. This will serve to help the social worker become more comfortable with talking about difficult information so they can support parents and guardians.
3. **Have workers choose a child on their caseload** and review the child's history to see if there is information that might be difficult for the parent to share. Discuss what the consequences might be in adolescence if that information is not shared at an earlier developmental stage but revealed in adolescence.

Supporting youth and parents in search and reunion process

1. **In a team meeting, have workers discuss the pros and cons of search and reunion**, with an eye toward the youth finding a birth parent that 1) rejects them; 2) disappoints them because of negative behavior; 3) wants more than the youth wants in a relationship; 4) welcomes them in a reasonable way. Have the team develop strategies to support the youth in each situation.
2. **Have the worker choose an older youth and review what information is available to the youth** and how it is packaged for the best accessibility, making sure that it is as complete as possible. Have the worker review that information with the youth, ask the youth what additional questions need to be answered, and plan to search for that information with the youth. If the youth wants to initiate a search for birth family members, help the worker to plan to pursue this with the youth and family in a safe and methodical way.
3. **Have your team develop a list of questions** that should be discussed and addressed by all youth and their parents when considering the search and reunion process.

Other activities related to identity formation

1. **Have workers think about their own self-identity.** Ask them individually to list the roles they have had throughout their lives (both ascribed and chosen), and how these roles, their experiences or relationships influenced their self-identity.
2. **In a team meeting, discuss the information about the child that is passed on to foster and adoptive parents.** Begin by reviewing the questions at the beginning of Lesson 3. How many of these questions do you attempt to gather from birth parents to pass on to foster parents or from foster parents to pass on to adoptive parents? What other questions may be helpful for parents to know? How much of this information is shared with adoptive parents or guardians? Remember information sharing is also important for relative adopters and for guardians.
3. **Have workers choose a foster child on their caseload who is waiting for an adoptive family or guardian.** Discuss the information the child has been given about his or her past, the reasons why they came into care and cannot go home. What information or items that go into a Lifebook does the child possess? Do they have pictures of his birth parents and siblings? Does he know every place he has lived and why he left there? Has he been helped to find answers to burning questions that he struggles with? What more work needs to be done with this child to support a positive identity?

Module 8:

The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families

In this module we look at the factors that shape adjustment in adoptive and guardianship families, and either support or threaten children's ongoing safety, permanency, and well-being. We will review normative developmental challenges for children and parents in adoption and the continuum of mental health needs of adopted youth. Finally, we will look at the range of post-adoption and guardianship services, what we know about adoption or guardianship instability, and common dynamics in unstable families.

Supervisors can support their staff to use the following three skills from this module in their daily practice:

- **Understanding adjustment and lifelong challenges and helping parents normalize the ongoing need for help**
- **Knowing the continuum of services and matching services to family needs**
- **Understanding factors in adoption instability**

For each skill listed, supervisors can choose from a number of activities below to use in individual and group supervision:

Understanding adjustment and lifelong challenges and helping parents normalize the ongoing need for help

1. **Have workers choose a child and identify the risk and protective experiences that the child has had across their lifetime.** Have workers discuss how they might work to enhance protective factors in this child. Has the child been helped to understand his or her past history, the reasons they cannot return home, or why they had to move from one foster home to another? What previous attachments in the child's life would be supportive to sustain? How might this be accomplished?
2. **Have workers pick one or two teens with whom they have worked and discuss their observations** of the normative developmental challenges involving adoption issues that the teen(s) experienced. How did parents help or hinder the youth in coming to terms with these issues? What might have been done in practice to enhance the youth's adjustment?
3. **Have workers choose a family that is in the process of adoption and identify which of the parental qualities** for sustaining permanency need to be strengthened. How might you address these needs in your work with the family and collaboration with others?

4. **Have workers choose a family that is close to finalization with a child with significant mental health challenges.** Have them roleplay how they will discuss the anticipated challenges with parents and normalize the need for adoption competent mental health services. What services will they be referred for? After having the conversation with the parents, have the worker process the experience.
5. **Have workers share a case of a child on their caseload** and discuss individually or as a team a list of all the characteristics or capacities that would be important in a permanent parent(s) for this child. If families are already being considered, which ones are good matches for this child and why? What child needs do you predict parents may struggle with in the future? What services would this family likely need to access over time?
6. **Have workers review a case and rank the prevalence of the following issues where youth typically struggle, and which often cause parents to reach out for post-adoption services.** Brainstorm how to educate parents about each issue, stressing the need for earlier intervention. This can be framed in the context of what parents need to know and be on the lookout for.
 - a. Unresolved loss and grief
 - b. Identity issue
 - c. Triggers previous traumas
 - d. Mental health issues not addressed fully in past
 - e. Sexual promiscuity
 - f. Academic challenges related to early deprivation
 - g. Search and reunion - desire to meet birth family members
 - h. Adoption adjustment issues
 - i. Racial identity challenges
 - j. Bonding and attachment
7. **Have workers discuss in supervision how they respond to adoptive or guardianship families who contact them with problems.** Does the worker convey an empathic, non-blaming attitude toward these families? What supports do staff need to maintain empathy and non-blaming attitude?

Knowing the continuum of services and matching services to family needs

1. **In a team meeting have workers discuss what adoption-competent clinical services are available in your area.** If these are inadequate, what strategies might help to expand families' access to adoption-competent therapists? If they're not adequate, have workers

brainstorm a list of therapists they work with to encourage to participate in the National Adoption Competency Mental Health Training for Mental Health Practitioners. As a supervisor you can follow up with the therapists or their agency or department heads to encourage their participation in the companion training.

2. **To what extent do workers help parents to understand that some ongoing challenges are to be expected and reframe help-seeking as “a strength”?** Have workers discuss this in supervision or a team meeting. How thoroughly are parents being informed about potential resources and services during the adoption or guardianship process and afterwards? Is this processed individualized to their child’s history and needs? How might this process be enhanced?
3. **In a team meeting, discuss what formal and informal post-adoption or guardianship services are available in your service area, and the major gaps in this continuum of services** (information/referral; education; support; respite; search/reunion; advocacy and service coordination; clinical services, including outpatient and residential). Are there other services provided for all children who meet specific criteria, such as developmental delays, or physical disabilities? What strategies might help fill in some of these gaps in services?

Understanding factors in adoption instability

1. **In a team meeting, have workers review and discuss Ashley’s story from this lesson.** What were the problems, and what services before and after adoption might have changed the negative outcomes? Have workers discuss the services locally available that would help a family in similar circumstances.
2. **In a team meeting, have workers choose 2 or 3 cases of families who are experiencing instability** (either one that has already happened or is in danger of occurring). Review the factors below associated with instability and decide which ones are present in this family. What dynamics in the family are indicative of serious challenges? What stages in the escalation of problems has the family experienced (diminishing pleasure, child seen as a problem, going public, turning point, deadline/ultimatum, final crisis and decision)? What should have been done or could now be done to ameliorate problems?
 - a. **Severe power struggles**
 - b. **Mother taking the brunt of child’s anger**
 - c. **Marital tension**
 - d. **Conflict between siblings and throughout family**
 - e. **Parental isolation and exhaustion**
 - f. **Parents feeling like failures and hopeless**
 - g. **Difficulty empathizing with their children**

3. In a team meeting discuss the following data for your jurisdiction or state, if available, and have your workers discuss what practices might reduce this instability:
 - a. **Rate of adoption disruption**
 - b. **Re-entry into foster care after adoption/guardianship**
 - c. **Adoption dissolution**
 - d. **Guardianship set asides are in your child welfare jurisdiction. (not all states track all this data).**
 4. **Have workers present the case of a family post-adoption or guardianship who is really struggling.** Invite in a clinical therapist who is adoption-competent to discuss how they would seek to help this family. (Names can be omitted to protect confidentiality.) Discuss what more might have been done to address issues for the youth and parents prior to this time, as well as how child welfare and mental health professionals can best work together to address the youth's and family's needs.
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Appendices

Child's Comprehensive Assessment

I. Birth, developmental, medical history

- A. Known genetic risks including family history of psychiatric illness and substance abuse ?
- B. Prenatal and birth history including risk factors such as malnutrition, inadequate prenatal care, drug/alcohol exposure, premature birth, delivery complications
- C. Developmental information: physical & motor, intellectual, language, and psychosocial development; developmental delays
- D. Serious illnesses, hospitalizations, disabilities or health issues

II. Pre-placement experiences

- A. Family
 - 1. Family configuration - parents' significant history; strengths; significant events in family
 - 2. History of family functioning and challenges present in parents that compromise caring for child; quality of parenting over child's life
 - 3. Siblings and relationship dynamics
 - 4. Cultural norms, values, kinship patterns, communication, and socialization influences in family
 - 5. Nature of relationships with extended family

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B. Attachment history

1. Early nurture and quality of attachments to caregivers
2. Significant attachment figures/ to whom did child feel close, including siblings, grandparents, aunts, uncles?
3. Changes in caregivers before placement
4. Primary losses and child's perceptions & reactions; extent that these have been processed with child; who does child need to grieve?
5. Healthy attachments that need to be supported/maintained
6. Attachment challenges

C. Trauma history (neglect, physical abuse, sexual abuse, emotional or psychological abuse, exposure to violence, significant losses)

1. Types of trauma experienced
2. Age of child when each occurred
3. Frequency, duration, severity
4. What specifically happened? Who, what, where, when (details of traumatic experiences help to identify triggers)
5. Messages received from adults about traumatic events
6. Child's perceptions & beliefs related to important events
7. Behavioral reactions and symptoms of trauma (emotional dysregulation, maladaptive beliefs, behavioral problems, unresolved trauma)
8. Triggers - What problematic behaviors or emotional responses appear to be associated with specific times, places, events, people or other stimuli

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III. Placement experiences

- A. Reason for entering care, age at entry, trauma or loss experience associated with the removal
- B. Moves in care (including returns home) and experiences of separation or trauma while in care
 - 1. Nature of ongoing contacts with birth family and other attachment figures
 - 2. Child's perceptions of significant events, hopes and fears, attitudes related to permanency
- C. Potential permanency resources, extended family, (ICWA compliant homes for AI/AN children)

IV. Current functioning and presenting issues

- A. Developmental issues, including learning challenges
- B. Child's psychosocial functioning at home, in school, with peers, in neighborhood, and within their own cultural setting
- C. High risk behaviors – sexualized behaviors, drug/alcohol use, history of self-injury, criminal activity
- D. Mental health functioning, including internalizing and externalizing problems, diagnoses, treatment history, medications
- E. Child's fears, concerns, and hopes, cultural identity, gender identity
- F. Strengths and positive experiences

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- G. Child's primary support system, cultural resources, extended family, (tribal services for AI/AN children)
- H. What are child's key needs in relation to a permanent family & child's attitude related to adoption or guardianship
- I. Child's experience with discrimination and their capacity/coping skills to mitigate the negative impact of racism

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Handout: Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture

Capacity for Relationships

The ability to develop close emotional relationships with others...to love and be loved.

Attachment is the foundation for all development. Securely attached children have a sense of safety, the capacity for empathy, a sense of worth, and the foundation for a conscience. Additionally, cultural norms influence how “secure attachment” is manifested.	Children with dangerous or deprived beginnings distrust others and learn to protect themselves from closeness. Closeness may be associated with pain and loss. While a child craves closeness, it scares her, and she may alternate between seeking closeness and distancing parents. Unresolved losses and grief also can pose barriers in new relationships.
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Felt Safety & Control

Felt safety and a sense of personal control and mastery;
the belief that one’s own efforts can make things better and that one is not simply a victim.

Well-nurtured children have their needs met and build on achievements to develop a sense of impact on the world – “the master of one’s fate”. They feel secure that parents will protect and care for them and that if they voice their needs, they will be met. For some cultures, such as American Indian tribes, a sense of safety is derived from being part of a group, the sense that you can depend on your family, kin, or cultural group to protect you.	Poorly nurtured and traumatized children learn that their wills are violated and their wishes don’t matter. They feel vulnerable and afraid. Like “a ball in a pinball machine” they have been powerless to control the direction of their lives and protect themselves. To avoid feeling vulnerable and helpless, they may behave in negative, oppositional ways to exercise power and control. For children of some cultures, losing their place in the protection of their group causes them to feel vulnerable and afraid.
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Self-Regulation

The ability to regulate one's own behaviors and emotions is an outcome of maturational processes stemming from a healthy parent-child attachment and brain development.

Well nurtured children receive comfort and many cues about their emotions. They develop trust that enables postponing gratification, thinking of others, and considering consequences. The mastery of cause and effect thinking, the development of a conscience, and the capacity for empathy and motivation to adjust one's behaviors to the desires of others are all founded on parent-child attachment. Other maturational capacities related to self-control are the development of language to express feelings, the development of social skills, and healthy brain functioning and biochemistry.	Poorly nurtured children lack the emotional connection to others that is the foundation for the development of empathy and self-control. They may have effects of maltreatment that impair the parts of the brain that control impulses and allow for reason and consideration of consequences. Deficits in self-regulation are a primary factor underlying emotional and behavioral disturbances.
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Identity/ Sense of Self

Our "sense of self" is derived from the messages we receive from the external world and our own inner interpretation of life events.

A positive sense of self generally results in a positive feeling of self-worth. Well nurtured children receive positive external messages that become internal. Additionally, a positive cultural identity results in a positive regard for self as part of a group, which helps children who are part of an oppressed group feel safe and worthwhile.	Children experiencing poor treatment often see themselves as responsible and are often missing essential elements from which to "build self" and make sense of who they are. Some struggle with feelings of rejection related to not being "kept" or protected by birth parents. They also may feel a sense of stigma related to adoption or having been a foster child—that they are a second class citizen or fundamentally different from other children.
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Salient Goals for Intervention

Capacity for Relationships

The ability to develop close relationships with others, to give and receive affection, is the foundation of other developmental capacities, such as cognitive abilities, language, self-regulation, social abilities, and a positive identity. Deprivation and experiencing physical or emotional pain in early relationships leads to a fear of closeness, anger, and the development of defenses for self-protection, such as numbing and withdrawal. Well-nurtured children have the capacity for emotional connectedness, whereas children from adverse beginnings distrust others. They test their parents' commitment in many ways. In order to overcome attachment problems children must learn to identify and express their own feelings and needs and to manage their fears related to closeness without pushing others away. Grief work related to lost attachments influences developing new attachments. Below are some tasks for children and parents in this work.

Tasks for Children

Learning to manage fears, accept comfort
Resolution of past losses; grief work
Understand reasons for separation
Building on former attachments
Strengthening attachments in adoptive family
Identifying & expressing feelings
Experiencing safety and security

Identifying and using support persons

Tasks for Parents

Calming, therapeutic parenting
Work through own losses
Help child express grief
Honoring child's previous attachments
Claiming child; positive interactions
Help child to verbalize feelings & empathize
Responding to child's needs at his/her developmental level – reparenting
Increase attunement to child and manage own negative feelings

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Felt Safety & Control

Feeling safe and a sense of control or self-efficacy is best understood in relation to its antithesis – powerlessness. Children who have experienced interrupted attachments and other traumas have feelings of extreme vulnerability, fear, and rage. Powerlessness is a primary impact of trauma, defined as the process in which the child's will, desires, and sense of efficacy are continually contravened. Children who have been unable to protect themselves may have a constant fear of impending doom, underlying feelings of anger and tension, and a strong need to control. They may seek to control all aspects of their environment and develop maladaptive behaviors to achieve a sense of power and mastery. Self-efficacy then is a sense of personal control and mastery ("I am the captain of my fate") and the feeling that one can manage events in life. Children whose will is continually violated do not feel safe, even when they are. They believe that their wishes do not matter. They need to learn positive ways to gain control, to achieve mastery in some areas of their lives, and to have an increased sense of personal choice and power.

Tasks for Children

Getting in touch with feelings

Gain sense of felt safety

Healing from trauma

Learning positive ways to gain control

Achieving mastery in some areas

Anger management

Increase sense of power/choice

Tasks for Parents

Encourage expression of feelings while limiting behaviors

Meet child's needs and support through stressful events

Tolerating children's pain/healing work

Unhooking from power struggles; therapeutic parenting

Providing opportunities to succeed

Managing own anger & teaching child same

Empower child to make good choices

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Capacity for Self-Regulation

The ability to regulate one's own emotions and behaviors is an outcome of maturational processes stemming from a healthy parent-child attachment and nurture when undergoing periods of high stress. When children have experienced neglect and abuse, they were not soothed by their parents so that they do not learn how to manage stress. Poorly nurtured children may have impairments in the parts of the brain that control impulses and facilitate reasoning and consideration of consequences. They are not able to physically modulate tension and organize reasoned responses. They need help in identifying their feelings, finding ways to modulate and express them, and considering possible responses and their consequences. The goal of therapeutic parenting strategies is to teach self-regulation skills from the ground up.

Tasks for Children

Linking feelings and behaviors
De-escalating building tension/anger

Learning acceptable ways to express feelings
Developing problem solving abilities
Developing internal controls

Accepting control from others

Tasks for Parents

Learning therapeutic parenting skills
Recognizing/coping with triggers; affect control

Helping child to verbalize feelings
Processing incidents and practice re-dos
Helping child accept responsibility for behavior

Consistent therapeutic parenting from both parents

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Identity/ Sense of Self

Children who are well-nurtured develop the ability to incorporate many aspects of themselves into an integrated sense of who they are. Persons with a strong identity have a sense of wholeness, connectedness, and positive self-esteem. Their search for meaning has led to answers that do not devalue themselves. It is common for children who experience maltreatment or are removed from their birth family to see themselves as lacking in fundamental ways and unlovable. They may feel they must have done something bad to deserve maltreatment. Most adopted children ask themselves “Why didn’t they keep me?” and can struggle with feelings of rejection and not really mattering to anyone. They often have a fragmented sense of their lives and struggle to gain a positive sense of who they are and their place in the world. To come to terms with their history, children need to be able to connect their past, present, and future through reconstructing their life history and processing the meaning of these events in their lives. They need to be able to affirm the positives they have gained from others and their ability to survive difficult experiences. Transracial placements add an additional layer to integrating race/ethnicity into their identities. Salient tasks in this work include:

Tasks for Children

Reconstruct & process life history

Affirm the positives they received

Destigmatize adoption

Normalize adoption—know other adoptees

Connect past, present, and future

Recognize positives in self & talents

Tasks for Parents

Share all information and add to complexity as they grow; life book work

Demonstrate respect for birth family

Develop communicative openness about adoption; teach child to handle negative comments from others

Affiliate with other adoptive families

Maximize openness in child’s best interest

Provide opportunities to excel; praise

Smith, S.L., & Howard, J.A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks, CA: Sage Publications.

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NTI Module 2 Lesson 2 Program Directory

Adoption themed camps and other camp experiences focus on healing relationships and experiences. There are family camps, that create positive family memories and offer parent workshops and children's activities that foster understanding of adoption and a sense of belonging. Camps for children can have various themes; for example, "Camp To Belong," gives separated siblings a chance to reunite, while being therapeutic and healing.

Animal Therapies such as Equine Therapy and the use of therapy dogs and other animals, teaches children how to take care of and nurture an animal as well as how to interact and communicate with the animal. With equine therapy, children learn when to let the horse take the lead and when to take the lead themselves. As they learn about the ways in which horses learn, react and follow instructions, they can relate these lessons to their own lives. Telling an animal's story, for instance about a puppy leaving his mother and siblings to be part of another family, can help an adopted child be more open to telling his own story. Having an animal present during a therapeutic session can be a calming influence on a child who has formed a relationship with and is comforted by the animal.

Attachment and Biobehavioral Catch-up (ABC), was developed by Dr. Mary Dozier, and tailored toward infants who have experienced early adversity. This practice model will be covered in more depth in Module 3 Promoting Secure Attachments – Relationships and Experiences Matter.

Attachment, Self-Regulation & Competency (ARC) is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress (complex trauma). It focuses on building attachment, self-regulation and competency with the caregiver and child. http://www.nctsn.org/sites/default/files/assets/pdfs/arc_general.pdf

Behavioral Health Interventions for High Risk Children

Ira Chasnoff, MD and the Children's Research Triangle team in Chicago, IL have conducted research on the integration of behavioral health interventions into primary health care services for high-risk children and their families, and through this project they studied the impact of concurrent planning on permanency placement for children in the foster care system. Services of the Children's Research Triangle team include pre-adoptive consultation for prospective adoptive parents with review of a child's medical/mental health information and follow-up support, as well as comprehensive developmental and psychological evaluations after adoption. The website for the Children's Research Triangle is www.childrensresearchtriangle.org There also is a course by Dr. Chasnoff on Adoption Learning Partner's website on FASD: <http://www.adoptionlearningpartners.org/catalog/webinars/fasd-risk-development- and-intervention.cfm>

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Child-Parent Psychotherapy (CPP) is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. <http://www.cebc4cw.org/program/child-parent-psychotherapy/>

Drumming is another activity with therapeutic benefit. Drumming accelerates physical healing, boosts the immune system and produces feelings of well-being, a release of emotional trauma, and reintegration of self. Slow drumming is calming and the rhythmic beat can help to organize the brain.

Dyadic Developmental Psychotherapy (DDP) is a model of treatment and parenting for children with problems resulting from abuse, neglect, and multiple placements, including complex trauma. It was developed for children who failed to experience the dyadic (reciprocal) interaction between a child and parent that is necessary for normal development and who have a reduced readiness and ability to participate in such experiences. The foundation of these interventions--both in home and in treatment--must incorporate attitudes based on playfulness, acceptance, curiosity, and empathy. It must never involve coercion, threat, intimidation, and the use of power to force submission. <http://www.cebc4cw.org/program/dyadic-developmental-psychotherapy/>

Expressive Therapies such as Art Therapy, Music, Poetry, Dance and Drama provide a creative outlet for children to express themselves, create drawings, writings, music, dance and plays to tell their story and express their feelings, working through loss and grief, trauma and other emotional issues. The presentation of these creative expressions can engage children and their parents in re-learning and relationship building.

Eye Movement Desensitization and Reprocessing (EMDR) can be an effective therapeutic tool with older youth who have experienced trauma or have a diagnosis of PTSD. It is a comprehensive, integrative psychotherapy approach, including psychodynamic, cognitive, behavioral, interpersonal, experiential, and body-centered therapies. Learn more at www.emdr.com.

Groups specifically geared to children/teens who are adopted can normalize the children's experiences and reduce a sense of isolation. Teens, especially, benefit from hearing each other's stories and identifying their own feelings in others experiences. (see *Beneath the Mask: Understanding Adopted Teens*. for scripted group format) www.adoptionssupport.org.

Lifebook Work, which we will discuss further in Lesson 3, is more than a scrap book. It is a tool for helping children know their stories and begin the healing process. Supporting the child's understanding of their past paves the way for them to heal and move forward.

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Narrative Therapy is a way for a child to tell his or her story, and have the therapist help to separate the story from the child, allowing for a more objective perspective of the situation. The therapist asks questions and engages in a dialogue with the child to help view the story outside of the child, enabling the child to separate from the experience and change the impact of the experience on the child. Learn more at www.goodtherapy.org.

Occupational therapy (OT) can be very useful for children with sensory integration and self-regulation problems. OT can help children improve their cognitive, physical, sensory, and motor skills and enhance their self-esteem and sense of accomplishment. For instance, rocking is soothing and helpful for children with attentional difficulties to focus. Weighted vests help children feel grounded, and activities that assist with balance and dexterity help the child who feels physically awkward.

Parent-Child Interaction Therapy (PCIT) is treatment for young children with emotional and behavioral problems, using Child-Directed Interaction (CDI) similar to play therapy, in which the parent engages the child in a play situation with the goal of strengthening the parent-child relationship; and Parent Directed Interaction (PDI) resembling clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child. The goal is to improve parent-child interaction patterns, teach parents nurturing skills, increase prosocial behavior and decrease negative behavior. Learn more about PCIT at www.pcit.org.

Positive Parenting Program (Triple P) is an evidence-based parenting program that has been used successfully with many populations of adoptive and guardianship families. <http://www.triplep-parenting.net/glo-en/home/>

Psychoeducational Training helps parents feel more confident parenting children with traumatic backgrounds and confounding behaviors. Helping parents to build their parenting skills is key to creating the safe, nurturing environment that will allow the child to begin to heal. Most public adoption agencies have preparatory training for adoptive parents before they adopt, but once the child is in the family, there may be little offered in the way of in-person training. There are a variety of online resources for parents, including webinars through C.A.S.E., Adoption Learning Partners, and Foster Parent College. Many private adoption agencies offer ongoing workshops and parenting curricula, such as Pathways to Permanence (Kinship Center). Check locally to see if your community partners offer workshops that would benefit your families.

Sand Tray Therapy –Using trays of sand and miniature figures of people, animals and other toys and objects, the child can construct a scene that represents an aspect of the child's life, or an incident or story. It allows the child to reflect on the scene, change it, remove obstacles, resolve conflicts and gain acceptance. This therapy can be used with a child or with a family together. Learn more at www.goodtherapy.org.

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Sensory-Based Activities such as baking and cooking, and gardening can be used with children and families to serve as attachment building activities which can be translated to the home environment. Our senses can be used to enhance experiences, especially our sense of smell. The aroma of baking or cooking can invoke pleasure at the sensory level, while the activity of cooperation in creating and sharing a meal can be enjoyed. Gardening, the feel of the soil in planting and the nurturing of the plant as a family project, can enhance attachment opportunities. These and other sensory activities can be very helpful in building attachment experientially.

The Incredible Years is an evidence-based parenting program that has been used successfully with many populations of adoptive and guardianship families. <http://incredibleyears.com/>

Theraplay is a structured play therapy for children and their parents. The goal is to enhance attachment, self-esteem, trust in others, and joyful engagement. The sessions are designed to be fun, physical, personal, and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, difficulty socializing and making friends, and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. <http://www.theraplay.org/>

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses resulting from trauma. The treatment is based on learning and cognitive theories and addresses distorted beliefs and attributions related to the abuse, and provides a supportive environment in which children are encouraged to talk about their traumatic experience. Learn more at tfcbt.org.

Trust-Based Relational Intervention (TBRI) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI is connection. <http://child.tcu.edu/about-us/tbri/>

W.I.S.E. Up! –This program teaches effective techniques for helping children who are in adoptive and guardianship families, as well as children in foster care, deal with painful and often disturbing encounters with people who are not educated about adoption or foster care and ask hurtful and inappropriate questions. We will explore the uses of W.I.S.E. Up further in the Module on Identity.

Yoga is a great way for parents and children to share in a healthy activity together. Some therapists are also Yoga practitioners and can work with children and their parents. There are many health benefits aside from the potential attachment benefit, and Yoga is a way for children to begin to learn to control their bodies and breathing, and quiet their mind.

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Fahlberg, V.I. (2012). *A child's journey through placement*. London: Jessica Kingsley, pp. 62.

Ways to Encourage Attachment		
Responding to the Arousal/Relaxation Cycle	Initiating Positive Interactions	Claiming Behaviors
<i>Using the child's tantrums to encourage attachment</i>	<i>Making affectionate overtures: hugs, kisses, physical closeness.</i>	<i>Encouraging the child to practice calling parents "mom" & "dad".</i>
<i>Responding to the child when he is physically ill.</i>	<i>Reading to the child.</i>	<i>Adding a middle name to incorporate a name of family significance.</i>
<i>Accompanying the child to doctor and dentist appointments.</i>	<i>Playing games.</i>	<i>Hanging pictures of child on the wall.</i>
<i>Helping the child express and cope with feelings of anger and frustration.</i>	<i>Going shopping together for clothes/toys for child.</i>	<i>Involving the child in family reunions and similar activities.</i>
<i>Sharing the child's extreme excitement over his achievements.</i>	<i>Going on special outings: circus, plays, or the like.</i>	<i>Involving the child in grandparent visits.</i>
<i>Helping the child cope with feelings about moving.</i>	<i>Supporting the child's outside activities by providing transportation or being a group leader.</i>	<i>Including the child in family rituals.</i>
<i>Helping the child cope with ambivalent feelings about his birth family.</i>	<i>Teaching the child to cook or bake.</i>	<i>Holding religious ceremonies or other ceremonies that incorporate the child into the family.</i>
<i>Responding to a child who is hurt or injured.</i>	<i>Saying "I love you".</i>	<i>Buying new clothes for the child as a way of becoming acquainted with child's size; color preferences; style preferences, and the like.</i>
<i>Educating the child about sexual issues.</i>	<i>Teaching the child about extended family members through pictures and talk.</i>	<i>Making statements such as "In our family do it this way" in a supportive fashion.</i>
	<i>Helping the child meet understand the family "jokes" or sayings.</i>	<i>Sending out announcements of adoption.</i>
	<i>Teaching the child to participate in family activities such a bowling, camping, or skiing.</i>	
	<i>Helping the child meet expectation of the other parent.</i>	

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“WHOSE JOB WAS IT?”

This assessment tool is used with older children and youth to assess who was available to meet specific needs in their lives. There is a column for each change in family, and you could add other areas of interest. You would ask the child to choose from the following persons: Mom? Dad? Both? Relative? Brother? Sister? Neighbor or other relative? Staff person? Yourself? Nobody?

<u>Need</u>	<u>Family of Origin</u>	<u>Placement 1</u>	<u>Placement 2</u>
Food	_____	_____	_____
Clothing	_____	_____	_____
Shelter	_____	_____	_____
Protect from harm	_____	_____	_____
24-hour supervision	_____	_____	_____
Teach right from wrong	_____	_____	_____
Teach problem solving	_____	_____	_____
Provide discipline	_____	_____	_____
Help with school work	_____	_____	_____
Take you to doctor	_____	_____	_____
How to get along/others	_____	_____	_____
Encourage honesty	_____	_____	_____
Role models	_____	_____	_____
Affection (hugs, etc.)	_____	_____	_____

Fahlberg, V. (1991). *A Child's Journey through Placement*. Indianapolis, IN: Perspectives Press.

Cruger, M.J. (1985, 1993). *Rational Point of View*, Birmingham, MI.

Mr. Nobody

An assessment tool called Mr. Nobody is particularly useful for exploring young children's perceptions of the relationships they have had with significant caregivers in their lives. A series of cards with line drawings of possible family members as well as Mr. Nobody (with his back turned) are spread out in front of the child. The child is asked to choose the people who represent their family and other important caregivers. As you ask a series of questions, the child points to the person fulfilling that need...or Mr. Nobody.

You will need to first ask the child, "Who is in your family?" to make sure to identify significant caregiver relationships. Don't just assume that you know. Remember, it is the child's sense of belonging that is important. You can use silhouettes of adults and youth at different life stages to arrange the relationships in their family, and ask them to point to the person as you ask these questions:

Who did you go to when you were hungry?

Who did you go to when you were hurt?

Who did you go to if you felt sick?

Who did you go to when you wanted a hug?

When you wanted to play a game?

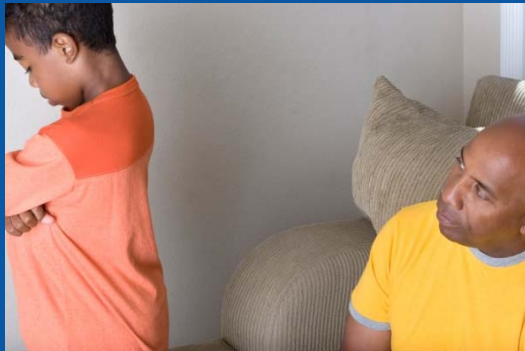
When you wanted someone to listen?

Workers can make up items to explore other areas related to discipline, guidance, protection, and other forms of nurturance.

This can be a powerful exercise for the child. It is important that you acknowledge the voids that the child identifies and affirm the difficulty of not having their needs met.

Complex Trauma: Facts For Caregivers

This fact sheet presents information that can help you recognize the signs and symptoms of complex trauma in your child and offers recommendations for what you can do to help your child heal.



Complex trauma describes both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

WHAT IS IT LIKE TO BE A CHILD WITH COMPLEX TRAUMA?

We all have an internal alarm system to warn us of danger and prepare us to respond. The "fight, flight, or freeze" response prepares us to fight off an attack, flee if fighting does not seem possible, or freeze if we can neither fight nor flee. This response is something that has been built into the human body and brain for thousands of years. When we perceive danger, this internal alarm system turns on, and when the danger passes, the alarm system shuts down.

Children with complex trauma often have overactive alarm systems, where their alarm system "goes haywire." These children may jump at any loud noise, or feel their hearts pounding when they see one child shove another on the playground. They might wake up from sleep every time a dog barks in the neighborhood. They are always on the lookout for danger. Often they think safe situations are dangerous. They have false alarms when things remind them of the traumatic events. We call these "trauma reminders."

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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WHAT ARE REACTIONS TO REMINDERS?

Trauma reminders make a child think about or “relive” a frightening event from the past. Trauma reminders (some people may call these “triggers”) can be places, sounds, smells, tastes, colors, textures, words, feelings, and even other people. Children can have trauma reminders many times a day. They can be reminded of traumas that happened even before they could understand or talk about them.

A child may react to a trauma reminder without being aware of the reminder. Parents and caregivers may not be aware of them either. Here are some common trauma reminders for children with complex trauma:

- Ketchup—reminds a child of the blood she saw when her father hit her brother
- A book dropping off a desk—reminds a child of gunshots in his neighborhood
- Packing suitcases—reminds a child of the day he was taken from his mother’s home and placed in foster care
- Arguing—takes a child back to seeing her father beat her mother
- Feeling alone and overwhelmed—reminds a child of how she felt while being sexually abused

HOW MIGHT COMPLEX TRAUMA AFFECT THE WAY MY CHILD SEES THE WORLD?

Complex trauma changes how a child views the world and connects with other people. Some children with a complex trauma history may do the following:

- Believe that the world is and will always be an unsafe place
- Have trouble depending on a caregiver or other adults, such as teachers or police officers, to keep them safe
- Have trouble building and maintaining healthy relationships with others; approach relationships with suspicion and distrust
- Overreact or feel completely betrayed by a minor misunderstanding or squabble with a friend
- Respond negatively to seemingly positive events, such as praise, intimacy, or feelings of peace. A child who lacks experience of and memory for happy and safe times may not understand or be comfortable with such feelings.



HOW DOES COMPLEX TRAUMA CHANGE MY CHILD'S THINKING?

A child with a complex trauma history may:

- Have trouble developing skills and learning, due to the amount of mental energy being spent reacting to trauma reminders
- Have trouble focusing, organizing, and processing information; this might make the child seem to be ignoring a caregiver or teacher who has to repeat requests or instructions to get a response
- Seem distracted because he is trying to predict or avoid the next “bad thing” that will happen
- Seem very nervous, emotionally intense, or to have a "hair-trigger" response; frequently, she may be flooded by overwhelming and unbearable emotions
- Seem “shut down,” numb, and unable to experience or express any emotions

PART OF TAKING CARE OF YOUR CHILD IS TAKING CARE OF YOURSELF FIRST.

- ***Be aware of your own feelings and reactions.*** How you are coping affects how you are able to help your child. Children often take their cues about how to react from the important adults around them, using the adult as a model for their own feelings and behaviors. If you are sad or upset in front of your child, that's okay. Show your child, through words and actions that, even when you're upset, you are still able to manage your feelings and to take care of him/her.
- ***Take care of yourself as best you can,*** and accept help from those around you. Taking care of yourself is an important part of taking care of your child. Try to get enough rest and exercise, and take some time away from your childcare responsibilities.
- ***Keep other family members and important adults*** (such as early child care and pre-school providers, teachers, coaches, clergy, and youth leaders) ***informed of what your child is experiencing.*** Partner with them to support your child by helping them to understand the connection between traumas and your child's feelings and behaviors.
- ***Do not hesitate to seek professional support.*** Parents and caregivers sometimes feel as though they should handle everything on their own. Experiencing repeated traumas can be extraordinarily painful, even overwhelming, and doesn't necessarily get better on its own. It makes sense to seek the advice, guidance, and support of someone who knows about trauma and can help you and your child.

WHAT ELSE CAN I DO TO HELP MY CHILD HEAL FROM COMPLEX TRAUMA?

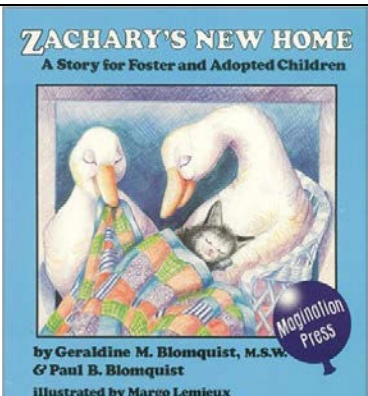
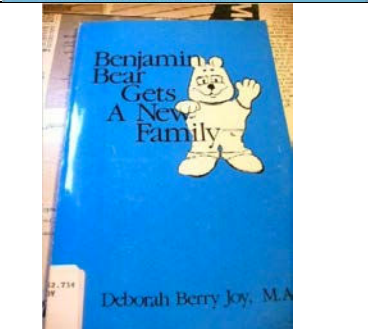
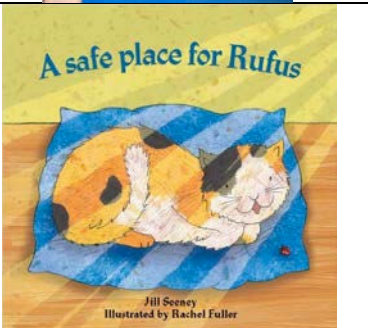
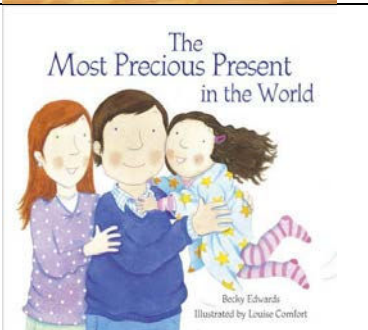
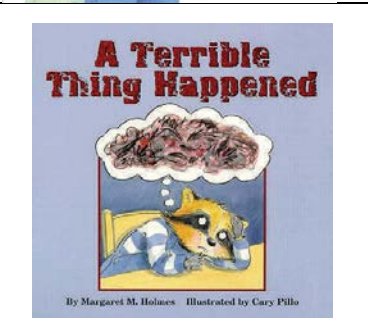
- ❑ **Keep to a daily routine**, as much as you can, so she knows what to expect. Children are reassured and comforted when things are predictable and familiar.
- ❑ **Listen to his words and watch his behaviors**. While some children can tell you what they're experiencing, others won't want to talk about it, won't know what they are feeling, or can't express it in words. "Listen" to what your child is showing and telling you in words, behaviors, or physical complaints like headache or stomachache.
- ❑ **Praise your child** for making good choices, cooperating, and handling things well.
- ❑ **Set reasonable and consistent limits and give clear expectations**. Holding children accountable, especially children who have experienced traumas, helps them feel in control and successful.
- ❑ **Use simple language and watch your child's reaction**, when explaining what has happened. Follow your child's cues as to how much to say. Don't get frustrated if she asks you to tell it again. Older children may get quiet and seem not to want to discuss things, even though they want to know.
- ❑ **Reassure your child** when you leave him, in clear cut ways, and let him know when you will be back together. After an incident where your child has reacted to a trauma reminder or other upset, he might be clingier, have trouble separating, or be more fearful. If you tell your child, for example, "I will pick you up right after school," do your best to stick to that. (And it's best to be honest, rather than tell him what he wants to hear.)
- ❑ **Watch for trauma-related reminders** or "triggers" that are hard for your child. If she gets overly upset or angry when seeing people who hurt or neglected her or when overhearing adults talk about what happened, she may need to learn how to cope with painful events or images.
- ❑ **"Respond" to your child rather than "react."** Children often act out when faced with stressful situations. What seems like a tantrum or a rude demand may be a reaction to a trauma reminder. Before you jump in and punish, Think *trauma first*. Take some time to explore and understand the roots of the behavior.
- ❑ **Advocate for your child within the school system**, discuss what the school can do to support her (e.g., understanding potential trauma reminders or triggers such as fire alarms, offering counseling or accommodations, etc.).
- ❑ **Keep an eye out**, as your child gets older, for new situations that stir up trauma reactions. Be prepared for your child to "revisit" the traumas and, if you need to, seek professional support.



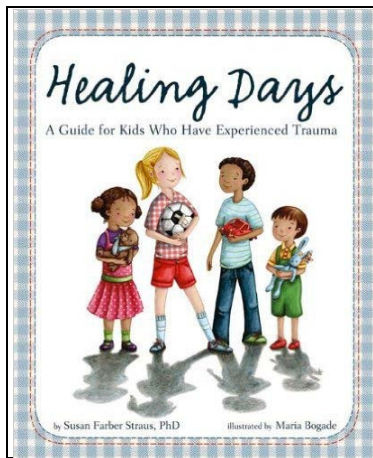
Foster Care & Adoption-Friendly Children's Books

	<p>Kids Need to Be Safe: A Book for Children in Foster Care</p> <p><i>Author: Julie Nelson</i></p>	<p>Kids are important...They need safe places to live, and safe places to play. For some kids, this means living with foster parents. In simple words and full-color illustrations, this book explains why some kids move to foster homes, what foster parents do, and ways kids might feel during foster care. Children often believe they are in foster care because they are "bad." This book makes it clear that the troubles in their lives are not their fault; the message throughout is one of hope and support.</p>
	<p>Murphy's Three Homes: A Story for Children in Foster Care</p> <p><i>Author: Jan Levinson Gilman</i></p>	<p>Murphy is told he is a good luck dog. However, after going through two different homes and an animal shelter, Murphy starts to feel like a bad luck dog who nobody wants. <i>Murphy's Three Homes</i> follows this adorable pup through his placement in three new homes, as well as through his anxiety, self-doubt, and hope for a new, loving family. Finally, Murphy is placed in a caring foster home where he feels comfortable and valued. He learns that he is not a bad dog after all and can go back to being a playful puppy and a good luck dog!</p>
	<p>Maybe Days: A Book for Children in Foster Care</p> <p><i>Author: Jennifer Wilgocki</i></p>	<p>Will I live with my parents again? Will I stay with my foster parents forever? For children in foster care, the answer to many questions is often "maybe." <i>Maybe Days</i> addresses the questions, feelings, and concerns these children most often face. Honest and reassuring, it also provides basic information that children want and need to know, including the roles of various people in the foster care system and whom to ask for help.</p>
	<p>Robbie's Trail through Foster Care</p> <p><i>Author: Adam Robe</i></p>	<p>This book is an engaging story about Robbie Rabbit's journey into foster care. Robbie is removed from his birthmother's home and placed with foster parents. He meets his new foster family, learns what a foster kid is and experiences some commonplace behaviors as he adjusts to his new life. The ending is intentionally vague: Children don't know whether Robbie will end up with his mother or whether he'll ultimately be placed for adoption.</p>
	<p>Finding the Right Spot: When Kids Can't Live with Their Parents</p> <p><i>Authors: Janice Levy & Whitney Martin</i></p>	<p>This story is narrated by a spirited young girl who is living with her Aunt Dane (not her real aunt) for a while, until her mother is able to care for her again. She experiences the emotional ups and downs of living in an unfamiliar home and being separated from her mother.</p>

	<p>A Different Home: A New Foster Child's Story</p> <p><i>Author: Kelly DeGarmo</i></p>	<p>A sensitive picture book to help ease the anxieties of foster children aged 4 to 10 entering placement. In <i>A Different Home</i>, Jessie tells us her story of being placed in foster care. At first she is worried and has lots of questions. The new home is not like her old home -- she has a different bedroom, different clothes, and there's different food for breakfast. She also misses her family. When Jim and Debbie, her foster parents, answer her questions she begins to feel better and see that this different home is kind of nice.</p> <p>Written in simple language and fully illustrated in color, this storybook is designed to help children in care, or moving into care, to settle in and answer some of the questions they may have. Accompanied by notes for adults on how to use the story with children, it will be a useful book for foster parents and caseworkers, as well as social workers, teachers and anyone else working with children in foster care.</p>
	<p>The Star: A Story to Help Young Children Understand Foster Care</p> <p><i>Author: Cynthia Miller Lovell</i></p>	<p>THE STAR: A STORY TO HELP YOUNG CHILDREN UNDERSTAND FOSTER CARE is an easy-to-read, short story with beautiful, watercolor illustrations. The book follows a fictional young girl, Kit, who is taken from her mother to the safety, and different world, of a foster home. On Kit's first night in foster care, she becomes friends with a star outside her bedroom window. The star tells Kit about other foster children it has seen. Through the story, the star is a source of comfort for Kit as she experiences many emotions and adjusts to all the new things in her foster home.</p>
	<p>The Great Gilly Hopkins</p> <p><i>Author: Katherine Paterson</i></p>	<p>Eleven-year-old Gilly has been stuck in more foster families than she can remember, and she's disliked them all. She has a reputation for being brash, brilliant, and completely unmanageable, and that's the way she likes it. So when she's sent to live with the Trotters—by far the strangest family yet—she knows it's only a temporary problem.</p> <p>Gilly decides to put her sharp mind to work and get out of there fast. She's determined to no longer be a foster kid. Before long she's devised an elaborate scheme to get her real mother to come rescue her. Unfortunately, the plan doesn't work out quite as she hoped it would...</p>
	<p>Families Change: A Book for Children Experiencing Termination of Parental Rights</p> <p><i>Author: Julie Nelson</i></p>	<p>All families change over time. Sometimes a baby is born, or a grown-up gets married. And sometimes a child gets a new foster parent or a new adopted mom or dad.</p> <p>Children need to know that when this happens, it's not their fault. They need to understand that they can remember and value their birth family and love their new family, too. Straightforward words and full-color illustrations offer hope and support for children facing or experiencing change.</p>

	<p>Zachary's New Home: A Story for Foster and Adopted Children</p> <p><i>Authors: Geraldine Blomquist & Paul Blomquist</i></p>	<p>This story for adopted and foster children describes the adventures of Zachary the kitten, who is taken from his mother's house when she is unable to take care of him. It follows Zachary as he goes into foster care, his adoption by a family of geese and his feelings of shame, anger and hurt.</p>
	<p>Benjamin Bear Gets a New Family</p> <p><i>Author: Deborah Berry Joy</i></p>	<p>Intended to deal with the feelings of many adopted children, their adoptive parents and professionals working with them. Each chapter has a story section in which we learn what Benjamin Bear experiences from early childhood through the finalization of his adoption. Each chapter also has a participatory section consisting of several questions which provide the child the opportunity to work through and internalize the complex events that have been outside of his or her control.</p>
	<p>A Safe Place for Rufus</p> <p><i>Author: Jill Seeney</i></p>	<p>Rufus the cat lives with a family who looks after him, feeds him his favourite foods and gives him lots of cuddles. He feels happy and safe, especially when he is lying on his favourite blue cushion. But he didn't always feel this way. The family that Rufus used to live with were not kind to him at all. Thinking about his past makes him angry and sad and Rufus struggles to escape from his memories and find a safe place where he can just relax and be himself.</p>
	<p>The Most Precious Present in the World</p> <p><i>Author: Becky Edwards</i></p>	<p>Mia has different hair and eye colour to her mum and dad. Why? In a dialogue between a little girl and her adoptive mother, this simple, reassuring book explores some of the questions that adopted children ask.</p>
	<p>A Terrible Thing Happened</p> <p><i>Author: Margaret M. Holmes</i></p>	<p>Sherman Smith saw the most terrible thing happen. At first he tried to forget about it, but soon something inside him started to bother him. He felt nervous for no reason. Sometimes his stomach hurt. He had bad dreams. And he started to feel angry and do mean things, which got him in trouble. Then he met Ms. Maple, who helped him talk about the terrible thing that he had tried to forget. Now Sherman is feeling much better. This gently told story is for children who have witnessed any kind of violent or traumatic episode.</p>

Foster Care & Adoption-Friendly Children's Books



Healing Days: A Guide for Kids Who Have Experienced Trauma

Author: Susan Farber Straus

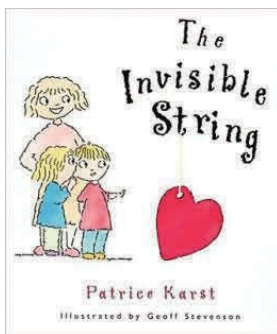
Healing Days is a book designed to be used in therapy for young children and functions as an excellent resource for those who have experienced physical or sexual abuse, or other trauma. Readers will follow four children as they learn ways to cope with their own trauma. Sensitive, empowering, and beautifully illustrated, the book models therapeutic coping responses and provides children with tools they may use to deal with their own trauma. A Dear Reader introduction is included for the child reader. Also available is an online Note to Parents and Caregivers.



Brave Bart: A Story for Traumatized and Grieving Children

Author: Caroline Sheppard

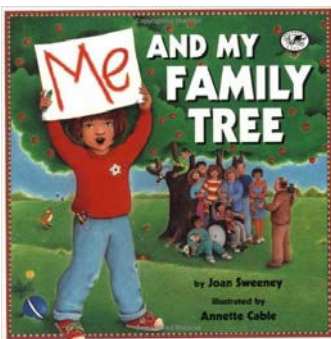
Brave Bart is a kitty who had something bad, sad and scary happen to him. Helping Hannah, a neighborhood cat, helps Bart overcome his fears and become a survivor. Brave Bart normalizes the many trauma-reactions children experience.



The Invisible String

Author: Patrice Karst

The Invisible String is a very simple approach to overcoming the fear of loneliness or separation with an imaginative flair that children can easily identify with and remember. "People who love each other are always connected by a very special string, made of love. Even though you can't see it with your eyes, you can feel it deep in your heart, and know that you are always connected to the ones you love."

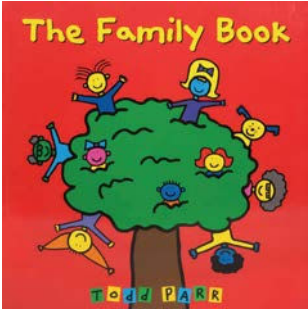
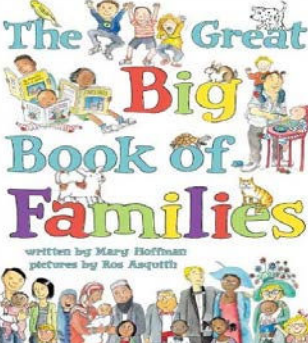
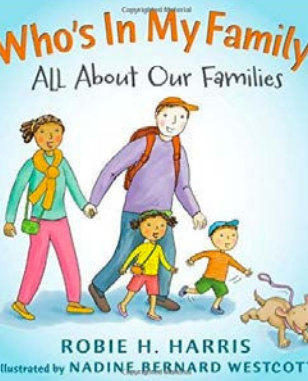
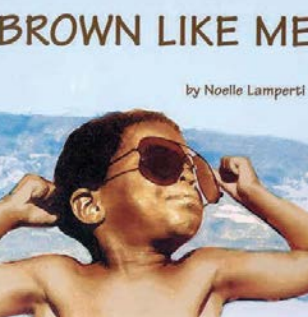


Me and My Family Tree

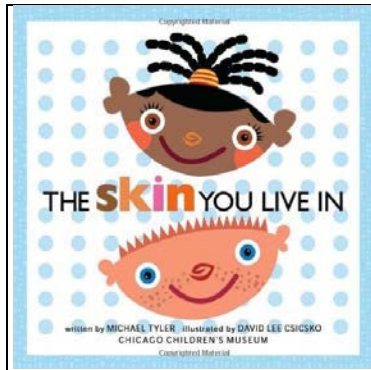
Author: Joan Sweeney

Following the successful model of *Me on the Map*, Sweeney demystifies an abstract concept by presenting it from a child's point of view. In *Me and My Family Tree*, a young girl uses simple language, her own childlike drawings, and diagrams to explain how the members of her family are related to each other and to her. Clear, colorful, detailed artwork and a fill-in family tree in the back help make the parts of the family--from siblings to grandparents to cousins--understandable to very young readers.

Foster Care & Adoption-Friendly Children's Books

	<p>The Family Book <i>Author: Todd Parr</i></p>	<p>The Family Book helps children and parents alike to celebrate the diversity of every family, and uses colorful images and humor to show that the unifying factor in every family is not appearances or personality traits, but love.</p>
	<p>The Great Big Book of Families <i>Author: Mary Hoffman</i></p>	<p>This fun and fascinating treasury features all kinds of families and their lives together. Each spread showcases one aspect of home life—from houses and holidays, to schools and pets, to feelings and family trees. Ros Asquith's humorous illustrations perfectly complement a charming text from the acclaimed Mary Hoffman; kids will love poring over these pages again and again. A celebration of the diverse fabric of kith and kin the world over, The Great Big Book of Families is a great big treat for every family to share.</p>
	<p>Who's In My Family? All About Our Families <i>Author: Robie H. Harris</i></p>	<p>Join Nellie and Gus and their family — plus all manner of other families — for a day at the zoo, where they see animal families galore! To top off their day, Nellie and Gus invite friends and relatives for a fun dinner at home. Accessible, humorous, and full of charming illustrations depicting families of many configurations, this engaging story interweaves conversations between the siblings and a matter-of-fact text, making it clear to every child that whoever makes up your family, it is perfectly normal — and totally wonderful.</p>
	<p>Brown Like Me <i>Author: Noelle Lamperti</i></p>	<p>This groundbreaking book speaks in simple straight-forward language to any child who is growing up in an environment where she/he feels different. This book will speak to any child trying to find herself reflected in the people and things around her. Brown Like Me is a fun and inventive way to encourage young children in multi-racial families to take pride in themselves and their appearance. The little girl, Noelle, is an African American adoptee raised in a Caucasian family. She identifies the color of brown in everything around her - brown leaves, brown sand, brown eyes, and brown skin - ending with the words, "I am strong brown." It is easy to reinforce this concept by finding brown with your child in their everyday world.</p>

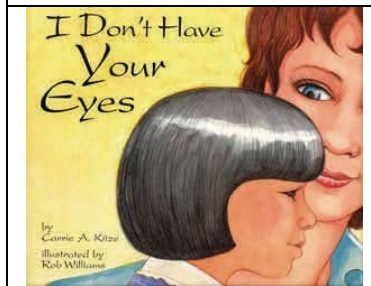
Foster Care & Adoption-Friendly Children's Books



The Skin You Live In

Author: Michael Tyler

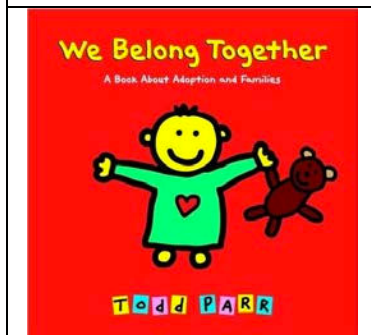
With the ease and simplicity of a nursery rhyme, this lively story delivers an important message of social acceptance to young readers. Themes associated with child development and social harmony, such as friendship, acceptance, self-esteem, and diversity are promoted in simple and straightforward prose. Vivid illustrations of children's activities for all cultures, such as swimming in the ocean, hugging, catching butterflies, and eating birthday cake are also provided. This delightful picturebook offers a wonderful venue through which parents and teachers can discuss important social concepts with their children.



I Don't Have Your Eyes

Author: Carrie Kitze

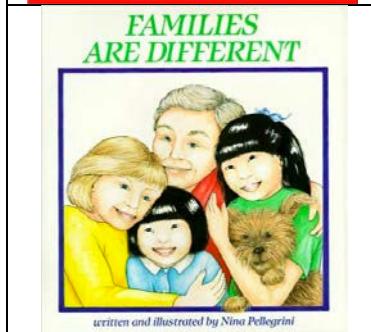
Family connections are vitally important to children as they begin to find their place in the world. For transracial and transcultural adoptees, domestic adoptees, and for children in foster care or kinship placements, celebrating the differences within their families as well as the similarities that connect them, is the foundation for belonging. For the child who looks different from their parents for whatever reason...foster care, step parents, adoption. This multicultural book will empower your child to look beyond the physical features they have on the outside because inside our hearts, we are the same.



We Belong Together: A Book About Adoption and Families

Author: Todd Parr

In a kid-friendly, accessible way, this book explores the ways that people can choose to come together to make a family. It's about sharing your home and sharing your heart to make a family that belongs together.



Families are Different

Author: Nina Pellegrini

The title of this book, created by a woman with an adopted Korean daughter, telegraphs its message loud and clear. The simple, direct text paired with serviceable artwork sketches the story of a family composed of Caucasian parents, their two adopted Korean daughters and their dog. Told in the voice of the younger daughter Nico, the familiar concerns of adopted children and their parents are expressed. Nico's mother reassures her by reminding her that no family is exactly alike. Nico then observes a diverse mix of families including single parent, mixed race, etc. This is a straightforward celebration of "a special kind of glue called love" that holds families together. Ages 4-8.

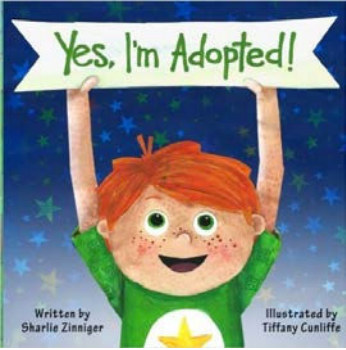
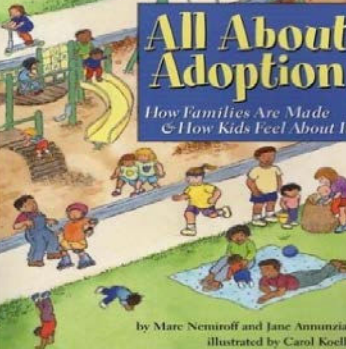
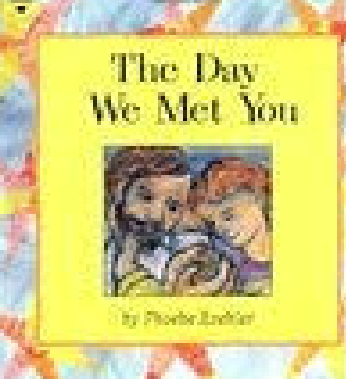
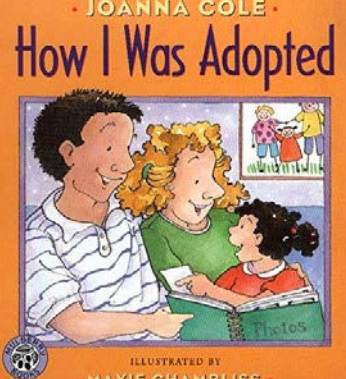
Foster Care & Adoption-Friendly Children's Books

	<p>A Mother for Choco</p> <p><i>Author: Keiko Kasza</i></p>	<p>Choco, a young bird living all alone in the forest, wants desperately to find his mother. At first he feels sure that she must look precisely like him, and searches for an older bird with the same yellow feathers, round cheeks, graceful wings, and striped feet. However, all the animals he meets differ greatly in appearance from him, and he must look deeper to find the true meaning of love and family. Mrs. Bear, who looks nothing like Choco, turns out to be the perfect mother for him. Unlike the other animals, she demonstrates tremendous affection for Choco, sharing hugs, songs, and laughter with him. A Mother for Choco teaches young adoptees that children do not need to resemble their parents to be loved by them.</p>
	<p>God Found Us You</p> <p><i>Author: Lisa Tawn Bergren</i></p>	<p>This book will resonate with many adopted children as well as their adoptive parents. The story is presented as a cherished and much-repeated bit of bedtime conversation between Mama Fox and Little Fox. Asked about "the day I came home," Mama talks about how long she dreamed about and waited for Little Fox. Little Fox asks, "You were lonely for me?" and Mama's affirmative response makes them cuddle all the closer: her pain is simultaneously shared and assuaged by Little Fox. Little Fox also asks about why he couldn't stay "with the mother who had me," and Mama responds in a warm and assuring tone.</p>
	<p>Tell Me Again About the Night I Was Born</p> <p><i>Author: Jamie Lee Curtis</i></p>	<p>A young girl asks her parents to tell her again the cherished family story of her birth and adoption. The news arrives by telephone and the girl's adoptive parents rush to the hospital via plane, and any questions about the identity of the birth mother are brushed aside; she is simply "too young" to take care of her child. The new parents see their daughter in the nursery, howling wide-mouthed and oblivious to their pleased and loving gazes. Tell Me Again About the Night I Was Born is a unique, exuberant story about adoption and about the importance of a loving family.</p>
	<p>Over the Moon: An Adoption Tale</p> <p><i>Author: Karen Katz</i></p>	<p>This heartfelt story of one adoptive family's beginnings starts on the night that a tiny baby is born. A man and woman each dream about a baby in a basket, surrounded by beautiful flowers and birds. The next day, they receive the exciting news that their baby has been born. They fly OVER THE MOON to a faraway place with palm trees and birds, violet flowers, and mountains, to meet their new daughter. A magical, reassuring story of international adoption told in words and pictures that are just right for the youngest child.</p>

Foster Care & Adoption-Friendly Children's Books

	<p>Rosie's Family: An Adoption Story</p> <p><i>Author: Lori Rosove</i></p>	<p>Rosie's Family is a story about belonging in a family regardless of differences. Rosie is a beagle who was adopted by schnauzers. She feels different from the rest of her family, including her brother, who is the biological child of her parents, and sets forth many questions that children who were adopted may have.</p>
	<p>Welcome Home, Forever Child:</p> <p>A Celebration of Children Adopted as Toddlers, Preschoolers, and Beyond</p> <p><i>Author: Christine Mitchell</i></p>	<p>Finally....a book that genuinely celebrates a young child joining their forever family past infancy. While best suited to children ages two to eight, this gem will undoubtedly be enjoyed by older children as well. Most children's adoption books reflect infant adoptions, and may not be appropriate for the older child who spent their early years in foster care or an orphanage. Welcome Home, Forever Child is for families who adopted their child past the age of two. The book helps parents reassure children of their permanent place in the new family, and of how much they are wanted and loved.</p>
	<p>My New Family: A First Look at Adoption</p> <p><i>Author: Pat Thomas</i></p>	<p>Children are sometimes upset to discover that they have been adopted. This book helps them understand how lucky they are to have to have loving, adoptive parents—and how lucky their parents are to have them! A First Look is an easy-to-understand series of books for younger children. They explore emotional issues and discuss the questions such difficulties invariably raise among kids of preschool through early school age. Written by a psychotherapist and child counselor, the book promotes positive interaction among children, parents, and teachers. The books are written in simple, direct language that makes sense to younger kids. Each title also features a guide for parents on how to use the book, a glossary, suggested additional reading, and a list of resources. There are attractive full-color illustrations on every page. (Ages 4-7)</p>
	<p>Happy Adoption Day!</p> <p><i>Author: John McCutcheon</i></p>	<p>This adaptation of McCutcheon's song commemorates the day when a child joins an adoptive family. Complete with musical notation, these verses reassure adopted children they are special. Full-color illustrations.</p>

Foster Care & Adoption-Friendly Children's Books

	<p>Yes, I'm Adopted! <i>Author: Sharlie Zinniger</i></p>	<p>"Yes, adoption makes me special, it means that I am loved..." This brightly colored children's book illustrates how adoption is brought about by love. Written from a child's point of view, the rhyming verse takes you through an adoption journey from start to finish. It is perfect for anyone, young or old, whose life has been blessed by adoption.</p>
	<p>All About Adoption: How Families are Made and How Kids Feel About It <i>Authors: Mark A. Nemiroff, Jane Annunziata</i></p>	<p>For the child who already understands the concept of adoption, this work provides a deeper understanding of how the adoption process works and the feelings that many children have about being adopted. Topics include why children are given up for adoption and why adoptive parents want to adopt.</p>
	<p>The Day We Met You <i>Author: Phoebe Koehler</i></p>	<p>Step by loving step, a couple prepares their home for the arrival of their adopted baby. "When the happy couple holds their smiling infant for the first time ... the joy is almost palpable". -- Publishers Weekly. "Adopted children love to hear their homecoming stories over and over, and this is a perfect book to encourage such retellings". -- School Library Journal. Includes an Afterword that provides parents with guidance about how and when to explain adoption to their children.</p>
	<p>How I Was Adopted <i>Author: Joanna Cole</i></p>	<p>Sam has a joyful story to tell, one completely her own, yet common to millions of families -- the story of how she was adopted. Most of all, it's a story about love. And in the end, Sam's story comes full circle, inviting young readers to share stories of how <i>they</i> were adopted.</p>

Foster Care & Adoption-Friendly Children's Books

	<p>Motherbridge of Love <i>Author: Xinran</i></p>	<p>This rhyming story celebrates the bond between parent and child in a special way. Through the exchanges between a little Chinese girl and her adoptive parent, this title offers a poignant and inspiring message to adoptive parents and children all over the world.</p>
	<p>Geoff the Green Hippo: A Book about Adoption <i>Author: Denise Olson</i></p>	<p>Adoption, what a truly amazing gift of life! Every child is part of a bigger plan no matter where their journey began, and it is important to instill that confidence in every little miracle for they were delivered to your arms for a reason. Geoff, the Green Hippo, learns although he may not appear to mirror the image of those around him he is surrounded with acceptance, undeniable love and a family that was meant to be his.</p>
	<p>ABC, Adoption & Me <i>Authors: Gayle H. Swift, Casey Anne Swift</i></p>	<p>A child's review: "Most adoption books only talk about the good part of adoption. ABC shows adoption from the kid's side." ABC, Adoption & Me expresses their complicated feelings in a way that makes them feel normal and which makes it easy for them to discuss with their families. Includes a parent guide. ABC, Adoption & Me celebrates the blessing of family and addresses the difficult issues as well. Exuberant, multicultural illustrations depict a wide range of families. Includes a parent guide.</p>
	<p>The Tummy Mummy <i>Author: Michelle Madrid-Branch</i></p>	<p>The true love that inspires adoption is revealed as a birthmother opens her heart while adoptive parents open their arms for a child. The Tummy Mummy's journey is guided by a wise and majestic owl who leads the reader along a path of deeper understanding, honoring all members of the adoption triad. The Tummy Mummy is the first children's book, in the Adoption Means Love series, inspiring children of adoption as it sensitively and beautifully portrays the thoughts and feelings of birthmothers and adoptive parents. The book promises to be an adoption classic for generations to come.</p>

Foster Care & Adoption-Friendly Children's Books

	<p>The Mulberry Bird: An Adoption Story <i>Author: Anne Braff Brodzinsky</i></p>	<p>Mother Bird is looking after her baby bird in the forest, when a huge storm scatters her nest. Try as she might, children, common issues in adoption are addressed—from the enduring force of a birth parent's love and contact she just can't give him the protection he needs. She faces a choice: continue to struggle on her own, or give her precious baby bird to another family who can care for him in their strong, secure nest. In this classic adoption picture book for post-adoption to the importance of nurturing an adopted child in his or her new environment. It is a timeless and enduring tale of sacrifice, wisdom and love.</p> <p>This book is ideal for reading aloud with adopted children aged 5–10 and their siblings.</p>
	<p>I Wished for You: An Adoption Story <i>Author: Marianne Richmond</i></p>	<p>I Wished for You: An Adoption Story follows a conversation between Barley Bear and his Mama as they curl up in their favorite cuddle spot and discuss how they became a family. Barley asks Mama the questions many adopted children have, and Mama lovingly answers them all.</p>
	<p>I Love You Like Crazy Cakes <i>Author: Rose Lewis</i></p>	<p>This story of a woman who travels to China to adopt a baby girl, based on the author's own experiences, is a celebration of the love and joy a baby brings into the home. Full color.</p>

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Thank you for completing this curriculum and using these coaching and supervision activities to enhance your workers' skills in meeting the mental health-related challenges of youth seeking or having achieved permanency through adoption or guardianship!

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